

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 14th September 2023 at 9.30am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Councillor Calum Smith

East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 29th June 2023

Item	Report by	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	Verbal	Noting
2.	Martin Cunningham	Minute of HSCP Board held on 29 th June 2023	Paper	Approval
3.	Caroline Sinclair	Chief Officer's Report	Verbal	Noting
STRATEGIC ITEMS				
4.	David Aitken	Alcohol and Drug Partnership Strategy 2023 - 2025	Paper	Approval
5.	David Aitken	Learning Disability Strategy 2024 – 2029 Consultation	Paper	Approval
6.	Derrick Pearce	Hospital Discharge Delays: Performance and Assurance	Paper	Noting

Item	Report by	Description	Update	For Noting/ Approval
7.	Jean Campbell	Health and Social Care Partnership Property Strategy	Paper	Approval
8.	Karen Lamb	Mental Health Recovery & Renewal Phase 2 Update - Regional Services Development Submission to Scottish Government	Paper	Approval
9.	Claire Carthy	Integrated Children's Services Annual Report 2022 - 2023	Paper	Noting
10.	Claire Carthy	Integrated Children's Services Plan 2023 - 2026	Paper	Noting
GOVERNANCE ITEMS				
11.	Alan Cairns/Alison Willacy	Quarter 1 Performance Report 2023	Paper	Approval
12.	Jean Campbell	Financial Monitoring Report – Month 4	Paper	Approval
13.	Carolyn Fitzpatrick	Annual Clinical and Care Governance Report 2022 - 2023	Paper	Noting
14.	Carolyn Fitzpatrick	Minutes of Clinical and Care Governance meeting held on 12 th July 2023	Paper	Noting
15.	Jean Campbell	Performance, Audit and Risk Committee Draft Minutes on 20 th June 2023	Paper	Noting
16.	Derrick Pearce	HSCP Strategic Planning Group draft Minutes held on 8 th June 2023	Paper	Noting
17.	Tom Quinn	Staff Forum Minutes held on 21 st June 2023	Paper	Noting
18.	Gordon Cox	Public Service User and Carer Group (PSUC) held on 13 th July 2023	Paper	Noting
19.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner January 2023 – March 2024	Paper	Noting
20.	Chair	Any other competent business – previously agreed with Chair	Verbal	

Item	Report by	Description	Update	For Noting/ Approval
FUTURE HSCP BOARD DATES				
<p data-bbox="188 427 1422 461">Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am.</p> <p data-bbox="284 501 743 535" style="text-align: center;">Thursday 16th November 2023</p> <p data-bbox="188 575 1501 642">All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements</p>				

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

DATE OF MEETING: 14 SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/04

CONTACT OFFICER: DAVID AITKEN, HEAD OF ADULT SERVICES

SUBJECT TITLE: ALCOHOL & DRUGS PARTNERSHIP DRAFT
UPDATED STRATEGY 2023 – 2025

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Partnership Board on the Alcohol and Drug Partnership Strategy consultation for 2023 to 2025.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Alcohol and Drug Partnership updated draft Strategy 2023 – 2025 and approve the proposed consultation process.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The national strategies for Alcohol and Drug Partnerships (ADPs) in Scotland are 'Rights, Respect and Recovery' and the 'Alcohol Framework' which have been established since 2018.
- 3.2** In 2020, each Alcohol and Drug Partnership was asked to write a 3-year Strategy, to reflect the priorities from 'Rights Respect and Recovery', and the 'Alcohol Framework'. This was approved, published and submitted to the Scottish Government.
- 3.3** In 2021, additional priorities in response to the challenges arising from drug deaths in Scotland were added to the responsibilities of ADPs with dedicated funding streams provided to support. The additional five priorities were:
- Medication Assisted Treatment Standards (MAT)
 - National Mission priorities
 - Residential Rehabilitation
 - Whole Family Approach
 - Lived and Living Experience
- 3.4** In addition to the above priorities, the East Dunbartonshire ADP Strategy additionally covers and reports on the following:
- National suicide prevention activities from Creating Hope Together
 - Rights-based approaches to implementing drug and alcohol policy
 - Crosscutting priorities from The Promise
- 3.5** Alcohol and Drug Partnerships were advised in May 2023 that the current national strategies were still relevant, and no new national strategies were planned to reflect the additional priorities above (3.3).
- 3.6** The Scottish Government advised that ADPs could instead amend/revise their current strategies to reflect the new priorities at a local level. Discussion took place at a Greater Glasgow and Clyde (GGC) level and agreement reached on a consistent basis whereby all six ADPs within NHS Greater Glasgow and Clyde would take a similar approach forward and update existing locality strategies to reflect local dimensions and the additional five new national priorities.
- 3.7** The attached updated draft East Dunbartonshire Alcohol and Drug Partnership Strategy 2023 - 2025 (**Appendix 1**) has been prepared and consultation across partners and stakeholders agreed. An Equality Impact Assessment (EQIA) is being finalised and as part of the consultation process a survey/questionnaire will be available alongside the dedicated webpage and draft strategy.
- 3.8** It is anticipated that the final version of the strategy will be completed by December 2023 and will be presented, with a new Delivery Plan, to the subsequent HSCP Board meeting for approval.
- 3.9** The Delivery Plan will include updated actions encompassing the five new national priorities, locality updates and actions based on recommendations from the recent MAT Standards benchmarking report to ensure that we achieve and sustain 'Green' ratings across MAT Standards 1-10, and that non-fatal overdose pathways and assertive outreach are also established.

3.10 There will be actions within the Delivery Plan against each of the new priority areas which will be implemented as part of a broad crosscutting and multidisciplinary approach across prevention and early intervention to intensive support.

4.0 IMPLICATIONS

The implications for the HSCP Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

The work of the ADP and Alcohol and Drug Recovery Service to reduce drug and alcohol related deaths and harm supports delivery against the priorities above.

4.2 Frontline Service to Customers – Service improvement is at the centre of ADP priorities, and this will be reflected within the updated strategy to support the reduction in drug related deaths and harm, establish enhanced treatment and care options and ease of entry to services.

4.3 Workforce (including any significant resource implications) – The HSCP has recruited additional prescribers and enhanced the establishment of the Alcohol and Drug Recovery Service and Alcohol and Drug Partnership utilising nationally delivered funding.

4.4 Legal Implications – None.

4.5 Financial Implications – The Alcohol and Drug Partnership has received increased funding to support the new priorities.

4.6 Procurement – There may be a requirement for commissioning and procurement of services to undertake experiential reporting; on which our Strategic Commissioning team is sighted.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Individuals affected by alcohol and drug use require access to robust and effective treatment options reflecting the requirement to tackle stigma, marginalisation and discrimination through a rights-based approach. An EQIA will accompany the updated strategy.

4.10 Sustainability – East Dunbartonshire Alcohol and Drug Partnership receive core national recurring funding with additional funding to support MAT Standards and other priorities committed year-on-year from 2021. This position remains under review with

two of the primary new funding streams earmarked as recurring, one of which will be baselined in 2024 - 2025, the other is still to be determined.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 Failure to deliver the ADP priorities outlined in the strategy could lead to an increase in premature deaths related to alcohol, drugs, and suicide.
- 5.2 Control measures include the MAT Standards Locality Implementation Group, ADP subgroups, and the oversight of the wider ADP.
- 5.3 The importance of the implementation of these priorities is set against the risks associated with drug and alcohol related death and harm and the impact upon families and our communities which is significant. A Delivery Plan will provide a framework and focus for continued improvement, development and investment in harm reduction, treatment, and recovery.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – National duty to report to Scottish Government and Public Health Scotland by the Alcohol and Drug Partnership on an annual basis. Reporting on the new priorities will follow similar processes where instructed. The updated ADP Strategy and deliverables will be reported to the Scottish Government through the annual report, self-assessment and other reporting mechanisms.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Impact to East Dunbartonshire Council is noted above at Section 4.0; Implications.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – Impact to NHS Greater Glasgow and Clyde is noted above 4.0; Implications. Implementation of the new priorities sits across all six HSCP areas within NHS Greater Glasgow and Clyde. There are a number of common work streams already in place to support implementation across partnerships.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No direction required.

7.0 **POLICY CHECKLIST**

- 7.1 This Report has been assessed against the Policy Development Checklist and has been classified as a change to an existing policy document. An EQIA is being written as part of the consultation process for the strategy.

8.0 **APPENDICES**

- 8.1 **Appendix 1** – Alcohol and Drug Partnership Draft Updated Strategy 2023 – 2025.

EAST DUNBARTONSHIRE

ALCOHOL AND DRUG

PARTNERSHIP

STRATEGY 2023 – 2025



CONTENTS

FOREWORD.....	3
INTRODUCTION.....	4
VISION.....	4
National Vision.....	4
East Dunbartonshire Vision.....	4
DEMOGRAPHICS.....	4
POLICY CONTEXT.....	5
National.....	5
Local.....	6
GOVERNANCE.....	9
PRIORITIES.....	10
OUTCOMES.....	10
DRUG RELATED DEATHS.....	11
RESHAPING SERVICES.....	12
INVESTMENT.....	12
CONSOLIDATING LEARNING FROM COVID-19.....	13
ADDITIONAL ADP PRIORITIES 2023 - 2025.....	14
Medication Assisted Treatment Standards.....	14
National Mission.....	15
Residential Rehabilitation.....	16
Whole Family Approach.....	17
Lived and Living Experience.....	17
A rights-based approach for drug and alcohol policy in Scotland.....	18
Suicide Prevention – Revised National Priorities.....	19
The Promise – Crosscutting Priorities.....	20
Next Steps.....	21
CONTACT DETAILS.....	22

FOREWORD

The Alcohol and Drug Partnership (ADP) continues to develop treatment and recovery service provision to help improve the lives of people who use alcohol and drugs problematically in East Dunbartonshire, their families, carers and communities.

East Dunbartonshire Alcohol and Drug Partnership Strategy (2020-2023) supports 'Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths' ensuring individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect;
- are fully supported within communities to find their own type of recovery.

Taking a whole population approach to recovery, East Dunbartonshire Alcohol and Drug Partnership's focus is on supporting multi-morbidity, including embedding trauma and suicide prevention within practice. To enable this approach, the ADP commissioned an independent needs assessment, including gap analysis across commissioned Mental Health and Problematic Substance Use services to ensure future investment, service development and support is more crosscutting, joined up and more reflective of a whole system approach to recovery.

Building on the work of our Recovery Orientated System of Care, the ADP Strategy and Delivery Plan will support the implementation of, and embed the priorities and outcomes of Rights, Respect and Recovery and the Alcohol Framework and include the six evidence-based strategies established by the Drug Deaths Taskforce.

Investment and resources will focus on both treatment and recovery ensuring that services encourage and compliment an individual's person-centred pathway with the maximum choice available. Services will be trauma informed, provide equality, diversity and respect and challenge stigma, embracing innovation and utilising lived experience.

The ADP will continue to work together as a partnership to support prevention, early intervention, and harm reduction across drugs and alcohol. Reducing inequalities, improving community relationships and involving service users and carers at the centre of service development.

Caroline Sinclair
Chief Officer & Chief Social Work Officer

David Aitken
ADP Chair & Head of Adult Services

INTRODUCTION

The East Dunbartonshire Alcohol and Drugs Partnership (ADP) is a multi-agency partnership tasked by the Scottish Government to coordinate alcohol and drug services through partnership working. ADP Membership includes East Dunbartonshire Health & Social Care Partnership, East Dunbartonshire Council, NHS Greater Glasgow and Clyde (NHSGGC), Police Scotland, HMP Low Moss, the Scottish Fire and Rescue Service and representatives from the Recovery community.

VISION

National Vision

Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect; and
- are fully supported within communities to find their own type of recovery.

East Dunbartonshire Vision

“The ADP will work in partnership to improve the lives of people who use alcohol and drugs problematically in East Dunbartonshire, working to strengthen resilience and capacity to reduce harms of problem Alcohol and Drug use within communities, families and individuals in East Dunbartonshire.”

DEMOGRAPHICS

The East Dunbartonshire Area Profile 2020 document¹ provided by Corporate Performance and Research provides an overview of the population of East Dunbartonshire including a number of key findings, populated from sources such as the 2011 Census.

POPULATION



¹ <https://www.eastdunbarton.gov.uk/statistics-facts-and-figures>

Further detail on the East Dunbartonshire Area Profile found on the National Records of Scotland website². Population growth between the 2001 and 2011 Census provided below including the latest population estimate in East Dunbartonshire 108,640, projected to grow to 112,399 by 2028, with 36% of the current population over the age of 65 (39,555).

Census Population			
	2001 Census Population	2011 Census Population	Difference between 2001 and 2011 Censuses
East Dunbartonshire	108,243	105,026	-3,217

Source: 2001 Census and 2011 Census

Population by age group				
	Total Population	0-15	16-64	65+
East Dunbartonshire	108,640	19,398	64,766	24,476
East Dunbartonshire (%)	-	17.9%	59.6%	22.5%
Scotland (%)	5,463,300	16.9%	64.0%	19.1%

Source: National Records of Scotland, 2019 Mid-Year Population Estimates

Population by age group		
	75+	85+
East Dunbartonshire	11,726	3,353
East Dunbartonshire (%)	10.8%	3.1%
Scotland (%)	8.5%	2.3%

POLICY CONTEXT

National

In 2018, ten years after the publication of the previous alcohol and drugs strategies, Scottish Government published two strategic documents to address alcohol and drug harm:

1. Rights, Respect and Recovery³ - Scotland's strategy to improve health preventing and reducing alcohol and drug use, harm and related deaths
2. Alcohol Framework 2018⁴ - next steps on changing our relationship with alcohol

In 2019, COSLA Leaders and Scottish Ministers approved the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs⁵; this framework sets out the shared ambition between Local Government and Scottish Government to support the development and implementation of local ADP Strategies and Delivery Plans.

Public Health Priorities for Scotland⁶ represents an agreement between the Scottish Government and Local Government to focus on improving the health of the population.

² <https://www.nrscotland.gov.uk/files//statistics/council-area-data-sheets/east-dunbartonshire-council-profile.html>

³ <https://www.gov.scot/publications/rights-respect-recovery/>

⁴ <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/pages/3/>

⁵ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

⁶ <https://www.gov.scot/publications/scotlands-public-health-priorities/pages/>

Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs, provides a public health approach looking at the root causes of harm and focuses on what we can do to make a difference.

‘Every Life Matters’ the new Scottish Suicide Prevention Action Plan was launched in 2018 to continue the work from the 2013-2016 suicide prevention strategy, with a target to further reduce the rate of suicide by 20% by 2022. Suicide Prevention is included within the ADP Strategy to ensure a whole population approach as ‘Every Life Matters’. [Please see addendum for updated Suicide Prevention Strategy and Action Plan.](#)



Local

As well as the links to national strategies, the work of the East Dunbartonshire Alcohol and Drug Partnership is guided by several local strategies and plans:

* These local Strategic Plans will end and refresh during the implementation of the ADP Strategy.

- East Dunbartonshire Local Outcome Improvement Plan (LOIP) 2017 -2027
- East Dunbartonshire Health and Social Care Partnership Strategic Plan 2018-2021*
- East Dunbartonshire Joint Health Improvement Plan 2018 -2021*
- East Dunbartonshire Commissioning Strategy & Market Facilitation Plan 2019 – 2022*



East Dunbartonshire Local Outcome Improvement Plan (LOIP) 2017 -2027⁷, local outcomes 3, 5 and 6:

Local Outcome 3 – Our children and young people are safe, healthy and ready to learn

Local Outcome 5 - Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles.

Local Outcome 6 - Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effective care and support services.

East Dunbartonshire Health and Social Care Partnership Strategic Plan 2018-2021⁸ includes strategic priorities for Drugs and Alcohol under priorities 1, 2 and 8:

Priority 1

- Revise and improve our services to those suffering harm through alcohol and substance abuse
- Develop pathways within community payback orders to increase the use of specific alcohol, drug and mental health requirements and interventions to promote healthy living and risk reduction.

Priority 2

- Roll out our Recovery Orientated System of Care (ROSC) service model, which establishes closer links to communities for individuals with Alcohol & Drugs and/or Mental Health issues.
- Implement an alcohol intervention and education programme, establishing closer links to partners and communities to raise awareness and reduce alcohol related harm.

⁷ <https://www.eastdunbarton.gov.uk/our-local-outcomes>

⁸ <https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care>

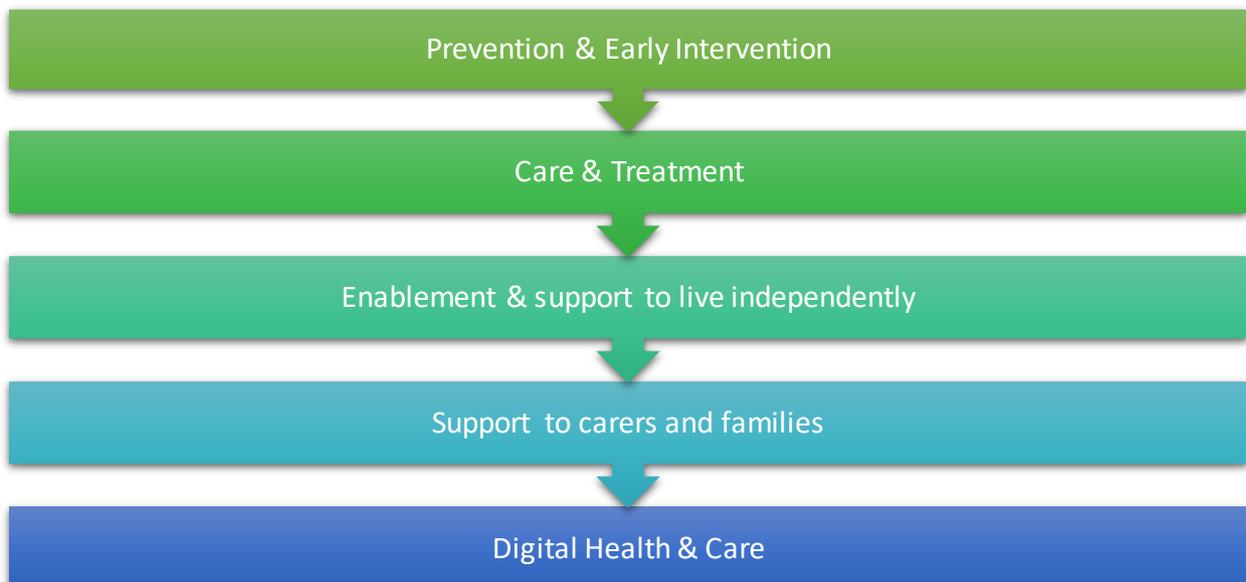
Priority 8

- Support the national priority for the implementation of the rollout of the Drugs & Alcohol Information System (DAISy) across alcohol and drugs services.

Joint Health Improvement Plan - Key Priority 3 – Alcohol and Drug, Intervention and Awareness:

- Improve accessibility and uptake of Alcohol Brief Interventions within Primary Care and Community settings.
- Increase capacity of partners to deliver Alcohol Brief Interventions to their service users
- Deliver a suite of alcohol and drugs training across local communities and partners staffing teams to raise awareness of the impact alcohol has on people's health
- Deliver community alcohol and drug campaigns providing support and increasing capacity to licensees across East Dunbartonshire
- Deliver a range of interventions to determine compliance with enforcement legislation, including reducing access to illicit alcohol

East Dunbartonshire Commissioning Strategy & Market Facilitation Plan, commissioning themes:



GOVERNANCE

East Dunbartonshire Alcohol and Drug Partnership (ADP) is responsible, with local partners, for commissioning and developing local strategies to tackle problem alcohol and drug use and promote recovery, based on an assessment of local needs. The ADP in East Dunbartonshire is a multi-agency partnership whose membership is comprised of NHSGGC, East Dunbartonshire Alcohol & Drug Service, Police Scotland, Housing services, Scottish Fire and Rescue Service, Licensing, Third Sector providers, Community Safety Partnership, Community Justice Partnership, Mental Health Services, Children's Services, and Education and Leisure services.

Reporting is via the ADP Coordinator through contributions from ADP members, national data, and local statistical information, and then signed off by the ADP Chair before going to the Integrated Joint Board for approval then submission to the appropriate bodies.

The ADP is aligned to public protection partnerships, with representation from the ADP within the Community Justice and Community Safety Partnerships. The ADP meets on a quarterly basis with ADP representatives also attending any national and GGC Board wide meetings where required.

The following groups also feed into the ADP:

- Treatment and Recovery Subgroup (T&R)
- Substance Use Prevention Subgroup (SUPG)
- Drug and Alcohol Death Review Subgroup (DADR)
- Suicide Prevention Subgroup (SP)



PRIORITIES

East Dunbartonshire ADP will work in partnership to deliver the priorities below, focusing investment and resources on reducing the use of and harm from alcohol and drugs.



OUTCOMES

East Dunbartonshire ADP will focus on the following outcomes, in line with Rights, Respect and Recovery, and the Alcohol Framework, as further highlighted within the delivery plan.

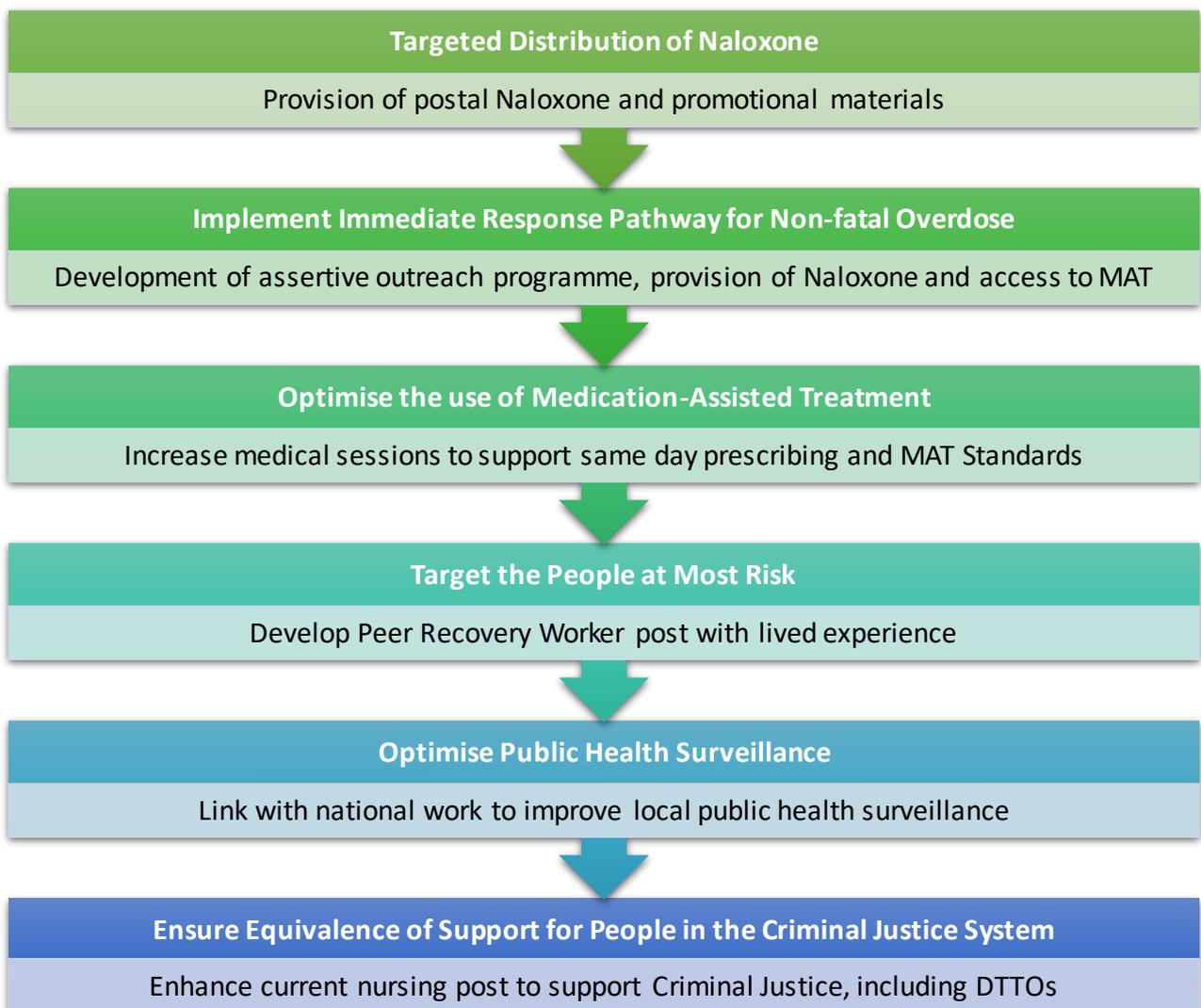


DRUG RELATED DEATHS

The Drug Deaths Taskforce established six evidence-based Strategies to reduce drug deaths and drug harms:

1. Targeted Distribution of Naloxone
2. Implement Immediate Response Pathway for Non-fatal Overdose
3. Optimise the use of Medication-Assisted Treatment
4. Target the People at Most Risk
5. Optimise Public Health Surveillance
6. Ensure Equivalence of Support for People in the Criminal Justice System

East Dunbartonshire ADP were successful in gaining funding from Scottish Government to support the actions below. It is the aim of the ADP to ensure work against these actions becomes sustainable and embedded in practice where possible.



RESHAPING SERVICES

In 2019, the East Dunbartonshire Health and Social Care Partnership commissioned an independent mental health and substance use needs assessment across contracted services. The aim of the needs assessment was to provide a baseline of current service provision, analyse service duplication and gaps, and provide a set of recommendations for reshaping services over the next five years.

By reshaping future services across the commissioned landscape, we can ensure they are more joined-up and aligned to national and local policy. Services will support multi-morbidity and embed good practice around trauma informed care, addressing crosscutting service requirements, including support for individuals who are harder to reach.

The ADP will work in partnership with ADP members, service users, carers, third sector partners and other relevant stakeholders to reshape mental health and substance use commissioned services over the next five years. A separate action plan will ensure that the priorities and outcomes of the ADP Strategy are deeply rooted in this process.

INVESTMENT

There has been investment across both treatment and recovery services since the ADP's inception in 2009. In 2011, the ADP commissioned its first needs assessment; based on the recommendations, investment focused towards recovery, which also supported the development of the local ROSC. There was significant investment into services to support children, young people and other family members affected by substance use as well as a Community Rehabilitation Service.

Based on the outcomes from the 2019 needs assessment, drug related taskforce funding and the priorities and outcomes from the national strategies; the ADP will continue to invest in prevention, early intervention, treatment and recovery. Reconfiguring investment to ensure current service needs remain supported and that the priorities and outcomes noted in this document and the ADP Delivery Plan are realised.



CONSOLIDATING LEARNING FROM COVID-19

The COVID-19 Pandemic changed the way we delivered services, with current working practices being adapted quickly, to ensure service users stay supported whilst keeping both service users and staff safe. In April 2020, ADRS's and ADPs provided a response to Scottish Government around the continuation of drug and alcohol services to ensure services continue to be safe and accessible. Service changes implemented on a day-to-day or week-to-week basis in line with national and local guidance, some examples below:

- Local COVID-19 plans were implemented, based on the national guidance provided
- All cases were risk assessed on the 'Risk Level Matrix' into a traffic light system of Critical, Substantial, Moderate and Low risk
- Daily vulnerable persons reports were scrutinised to ensure contact was being maintained with people most at risk
- Contact was agreed based on the assessed risk – Face-to-Face, telephone contact and online/video resources
- Assessments completed by telephone unless high risk identified
- Mandatory use of PPE was introduced
- 28-day prescribing was introduced, with increased take-home and Naloxone provision, Injecting Equipment Provision (IEP) and safer storage options
- ADRS worked closely with Justice and Low Moss on early prison release
- Weekly updates were provided to the Public Protection Group
- Children and young people at risk were identified, with joined up working from ADRS and Children and Families staff, this was also replicated with adults at risk
- Third Sector recovery partners provided virtual services, digital technology and well-being packs for vulnerable children and young people and adults
- ADRS provided mobile phones to people identified as vulnerable and experiencing digital exclusion
- ADRS Online referral form created to enable easier access to the service
- Service delivery will continue to adapt to meet national guidance and local needs.
- ADRS has developed a Recovery and Transition Plan.

Many of the changes above continued beyond the pandemic, with services continuing to provide mixed models of support with a greater use of digital technology and increased partnership working.

ADDITIONAL ADP PRIORITIES 2023 - 2025

The national strategies for Alcohol and Drug Partnerships (ADPs) in Scotland are "Rights, Respect and Recovery" and the "Alcohol Framework." However, there have been significant changes since 2021, leading to the addition of several additional priorities for ADPs, along with additional funding streams. These new priorities are being incorporated into the East Dunbartonshire Alcohol and Drug Partnership Strategy through this addendum. A revised delivery plan will also be created to outline the actions being taken to address these areas. The additional priorities are as follows:

Medication Assisted Treatment Standards

This priority focuses on setting and implementing the ten standards for medication-assisted treatment⁹ (MAT) for problematic substance use. MAT involves the use of medications, such as methadone or buprenorphine, in combination with counselling and psychological therapies to provide a comprehensive approach to treatment. The ten MAT standards are shown below:

Standard 1 - Same Day Access



Standard 2 - Choice



Standard 3 - Assertive Outreach and Anticipatory Care



Standard 4 - Harm Reduction



Standard 5 - Retention



Standard 6 - Psychological Support



Standard 7 - Primary Care



Standard 8 - Independent Advocacy and Social Support



Standard 9 - Mental Health

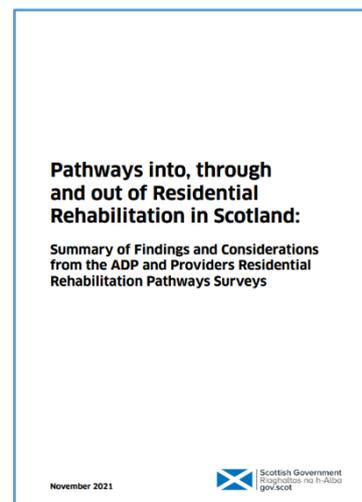
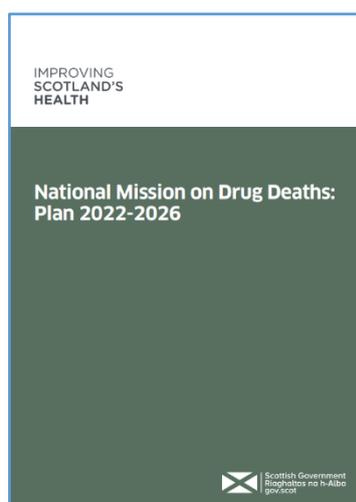
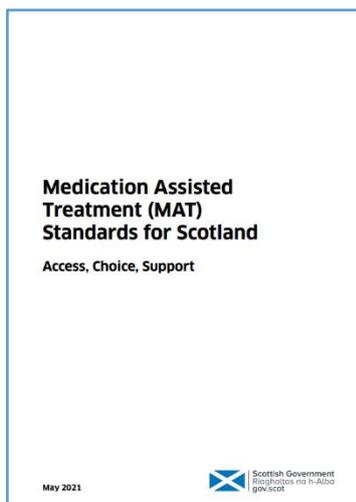


Standard 10 - Trauma Informed Care

⁹ <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pages/15/>

National Mission

The National Mission¹⁰: is a broad initiative aimed at addressing drug-related harms and promoting health and well-being. It encompasses various strategies and actions to prevent drug-related deaths, reduce drug use, and provide support and treatment to those affected by substance use:



¹⁰ <https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/pages/5/>

Residential Rehabilitation

Residential rehabilitation¹¹ refers to the provision of treatment and support in residential settings for individuals with problematic substance use. This priority focuses on enhancing and expanding residential rehabilitation services to meet the needs of individuals seeking intensive treatment.

Access: There should be access to residential treatment on an equitable basis across Scotland

Capacity Planning: There is a clear understanding of need, demand, and capacity

Best value: Funding models for residential treatment need to ensure value for money

Standardisation: A standardised approach to support good practice should be developed

Pathways: Referral pathways should be clear, consistent, and easy to navigate

Research: The approach to providing residential treatment should be underpinned by the evidence

Models of delivery: The diversity of residential treatment interventions across Scotland needs to be understood

Support to the Drugs Deaths Task Force: The work to improve access to residential treatment should support the work of the Drug Deaths Task Force

¹¹ <https://www.gov.scot/publications/residential-rehabilitation-working-group-preliminary-recommendations-drug-alcohol-residential-treatment-services/>

Whole Family Approach



The whole family approach¹² recognises that substance use affects not only the individual but also their family members and loved ones. This priority aims to address the needs of families affected by substance use and provide support, education, and interventions for the entire family unit.

- Auditing existing provision in terms of quantity, quality, and reach
- Working collaboratively to strengthen and expand service provision in their area
- Ensure that the expertise, views and needs of families are included from the outset

By incorporating these additional priorities into the existing strategy, we aim to enhance our efforts in addressing substance use issues and improving the overall health and well-being of individuals and communities. The revised delivery plan will outline specific actions and initiatives undertaken to achieve the goals of each priority area and ensure a comprehensive and coordinated approach to tackling substance use challenges.

Lived and Living Experience

This priority emphasises the importance of including the perspectives and experiences of individuals with lived or living experience of substance use in the design, planning, and implementation of services and policies. It recognises the value of these insights in developing effective and person-centered interventions:

Bringing the voices of people with lived and living experience to decision-making and service provision

¹² <https://www.gov.scot/publications/improving-holistic-family-support-to-wards-whole-family-approach-family-inclusive-practice-drug-alcohol-services/pages/9/>

A rights-based approach for drug and alcohol policy in Scotland

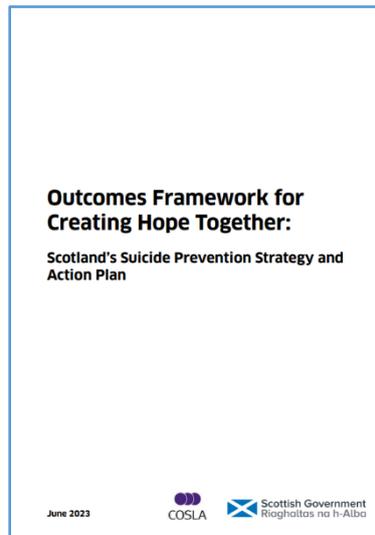
In January 2022, the First Minister invited Professor Alan Miller to become independent Chair of and build the National Collaborative¹³ for drug and alcohol policy in Scotland. The National Collaborative’s vision is to integrate human rights into drug and alcohol policy leading to better outcomes for people affected by substance use. The National Collaborative action plan includes.

- A Charter of Rights, co-designed between people affected by problem substance use, service providers and government
- An Implementation Framework, to ensure these rights are made real in everyday life
- A Monitoring and Evaluation Framework to measure the on the ground impact of the Charter of Rights



¹³ <https://www.alliance-scotland.org.uk/lived-experience/engagement/national-collaborative/>

Suicide Prevention – Revised National Priorities



'Every Life Matters' has been replaced by Scottish Government and COSLA's new **Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032**¹⁴. 'Creating Hope Together' includes a number of new approaches to prevent suicide. The following areas will be localised where possible and incorporated into the East Dunbartonshire Suicide Prevention Action Plan:

- Widening Support: This strategy aims to provide support not only to individuals at risk of suicide but also to their families, friends, and carers. Suicide affects a wider network of people and extending support to these individuals is essential for prevention and recovery.
- Investing in Peer Support: Peer support is recognised as a valuable approach to help individuals in their wellbeing and recovery journey. By connecting people with lived experiences, it creates a supportive environment where individuals can relate to one another and share coping strategies.
- Safety Planning: Safety planning is an essential part of suicide prevention. It involves working with individuals at risk of suicide to develop personalised plans to keep themselves safe during difficult times. This may include identifying triggers, coping mechanisms, and support networks.
- Improving Services: Enhancing the way services identify, assess, and care for individuals at risk of suicide is crucial. By improving services in primary care, mental health, and unscheduled care settings, it ensures timely and appropriate support is provided to those in need.
- Prioritising High-Risk Individuals and Settings: Focusing on reaching individuals with a heightened risk of suicide is a targeted approach to prevention. This includes working in key settings and communities where vulnerability may be higher and collaborating with trusted partners and the workforce to provide specialised support.
- Addressing Poverty and Marginalised Groups: Recognising the impact of poverty and marginalisation on mental health and suicide risk, the strategy incorporates insights from

¹⁴ [Creating Hope Together: suicide prevention strategy 2022 to 2032 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/09/Creating_Hope_Together_suicide_prevention_strategy_2022_to_2032.pdf)

these areas into its work. By addressing broader societal challenges, it aims to provide more holistic support.

- Focusing on the Needs of Children and Young People: This strategy emphasises the importance of addressing the specific needs of children and young people. Suicide prevention efforts tailored to this age group and involving them directly in designing interventions can be highly impactful.
- Responsible Media Reporting: Collaborating with the media to support responsible reporting on suicide is crucial. Media reporting can influence public perceptions and attitudes, and responsible reporting can help reduce the risk of suicide contagion and stigma.

Overall, the comprehensive approach outlined in the suicide prevention strategy aims to provide support and hope to those affected by suicide, reduce the number of suicides, and address underlying factors contributing to suicidal thoughts and behaviours. By targeting various aspects within our local suicide prevention action plan and working collaboratively, the strategy strives to make a positive impact on suicide prevention in East Dunbartonshire.

The Promise – Crosscutting Priorities



While "The Promise"¹⁵ primarily focuses on improving the lives and outcomes of children and young people who have experienced care, it also has implications for the alcohol and drugs sector in Scotland. The Promise aims to create a more compassionate and supportive care system, which includes addressing the needs and challenges of young people who may have been affected by alcohol and drug use. Here are some ways in which "The Promise" can intersect with the alcohol and drugs sector:

- Substance Misuse Support for Care-Experienced Young People: The initiative recognises that some care-experienced young people may have been impacted by substance misuse, either directly or indirectly. "The Promise" emphasises the need for tailored and appropriate support services to address substance misuse issues among care-experienced youth. This may include access to addiction treatment, counselling, and harm reduction services.
- Whole Family Approach: "The Promise" highlights the importance of taking a whole-family approach to support care-experienced young people. This approach acknowledges that substance misuse within a family can have significant impacts on children and young people. Addressing substance misuse issues within the family context can be essential for promoting the well-being of care-experienced youth.

¹⁵ <https://thepromise.scot/>

- Mental Health and Well-being: Substance misuse can often be linked to mental health challenges. "The Promise" prioritises mental health and well-being as essential components of care and support for young people. It advocates for early intervention and appropriate mental health services to be available for care-experienced youth who may be struggling with substance use and its associated mental health issues.
- Partnership Working: "The Promise" encourages collaboration and partnership working among various stakeholders involved in supporting care-experienced young people. This includes working closely with the alcohol and drugs sector to ensure that young people's substance misuse issues are addressed effectively, and that they receive appropriate and timely interventions.
- Listening to Young People: Central to "The Promise" is the principle of listening to the voices and experiences of young people. This includes hearing the perspectives of care-experienced youth who may have been impacted by alcohol and drugs. Their insights can help inform policy and service development in the alcohol and drugs sector, ensuring that the support provided is relevant and responsive to their needs.

"The Promise" serves as a guiding framework to improve the care system and enhance the support available to care-experienced young people, including those affected by alcohol and drug use. By taking a holistic and compassionate approach, the initiative aims to create a more inclusive and supportive environment for young people to thrive and overcome the challenges they may face.

Next Steps

The introduction of these new priorities has been accompanied by additional funding allocations, aimed at facilitating investment by each Alcohol and Drug Partnership (ADP) into treatment and recovery services. The overarching goal of this is to reduce drug and alcohol-related deaths and mitigate associated harm. A distinctive feature of East Dunbartonshire's approach is the inclusion of suicide prevention within the strategy, which highlights a localised and comprehensive approach for harm reduction and combating stigma.

To provide a more comprehensive understanding of the implementation process, an annual ADP delivery plan will be developed. This plan will offer a detailed roadmap outlining how the ADP intends to translate these priorities into concrete actions. This delivery plan will be released in conjunction with the overarching strategy document and will be subject to yearly updates to ensure an alignment with evolving needs and circumstances. It's important to note that the execution of these priorities will be carried out through the ADP framework, involving both the ADP itself and associated subgroups.

CONTACT DETAILS

EAST DUNBARTONSHIRE ALCOHOL & DRUG PARTNERSHIP

KIRKINTILLOCH HEALTH AND CARE CENTRE

10 SARAMAGO STREET

KIRKINTILLOCH

G66 3BF

TEL: 0300 123 4510

Other formats and translation

This document can be provided in large print, Braille or in audio format and can be translated into other community languages. Please contact the Council's Communications Team at:

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

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੈਂਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/05

CONTACT OFFICER: DAVID AITKEN, HEAD OF ADULT SERVICES

SUBJECT TITLE: LEARNING DISABILITY STRATEGY 2024 - 2029

1.0 PURPOSE

1.1 The purpose of this report is to update the Health & Social Care Partnership (HSCP) Board on the development of the new Learning Disability Strategy 2024–29 and to seek approval for the Consultative Draft Report and related Communication, Engagement & Participation Plan.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of the Report.
- 2.2** Approve the Learning Disability Strategy 2025–29 Consultative Draft Report and related Communication, Engagement & Participation Plan.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Learning Disability Strategy 2024-29 builds on and follows East Dunbartonshire Health and Social Care Partnerships previous Learning Disability Strategy, launched in 2018.
- 3.2** The development of a Learning Disability Strategy is not a statutory requirement however, we believe that the development of our strategy provides an opportunity to express the HSCP commitment to people with learning disabilities and to providing them with the support they need to lead positive and fulfilled lives.
- 3.3** The preparation of the Learning Disability Strategy is intended to follow three distinct phases. These are:
1. The HSCP will carry out initial work by looking at the main drivers for change and improvement, statute guidance, national and local policy and local needs. They will provide a consultative draft report that identifies proposed areas for priority action;
 2. The HSCP will consult on the draft report;
 3. The HSCP will develop a final Learning Disability Strategy based on consultation outcomes for approval by the HSCP Board.
- 3.4** The HSCP have carried out phase one of the approach to establishing the Strategy and have developed a Consultative Draft Report (**Appendix 1**) which reflects national developments and current drivers for change, local analysis and the views of people with lived experience.
- 3.5** The Consultative Draft Report sets out a range of key challenges and proposed priority areas for action over the next five years;
- To develop a preventative and anticipatory approach to accommodation for people with learning disabilities as close to home as possible.
 - To undertake a review of existing learning disability accommodation-based services and prepare a development plan to ensure that future services are high quality, efficient and sustainable;
 - To improve planning for young people with learning disabilities transitioning to adulthood we will review our Transition Procedures taking learning from collaboration, and best practice including the work of the Scottish Transition Forum.
 - To improve short break provision for people with a learning disability by investing in building-based resources to ensure that they provide high quality, and fit or purpose services to meet the most complex needs, whilst growing alternative models of short break provision that offer greater choice and opportunity.
 - To develop engagement with people with learning disabilities, their carers, staff and service providers to improve service delivery informed by lived experience.
- 3.6** The Consultative Draft Report has been made available in an easy read format to ensure it reaches everyone concerned.
- 3.7** The HSCP is now seeking to engage with people with lived experience, relevant stakeholders, partners, and the general public to ensure participation in the development and co-design of the new Learning Disability Strategy 2024-29.

3.8 A Communication, Engagement & Participation Plan has been established to provide a clear framework for this phase, articulating our approach to engagement for this strategy. (**Appendix 2**).

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities - The Learning Disability Strategy 2024-29 is aligned with all strategic priorities.

4.2 Frontline Service to Customers – As 4.1

4.3 Workforce (including any significant resource implications) – There are no planned changes to the workforce at this time.

4.4 Legal Implications – None

4.5 Financial Implications – The Learning Disability Strategy 2025-29 priorities are intended to be delivered within the existing Financial Framework.

4.6 Procurement – A future Feasibility Study may be commissioned in accordance with procurement Guidance; the Strategic Commissioning team is sighted.

4.7 ICT – None.

4.8 Corporate Assets – The Learning Disability Strategy 2025-29 includes a priority to work with partners in housing services to help shape EDC Strategic Housing Investment Plan to accurately reflect housing requirements for people with learning disabilities, now and in the future.

4.9 Equalities Implications – HSCP support to people with learning disabilities and their carers seeks to consolidate existing rights and recognise people who use our services as equal partners. An updated EQIA is being prepared.

4.10 Sustainability – Supporting people with learning disabilities to secure and maintain housing and employment is a key ambition within the strategy.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None

6.0 IMPACT

6.1 **STATUTORY DUTY** – Social Work practice in this area of work is a clear statutory duty governed by the Adults with Incapacity (Scotland) Act 2000.

6.2 EAST DUNBARTONSHIRE COUNCIL – Learning Disability Strategy to be prepared in 2023/24 for a five year period 2024-2029.

6.3 NHS GREATER GLASGOW & CLYDE – None.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 – Learning Disability Strategy 2024-29 Consultative Draft Report

8.2 Appendix 2 – Learning Disability Strategy 2024-29 - Communication, Engagement & Participation Plan

ADULT LEARNING DISABILITY STRATEGY 2024 – 2029

CONSULTATIVE PAPER



East Dunbartonshire Learning Disability Strategy 2024-29: Consultation Paper

1. What is the purpose of this Strategy?

- 1.1. This Learning Disability Strategy follows on from East Dunbartonshire Health and Social Care Partnerships (EDHSCP) previous Learning Disability Strategy launched in 2018. Developing a Learning Disability Strategy is not a statutory requirement, meaning that HSCP's are not legally required to have one. However, we believe that this strategy provides an opportunity for the HSCP to express our commitment to people with learning disabilities and to providing them with the support they need to lead happy and fulfilled lives.
- 1.2. In this strategy consultation paper, we want to share with you the achievement from our last strategy, where we believe we are just now and what we think our priorities should be for the future, to ensure that people with a learning disability living in East Dunbartonshire are enabled and empowered to live happy, healthy, fulfilling lives.
- 1.3. Statistics show that people with learning disabilities do not yet enjoy the same life chances as others. At the heart of this Strategy is a commitment that recognises that people with learning disabilities have the same aspirations and expectations as everyone else. Everyone, including those with complex needs, should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.
- 1.4. The Learning Disability Strategy 2024-29 will guide the work of East Dunbartonshire Health and Social Care Partnership over the next five years. In partnership with people with learning disabilities, their families and people who provide support and services, we want to develop a strategy that delivers the best possible outcomes for people with a learning disability living in East Dunbartonshire.

2. Who is the Strategy for?

- 2.1. The Learning Disability Strategy 2024-29 will take account of the needs of people with a learning disability aged 18 years and older that live in East Dunbartonshire or for whom East Dunbartonshire Council are responsible. Sometimes East Dunbartonshire Council has responsibility for someone's health and social care services even if they live outside of the authority area.
- 2.2. The strategy will include people with a learning disability who might also have other conditions such as autism, a mental or physical health condition or who have other needs (sometimes we describe this as having 'complex needs' or 'PMLD', profound and multiple learning disabilities). A distinct Autism Strategy was developed for 2014-24 and is delivered alongside the Learning Disability Strategy.
- 2.3. We aim to develop a Learning Disability Strategy that redresses inequalities that people with a learning disability experience, particularly those with complex

needs and from diverse ethnic backgrounds in accessing personalised care and support that would enable them to exercise choice and control over their own lives.

- 2.4. Throughout this strategy there are references to families and carers; it is acknowledged they are vital to the success of the delivery of this strategy whether it be giving feedback, co-production or supporting their loved one to navigate new ways that services are delivered.

What is a learning disability?

- 2.5. There are many different definitions of a learning disability. Scotland's learning Disability Strategy 'The Keys to Life', describes a learning disability as "significant and lifelong. It starts before adulthood and affects the person's development. This means that a person with a learning disability will be likely to need help to understand information, learn skills and live a fulfilling life. Some people with learning disabilities will also have healthcare needs and require support to communicate". This is not to be confused with someone that may have a learning difficulty such as dyspraxia, dyslexia, attention deficit hyperactivity disorder (ADHD).
- 2.6. Types of learning disabilities differ hugely. Someone with mild disabilities may be able to live independently with minimal support, whereas someone with severe and profound disabilities may require 24-hour care and help with performing most daily living tasks. The collective term of learning disability can overshadow the person and may lead to their health needs both physical and mental not being identified and met fully.
- 2.7. The advent of the NHS and Community Care Act in 1990 heralded a major change in the way that people with learning disabilities were supported, with a focus on community-based care and support and the closure of long-stay hospitals. Since that time, successive national and local policy has been focused on improving the quality of life, choices and personal outcomes for people with learning disabilities and for the people who care for them. The lives of people with learning disabilities have changed. Expectations and aspirations have rightly increased with ongoing demands for better services, support, choice and control, equality of opportunity and human rights.
- 2.8. People with learning disabilities are citizens who want to play a full part in their communities. People with learning disabilities have many talents. But more than that – they are leaders and role models who strive to contribute to society.

3. The Health and Social Care Partnership (HSCP)

- 3.1. Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The responsibility for organising these services previously lay with Councils and Health Boards, but now sit with HSCP Boards (sometimes called Integration Joint Boards). The idea behind creating these HSCPs was to integrate health and social care services much more closely under a single manager, with a single

combined budget, delivering a single plan to meet a single set of national outcomes in a way that best meets local needs. The “single plan” is called the HSCP Strategic Plan. It sets out how HSCP Boards will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

- 3.2. The East Dunbartonshire HSCP brings together the Council and Health Board through a number of strategic planning groups, to jointly plan health and social care services, together with a range of stakeholder representatives, including service users and carers.
- 3.3. The East Dunbartonshire Learning Disability Strategy forms part of a family of plans and strategies that sit under the overarching umbrella of the HSCP Strategic Plan. The Strategic Plan sets out the HSCP’s vision and values, its strategic priorities and enablers and its programme of action over the period 2022-25.

4. Developing the Strategy

- 4.1. A lot of what the HSCP needs to do to support people with learning disabilities is already set out in national and local policy. It is important that we ensure that our Learning Disability Strategy reflects this, but we also need to emphasise the priorities that are right for our local needs and aspirations.
- 4.2. The diagram below attempts to illustrate the process that we are undertaking. The five boxes at the top are the main influences that should inform the context of the new Learning Disability Strategy. By analysing these we should be able to identify what the priorities should be for us.

EDHSCP Learning Disability Strategy 2024 - 2029



- 4.3. The HSCP has carried out initial work by looking at the main pressures (or “drivers”) for change and improvement. A needs analysis has been undertaken

to ensure that the Strategy identifies and reflects these local needs in the development of its priorities.

- 4.4. Crucially important, we have reviewed the expressed views of people with a learning disability themselves over recent years, locally and nationally. We found that many of the issues and priorities that have been raised in the past remain really important to people. We wanted to ensure that we reflected these views and opinions before we re-engaged with people once again, through this consultation.
- 4.5. Since the last Learning Disability Strategy, the Covid-19 pandemic has had an enormous impact on people with a learning disability and their carers, so it will be essential to ensure that these impacts are recognised in the new strategy and plans developed to support people through and out of the pandemic.
- 4.6. This Learning Disability Strategy Consultation Paper sets out our Strategic Outcomes and what we believe are the priorities for the next five years (2024-2029) for East Dunbartonshire Health and Social Care Partnership in achieving these. In developing this strategy, we aim to set in motion those improvements and build upon the work already undertaken.
- 4.7. The first section of the report provides the background and context. If you would like to jump straight to the proposals and questions, please feel free to proceed to **Section 10: The Conversation**.

5. Where are we now?

- 5.1. It is important that we understand what our population needs are and that we are able to meet these needs through the application of the resources that we have available.
- 5.2. We are very aware that expectations and aspirations have rightly increased by service users, carers, successive governments and professionals, with ongoing demands for better services, support, choice and control, equality of opportunity and human rights. This has happened during a period when the number of people with complex support needs has increased, and available resources have been under severe pressure.
- 5.3. To ensure that we set realistic expectations we must consider current and future challenges and the resources and finance available to make changes happen.

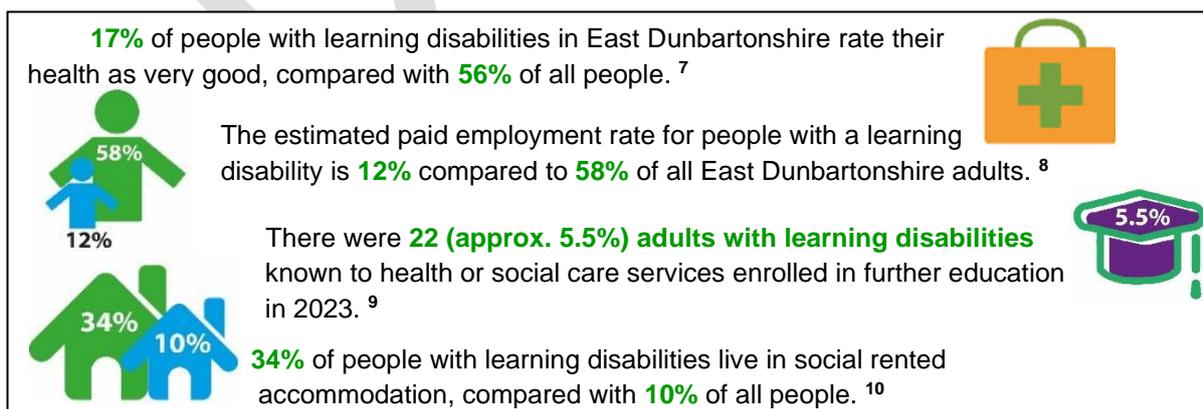
People with Learning Disabilities in Scotland Today

- 5.4. Scotland's Census, 2011, reported 26,349 people to have learning disabilities, which is 0.5% of Scotland's population. 21,115 people are aged over 16 years.



People with Learning Disabilities in East Dunbartonshire Today

- 5.5. Scotland's Census, 2011, reported 458 people in East Dunbartonshire to have learning disabilities, which is 0.4% of East Dunbartonshire population. 357 people are aged over 16 years.
- 5.6. From our own figures we believe this number to be higher, with over 400 people over 16 years known to social work services and receiving formal support, ranging from low-level advice and support to extremely intensive round-the-clock care and support with specialist health input. Many more individuals will not be in regular contact with specialist health or social care services, but live largely independently or are supported by family.



¹ [The keys to life 2013](#)

² [SCLD report 'Mapping the employability landscape for people with learning disabilities in Scotland' 2016](#)

³ [Pupil's census 2017](#)

⁴ [LDSS 2017](#)

⁵⁻⁸ [Scotland's Census 2011](#)

⁹ East Dunbartonshire Council Carefirst MIS

¹⁰ [Scotland's Census 2011](#)

Demographic Pressures

5.7. Scotland's population is ageing, with numbers of very old people predicted to continue growing alongside a proportionately smaller and shrinking working age population. In East Dunbartonshire, the numbers of older people aged 85+ has increased faster than any other HSCP area in Scotland, with this fastest growth expected to continue for the next 10 years¹¹. This is a success story in terms of improved health and wellbeing and longer life expectancy, but it has significant implications for the future of care and support in Scotland.

Increasing Demand for Health and Social Care

5.8. Demand for health and social care services is predicted to increase 25% by 2031¹².

5.9. We have recently updated our Joint Strategic Needs Assessments. This provides a detailed analysis of our population's health and social care circumstances. The box below sets out some of the headlines from this work. These trends will inevitably impact on people with learning disabilities and their carers now and in the future.

- 85 years+ population is increasing by 5% per year – highest in Scotland
- Care at home and care home service demand is increasing by 5% per year (pre-Covid)
- East Dunbartonshire has higher proportion of some 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 and 50% higher compared with Scotland
- Outpatient attendance rate is around 10% higher than Greater Glasgow and Clyde and Scotland
- Mental health in younger people is a growing area of concern with high numbers of CAMHS referrals and waiting times, and increasing prescribing for depression and anxiety for young people
- East Dunbartonshire has the highest rate of falls resulting in hospital admission, in Greater Glasgow and Clyde
- 8% of East Dunbartonshire adults identified at increasing risk of alcohol related harm
- Hospital-related pressures:
 - 162% increase in Hospital Assessment Team referrals 2008-2018
 - Demand pressures and complexity increases: 40% increase in unscheduled older people care projected to 2025 (from 2018). Orthopaedics increase of 31%.

The Financial Plan

5.10. The HSCP operates within a very constrained financial environment, so unless new funding is forthcoming, any investment in one area will have to be offset by

¹¹ [Projected Population of Scotland \(2018-based\) | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/2018-01-01-projected-population-of-scotland-2018-based)

¹² [Health Scotland statistics](https://www.healthscotland.gov.uk/statistics)

increased efficiency or disinvestment in another area of the HSCP's business. In order to make this process as transparent as possible, a Financial Plan will identify any new specific additional funding that has been received (or may be expected) to support new developments. Over the course of the five year strategy, some additional new funding sources may be introduced that we are not yet aware of, but so too may be reductions in funding or pressures elsewhere.

National and Local Policy

5.11. There has been a number of important policies over recent years, which have sought to empower and develop choice for people who require support. The box below sets out what we consider to be the key policy drivers that will inform the new Learning Disability Strategy 2024-29:

Key Policy Drivers: National

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Audit Scotland Health and Social Care Integration report 2015
- Christie Commission on the Future Delivery of Public Services
- Coming Home: Complex Care Needs and out of Area Placements 2018
- Equality Act 2010
- A Fairer Scotland for Disabled People - Scotland's Disability Delivery Plan 2016
- Carers (Scotland) Act 2016
- Health Inequalities Policy Review 2014
- Health and Social Care Standards: My Support, My Life
- Human Rights Act 2000
- Independent Living Fund Scotland (ILF Scotland)
- Independent Review of Adult Social Care in Scotland (March 2021)
- Keys to Life Strategy 2013
- Keys to life: implementation framework and priorities 2019-2021
- Mental Health (Care and Treatment) (Scotland) Act 2003
- A National Clinical Strategy for Scotland
- National Health and Wellbeing Outcomes
- The National Care Service Bill 2022
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Public Health Priorities for Scotland
- Realising Realistic Medicine
- Scotland Act 2016
- Scotland's National Action Plan for Human Rights (SNAP)
- Scotland's third national Dementia Strategy, 2016-19
- Scottish Government Framework for Community Health and Social Care Integrated Services (Nov 2019)
- Scottish Government's 2020 Vision
- Scottish Strategy for Autism
- See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)
- Scottish Mental Health Strategy 2017-2027
- Social Care (Self Directed Support) (Scotland) Act 2013
- The Promise 2016
- Welfare Reform Act 2012

Key Policy Drivers: Local

- East Dunbartonshire HSCP Strategic Plan 2022-25
- The East Dunbartonshire Local Outcome Improvement Plan (2017-27)
- NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)
- Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28
- Fair Access to Community Care (Adults) Policy (March 2019)
- NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans
- East Dunbartonshire HSCP Recovery and Transition Plan
- NHSGG&C Board-wide strategies: Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation
- Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)

5.12. The National Care Service and The Learning Disability, Autism and Neurodiversity Bills are developing agendas at the time of preparing this strategy. We will be closely monitoring their development for any new or changing priorities and will review the Learning Disability Strategy as these arise.

6. What is lived experience?

6.1. Lived experience is a depiction of a person's experiences and decisions, as well as the knowledge gained from these experiences and choices.

6.2 We want to use what people with learning disabilities, their families and people who provide support and services report about their lived experiences, including the challenges and barriers they face, as our starting point for developing the new Learning Disability Strategy.

6.3 Learning disabled people with lived experience report that they:

- can lack meaningful choice and control about where to live;
- feel they are placed in houses far away from their family and friends;
- are not always provided with adequate support as a parent with a learning disability;
- should be able to have safe and healthy relationships;
- should have their sexual health and reproductive rights ensured and should have access to appropriate services if they experience gender based violence¹³.

6.4 Parent and Carers with lived experience report that:

- transitions can be overwhelming, and it can be difficult to get contact with Adult Social Work Services to assist with this process;
- housing should most definitely be a focus. It's a basic need to feel safe and secure. Housing services are separate from Health and Social care so there is no joint working making it difficult to navigate;

¹³ [Our vision - Keys to life: implementation framework and priorities 2019-2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/Our-vision-Keys-to-life-implementation-framework-and-priorities-2019-2021.pdf)

-
- respite can be difficult to access. Unless you're in an emergency situation you often can't access respite less than 6 months ahead. This isn't preventative support;
 - any changes to services can invoke real anxiety, particularly for working Parent/Carers whose ability to provide for their family is dependent on additional support;
 - minority groups need to feel listened to, a lack of reference is damaging to feeling seen and heard¹⁴.

6.5. Service Providers with lived experience report that:

- the Supported Accommodation model within EDC is outdated, locations of services are sporadic and not aligned strategically, this means some services are remote/isolated;
- there are increasing compatibility issues (age, environment, location etc) which make it difficult to provide person centred accommodation based support;
- a lack of appropriate accommodation within EDC is making it difficult to adopt a preventative and anticipatory approach to housing people with complex needs;
- budget constraints are having a huge impact on services;
- recruiting and retaining social care staff is extremely challenging, making it difficult to provide person centred and consistent support¹⁵.

7 What we have achieved so far

7.1. This is not East Dunbartonshire HSCP's first Learning Disability Strategy. Since the inception of our previous strategy in 2018, we have worked with people with learning disabilities, carers, partners, and communities to improve support and services in many ways, such as:

- Development of the new Allander Adult Learning Disability Day Centre, delivering person centred support to people with complex needs through the provision of state-of-the-art facilities, such as the hydro-therapy pool, rebound room, physio rooms and the snoozelum;
- An enhanced range of community based, and integrated support options, delivering improved outcomes in employment, education, social activities and health and wellbeing, for people with mild or moderate support needs;
- Increased funding for formal Learning Disability Services to continue to deliver positive outcomes for a growing number of people;
- Increased investment in third sector organisations to develop informal services and build community resilience;
- Development and implementation of procedures and service based assessments to ensure fair and equitable access to resources for people with learning disabilities;

¹⁴ [Learning Disability and Carers Strategy Consultations June 22 – June 23](#)

¹⁵ [Baseline Review of learning disability accommodation-based services June 2022 \(SWOT Analysis\)](#)

- Implementation of independent advocacy during periods of transition, to enforce people's rights, encourage self-determination and increase the accountability of services;
- Development of a transition pathway booklet, providing information and guidance for young people and families during transition from children to adult services;
- More information provided in a range of languages and easy read format;
- Enhanced outcomes for children and adults with Autism, delivered through a distinct Autism Strategy;
- Increased investment in 'Promoting Positive Behaviour' training, including 'Train the Trainer' provision and Champion Roles to support people with complex needs, whose behaviour can present as challenging to themselves and others.

8 What we want to achieve in the future

- 8.1. The Scottish Government sets out their ambition for people with learning disabilities in the revised Keys to Life Implementation Framework 2019, and Towards Transformation 2021, produced in the context of recovery from the coronavirus pandemic¹⁶.
- 8.2. They aspire to a creative, open and connected nation in which people with learning disabilities are empowered to: live healthy and active lives, learn to reach their full potential, participate in an inclusive economy and contribute to a fair, equal and safe Scotland.
- 8.3. The autism and learning/intellectual disability transformation plan 'Towards Transformation' published in 2021 sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities, reporting back that people have a clear vision about what they want from their lives¹⁷.

In their day to day lives this means:

- To have and be supported to keep good health;
 - To have a good experience at school and for education to give us opportunities and choices for our futures;
 - To be able to work;
 - To be able to live independently but connect with families and friends;
 - To choose to have a family of our own.
- 8.4. East Dunbartonshire Health and Social Care Partnership whole heartedly support these aspirations. We have come far, but we know we can do more for our community.

Our vision

- 8.5 East Dunbartonshire Health and Social Care Partnerships vision for people with learning disabilities is shaped by the Scottish Government's ambition for all

¹⁶ [Our vision - Keys to life: implementation framework and priorities 2019-2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/learning-disabilities/keys-to-life-implementation-framework-and-priorities-2019-2021)

¹⁷ [Learning/intellectual disability and autism: transformation plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/learning-disabilities/autism-and-learning-intellectual-disability-transformation-plan)

citizens and aligned with East Dunbartonshire Health and Social Care Partnership Strategic Vision to **'care together to make a difference'**



'Working together to deliver better outcomes for people with learning disabilities, and their families and carers'

9 How are we going to do this?

- 9.1. After analysing the main policy drivers, the local needs analysis and feedback from people with lived experience, we think that our priorities for development and improvement over the next five years should be:
- To develop a preventative and anticipatory approach to accommodating people with learning disabilities as close to home as possible. By improving the data we collect we will help to shape EDC Strategic Housing Investment Plan to accurately reflect housing requirements for people with learning disabilities, now and in the future;
 - To undertake a Feasibility Study of existing learning disability accommodation based services, take learning from the findings of the study and prepare a development plan to ensure that future services are high quality, efficient and sustainable;
 - To improve planning for young people with learning disabilities transitioning to adulthood. We will review current Transition Procedures and develop a Transition Action Plan, taking learning from collaboration, and best practice guidance, such as The Scottish Transition Forum - Principles into Practice Framework¹⁸;
 - To improve short break provision for people with a learning disability by investing in building based resources to make them high quality, fit for purpose to meet the most complex needs and ensuring they are sustainable for the future, whilst growing alternative models of short break provision that offer greater choice and opportunity for people with a learning disability;
 - To develop a Covid Recovery Plan which will ensure there is restorative action for issues caused by the Covid pandemic such as poor mental health and missed health appointments for people with learning disabilities, pending implementation of annual health checks for adults with a learning disability, in line with National Policy;

- To improve how we are delivering our services and support by engaging with people with learning disabilities, their carers, staff and service providers at least once a year by doing an annual survey. Thereafter, improving analysis of data, including unmet need, engagement rates, lived experience and satisfaction levels;
 - To implement local guidance that promotes best practice and improves knowledge, helping inhouse and third sector social care staff to support people with learning disabilities to have healthy relationships and to identify and respond to those who are experiencing gender-based violence.
- 9.2. Of course, these priorities are just a small part of a much bigger plan of support, but we need to make clear a step change, if we are to truly deliver fair opportunities for people in East Dunbartonshire with a learning disability to live happy, healthy, fulfilling lives.
- 9.3. Please note, some of these areas of development may take longer than the five years of this Strategic Plan and will be dependent upon decisions about future funding that we are not able to predict at this time.

10 What we will do next

- 10.1. This document sets out the Health and Social Care Partnership's initial thoughts on the new Learning Disability Strategy 2024-29 and what we believe to be the proposed areas for priority action. We will now invite partners, stakeholders and the general public to participate in the development of this new strategy. We would like this to take the form of a conversation:

The Conversation:

We will share from our early work what we understand to be the key challenges for adults with learning disabilities, and what changes and improvements need to be made to meet those challenges. We will also share what we think will make these changes possible.

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

- 10.2. We will arrange to engage with people with lived experience, including people with a learning disability, parents / carers and service providers, in addition to a range of existing organisations and groups within the HSCP. We will also engage with the general public.
- 10.3. These plans are set out in more detail in a supporting Communication, Engagement & Participation Plan.

11 Tell us what you think

11.1. As has been outlined above, the proposals set out in this report are suggestions only at this point. We have tried to explain why we have arrived at the proposed priorities that are set out above, but we are very conscious that there will be other points of view. We want to open the process up to a fuller debate at this point.

11.2. Quite soon we will have to settle on what our Learning Disability Strategy priorities are and then do more work to build the plan around these. So, this is the opportunity to influence the foundations of the plan that will take forward the work to support people with learning disabilities better over the next five years.

11.3. We have set up an online survey which can be accessed by clicking this link:

<https://www.smartsurvey.co.uk/s/edcarerstrategy/> (To be confirmed)

11.4. We are also very happy to receive your thoughts in an email if you prefer, at:

Gayle.Paterson@eastdunbartonshire.gov.uk

or

you can drop your response into the offices below for attention of Gayle Paterson Learning Disability Strategic Review Project Lead:

Kirkintilloch Health and Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF

Allander Resource Centre
Milngavie Road
Bearsden
G61 3DF

11.5. The questions in the survey are set out on the next page. You might find these useful in preparing your response, but we are happy to hear from you in your own words if that suits you better.

11.6. If you would like to engage in another way, please email in the first instance (using the email address above) and we will get back in touch to discuss your needs.

The consultation closes on 14 December 2023.

East Dunbartonshire Learning Disability Strategy 2024-29: Consultation

Survey Questions

1. Please can you tell us about your interest in Health and Social Care Services?

You can select more than one.

- Service user / patient
- Carer
- Volunteer
- Council employee
- Health Board employee
- Care provider / employee
- Board member / partner representative
- Member of the public
- Other (please specify):

2. Please can you tell us what learning disability support services in your area work well for you?

3. Please can you tell us where you think learning disability support services in your area could do better?

4. Do you think that the **priorities for development and improvement** identified in the consultation paper are the right ones?

- Fully agree
- Partly agree
- Undecided
- Disagree

Please can you tell us more about your answer and any suggestions you may have?

5. Do you have any other comments that you'd like to provide on the development of the Learning Disability Strategy and what it means for you? Please tell us in the space below:

Accessibility

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Communications Team at:

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।

East Dunbartonshire Health & Social Care Partnership

Learning Disability Strategy 2024-29

Communication, Engagement & Participation Plan

1 PURPOSE

- 1.1 This Communication, Engagement & Participation Plan is designed to set out how the East Dunbartonshire HSCP and wider partners will communicate, engage and consult with partners, stakeholders and the general public on the preparation and content of its new Learning Disability Strategy 2024-29.

2 THE LEARNING DISABILITY STRATEGY

- 2.1 Developing a Learning Disability Strategy is not a statutory requirement, meaning that HSCP's are not legally required to have one. However, we believe that this strategy provides an opportunity for East Dunbartonshire HSCP to express our commitment to people with learning disabilities and to providing them with the support they need to lead their best life.
- 2.2 In preparing the new Learning Disability Strategy, we need to consider whether our existing priorities are the same or have changed. Changes might be due to new policy or legislation, they might be due to feedback from people with a learning disability, carers or service providers, they might be to take account of successful work that has been done elsewhere, or it may be due to changed circumstances. Since the last Learning Disability Strategy, the Covid-19 pandemic has had an enormous impact on people and services, so it will be essential to ensure that these impacts are recognised in the new strategy and plans developed to support these groups through and out of the pandemic.

3 ENGAGEMENT AND PARTICIPATION

- 3.1 HSCP Boards are collaborative at heart; they include membership from Local Authorities and Health Boards, plus representatives of service users, informal carers, professionals and clinicians, trade unions and third and independent sector service providers. When preparing any new strategy, an HSCP Board must ensure that all of these stakeholders and partners are fully engaged in the process and have regard to the [Health and Social Care Delivery Principles](https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/)¹. This ensures that a shared approach is taken to the planning of services to deliver the [National Outcomes for Health and Wellbeing](https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/)² and to achieve the core aims of integration, which are:
- To improve the quality and consistency of services for patients, carers, service users and their families;
 - To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and

¹ <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/>

² <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and complex needs, many of whom are older.
- 3.2 Many of these principles and outcomes described above clearly go wider than the delivery of direct support to people with learning disabilities, how well care and support is provided also impacts enormously on the well-being of family and friends that provide day to day care for them. It is essential therefore that we consider the whole system of health and social care when thinking about the needs of people with a learning disability. That is why the Learning Disability Strategy should be seen as part of a wider programme of improvement and development that is set out in the HSCP Strategic Plan 2022-25.
- 3.3 In order to ensure our communication is as robust and effective as possible, the HSCP is adopting a blended approach to communication, engagement and consultation, combining in-person and “virtual” approaches.

4 APPROACH

The preparation of the Learning Disability Strategy is designed to follow 3 distinct phases, which reflect the legal requirements as well as supporting guidance.

Phase 1

- 4.1 The HSCP will carry out initial work by looking at the main drivers for change and improvement. This information will initially come from an examination of statute, guidance and national and local policy. It is important that the Learning Disability Strategy reflects these national and local policy requirements, which means that the HSCP does not have a blank sheet of paper to start with.
- 4.2 It is essential though that the Learning Disability Strategy should also be fully reflective of (and sensitive to) local needs. This will be done through two main approaches:
- (i) Analysis of East Dunbartonshire’s population profiles, its health and wellbeing and its particular needs will be undertaken to ensure that the Learning Disability Strategy identifies and prioritises these local needs.
 - (ii) A programme of participation and engagement will be undertaken to ensure that partners, stakeholders and the general public have the opportunity to influence and shape the new Learning Disability Strategy.
- 4.3 Once this work is completed, a Consultative Draft Report will be prepared that sets out:
- An analysis of the circumstances for people with a learning disability locally, including the challenges that need to be considered by the new strategy, and;
 - Some proposed areas for priority action.

Phase 2

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

The Conversation:

We will share from our early work what we understand to be the key challenges for adults with learning disabilities, and what changes and improvements need to be made to meet those challenges. We will also share what we think will make these changes possible.

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

- 4.5 By the end of Phase 2, we would aim to agree the areas for priority action.

Phase 3

- 4.6 Phase 3 will involve putting together a draft Learning Disability Strategy, based on these agreements. By the end of Phase 3, we will have a final Learning Disability Strategy for approval by the HSCP Board.

5 PARTNERS AND STAKEHOLDERS

- 5.1 There are a number of representative consultees that either live or operate in East Dunbartonshire who should be included in the Learning Disability Strategy participation and engagement process:

- People who use health and/or social care services
- Carers of people who use health and/or social care services
- Third sector bodies carrying out activities related to health or social care
- The local authority and Health Board
- Social care and health professionals

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

- 5.3 In addition to these more structured engagement routes, the HSCP wishes to ensure people with learning disabilities and their carers have more time to

consider the detail of the emerging Learning Disability Strategy. To facilitate this, we will provide the document in an easy read format and deliver a presentation that will identify clearly, the key points for discussion from the strategy.

6 CHANNELS

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

Action Area	Communication and Engagement Channels						Timescale (estimated)
	HSCP stakeholder representative communication	Stakeholder direct communication	Wider public direct communication	HSCP Website	Social Media	Media releases	
Phase 1: Preparation	✓						Jul - Aug 23
Phase 2: Consultation	✓	✓	✓	✓	✓	✓	Sept - Dec 23
Phase 3: Final plan for approval	✓						Jan 24

6.2 Meetings:

HSCP Leadership Group / Forum		
HSCP Staff Partnership Forum		
HSCP Public Service User & Carer Group		
HSCP Clinical & Care Governance Group		
HSCP Board Development Seminar		
NHS GGC Corporate Management Team		
EDC Corporate Management Team		
EDC Elected Member engagement		
EDC House Health & Care Forum		
Community Planning Partnership Board		
HSCP Strategic Planning Group		
HSCP Locality Planning Groups		
GP Forum		
Carers Partnership Group		
Range of informal engagement hosted by inhouse or third sector providers		
Joint Learning Disability Team		
HSCP Provider Forum		
HSCP Autism Alliance		

6.3 Media and Correspondence

HSCP Website notice		
Survey		
Social Media		

SMT members		
SPG members		
HSCP Members		
PSUC members		
Clinical & Care Governance Group		
Locality Planning Group Members		
Joint Staff Partnership Forum		
Staff Newsletter		
Technical notes to NHS Non Exec Directors and Elected Members if appropriate		
Liaison with local voluntary organisations		

6.4 **General Public:** website notice and social media with survey link (phase 1 only) and alternative means of communication provided.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/06

CONTACT OFFICER: DERRICK PEARCE, HEAD of COMMUNITY HEALTH and CARE SERVICES

SUBJECT TITLE: HOSPITAL DISCHARGE DELAYS;
PERFORMANCE AND ASSURANCE

1.0 PURPOSE

1.1 The purpose of this report is to appraise members of the position of East Dunbartonshire in relation to delayed hospital discharge performance, and to provide assurance regarding management and scrutiny of delayed discharge performance.

2.0 RECOMMENDATIONS

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

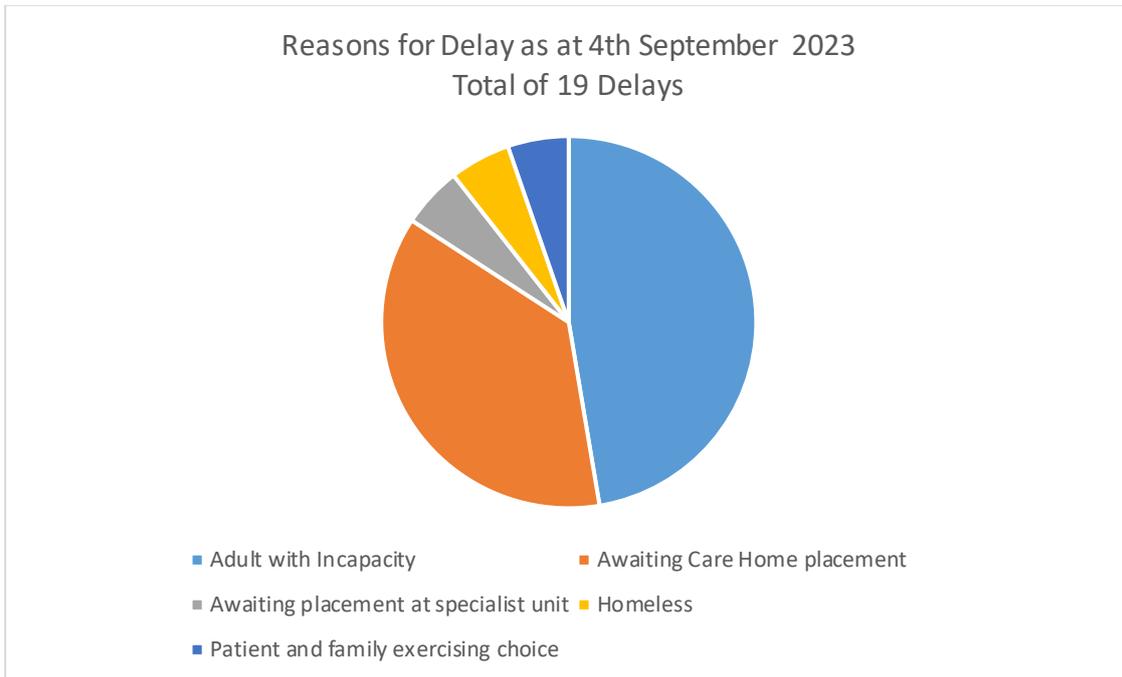
2.1 Note the content of the report and the performance and assurance reflected therein.

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

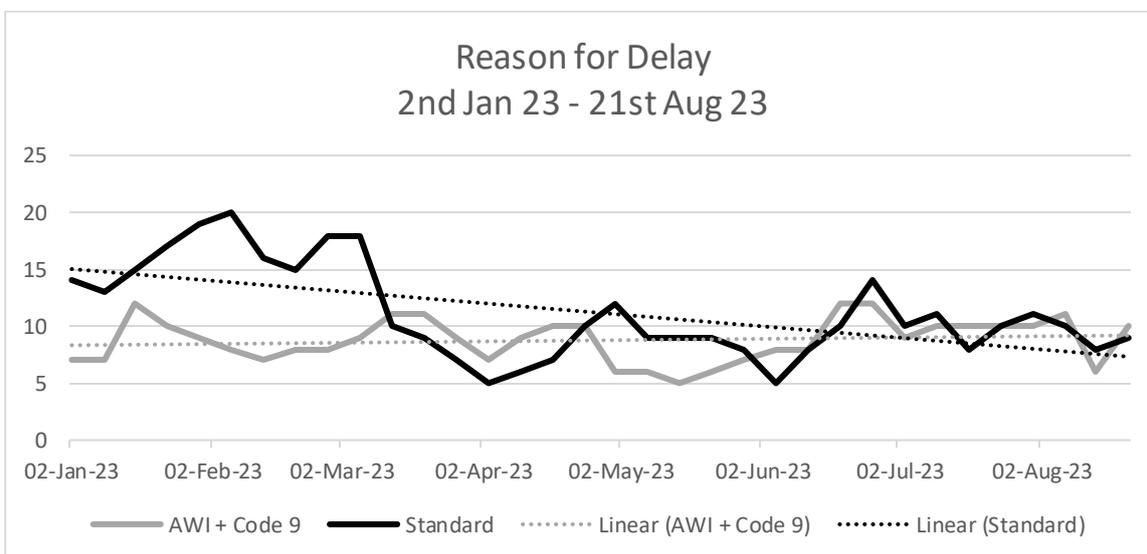
3.0 BACKGROUND/MAIN ISSUES

- 3.1** The management of unscheduled care is a key area of business strategically and operationally for the HSCP and IJB. There have been several presentations and papers pertaining to this agenda over recent years presented to the IJB. Papers and presentation on the Frailty agenda also closely relate. The HSCP has in place a range of core services and attendant processes and forums with a focus on addressing the use of urgent and unscheduled secondary care services by the population of East Dunbartonshire, reflecting the whole system nature of care and support for people. The IJB has delegated responsibility for the planning of unscheduled secondary care for our local population and the use of the associated set aside budget. It is particularly important for the IJB to be on the 'front foot' in scrutinising unscheduled care performance, which includes delayed discharge, in preparation for winter 2023/24. Winter 2022/23 was unprecedented in terms of whole system demand across health and social care, and increased resilience is essential going forward to avoid a repeat of the experience for people and the system.
- 3.2** Management of delayed discharges is a key priority of the HSCP. A delayed discharge is defined as being when "a patient remains in a clinical setting when they are deemed clinically fit to be discharged" (Scottish Government, 2023). From previous papers around frailty and unscheduled care, IJB members will be familiar with the negative impact of a prolonged hospital stay both in terms of the welfare and recovery of the individual, and acute hospital flow. Older people, in particular those experiencing frailty, have reduced resilience to recover from illness and injury, impacting on being able to return to baseline function with a risk of requiring new or increased packages of care or not being able to return to their previous home setting.
- 3.3** NHSGGC, as a Board, has experienced, and continues to experience, high levels of patients being delayed in their discharge from hospital. The position is mirrored nationally and is of concern to the Scottish Government. As we approach winter 2023/24 (considered to be between November 2023 and March 2024) the prospect of the number of patients being delayed in their discharge not being reduced substantially is of the highest level of concern for the Health Board and all 6 HSCPs, as well as the Scottish Government. Reducing delayed discharge is "*not a silver bullet to reducing hospital occupancy, but it is an important element to consider as part of the package of measures needed to improve flow*" (Scottish Government, 2023).
- 3.4** The adverse consequences associated with a prolonged admission, particularly for those with frailty and the pressures across the hospital estate, has been presented to IJB previously. Consequently, robust management of delayed discharges is a key strategic priority for the HSCP and the IJB can be assured that HSCP performance in achieving discharges without a delay averages around 97.5%.
- 3.5** There are different categories of delayed discharge and regular reporting it submitted that categorises and codes the cause of every delay. This information is used to understand the local and national position. Delays are broken down first by setting: acute, mental health and community hospital. There are no community hospitals in East Dunbartonshire or indeed in NHSGGC thus all delays concerning our patients are either in acute or mental health. Delays are then further broken down by reason codes. These reason codes fall into two groups. Standard delay, where there is no legal or other impediment that would technically prevent an individual from being discharged, and complex delays, referred to as code 9 delays. Code 9 delays are

when partnerships are unable, for reasons beyond their control, to secure a patient's discharge from hospital. East Dunbartonshire's delays on the 4th September 2023 were categorised as follows; and at that point 98.8% of people were discharged with no delay



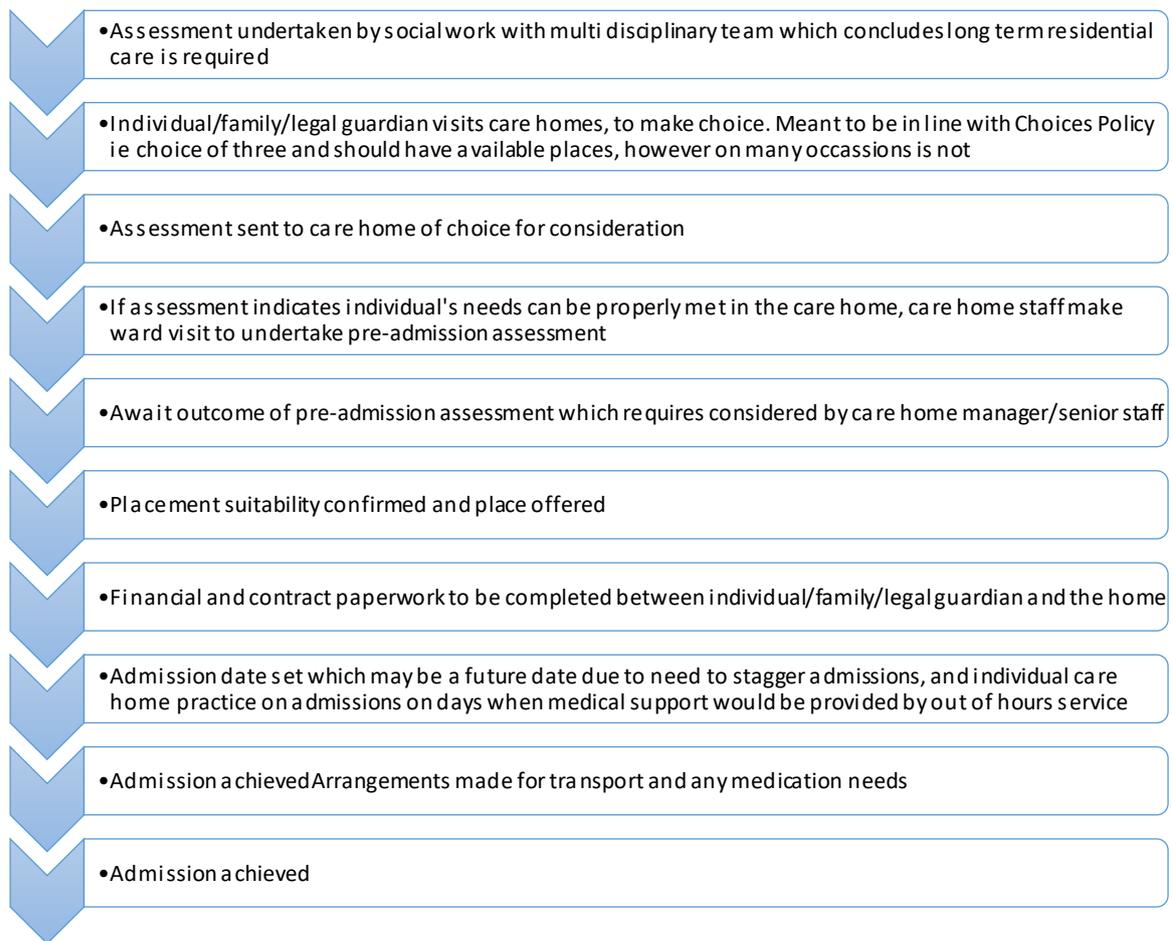
3.6 The spread of reasons above is fairly representative of East Dunbartonshire's usual position and the table below shows the balance over time between standard and code 9 delays. The proportion of delays to discharge pertaining to standard reasons has fallen, and those pertaining to code 9 reasons (complex) have risen.



3.7 It is normal for between 40% and 60% of delays to be attributable to the need to follow multi-stage and often lengthy legal processes to apply for a Guardianship Order under the Adults with Incapacity (Scotland) Act 2000. It is not uncommon for delays in this category to take >100 days to resolve. These are all counted as code 9 delays.

3.8 The other key recurring delay cause for East Dunbartonshire is patients awaiting a move to a long term Care Home placement, where they were not previously resident

in a care home. Delays in this category are usually resolved within a matter of weeks and can be resolved within days. In understanding the reasons for delays of this nature, it is important to consider that it is a multi-stage process as illustrated below:

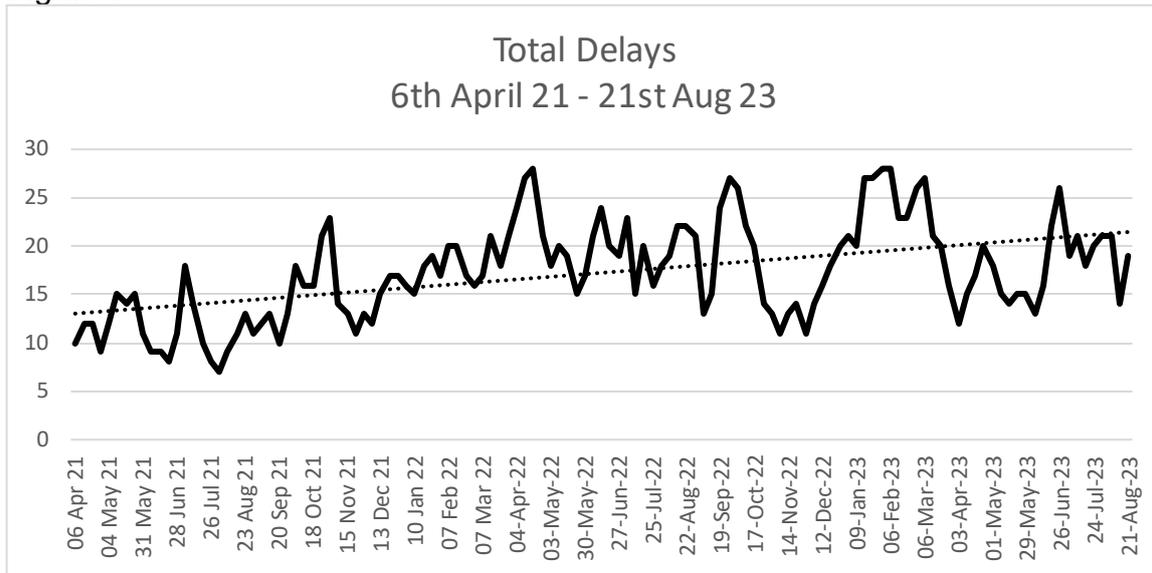


3.9 The remaining relatively small numbers of delays experienced may include the following reasons:

- awaiting commencement of post-hospital social care assessment
- non-availability of statutory funding to purchase Care Home Place
- non-availability of statutory funding to purchase any Other Care Package
- awaiting place availability in Specialist Residential Facility for younger age groups (<65)
- awaiting place availability in Specialist Residential Facility for older age groups (65+)
- awaiting completion of care arrangements in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
- awaiting completion of care arrangements - re-housing provision (including sheltered housing and homeless patients)
- awaiting availability of transport

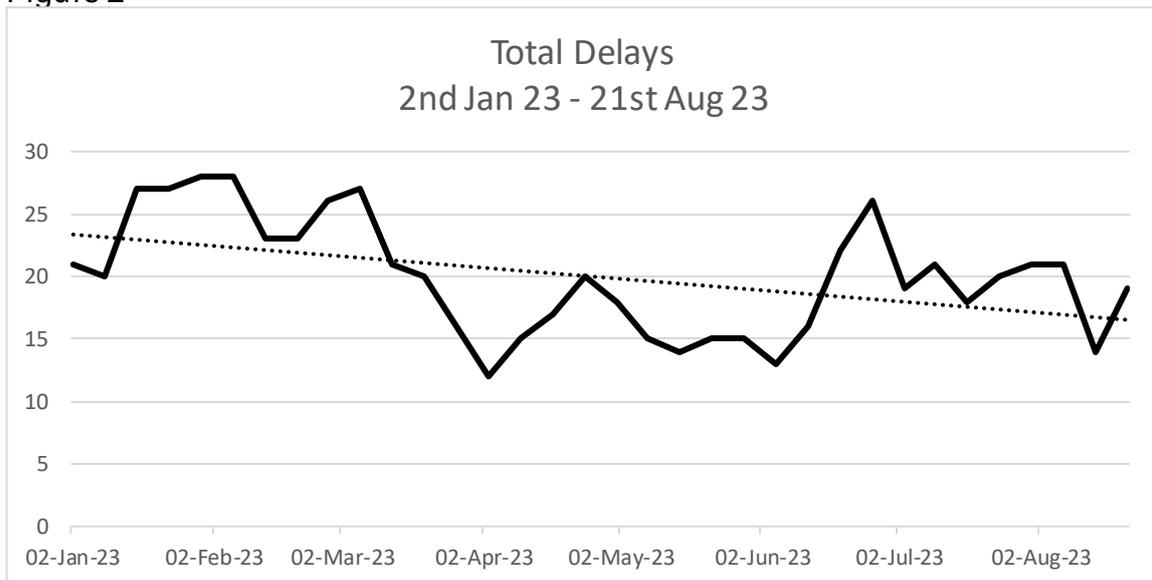
3.10 Overall, figure 1 (below) illustrates an increasing trend position for all delayed discharges pertaining to East Dunbartonshire HSCP from 2021 to 21st August 2023.

Figure 1



3.11 Figure 2 (below) displays a recent time period and illustrates the downward trajectory in delays to discharge for East Dunbartonshire HSCP patients since January 2023. In this time period the balance between cases added as a new patient delayed in their discharge and those removed was equal with 8.5 patients added on average per week and 8.4 being taken off. This illustrates that patients are moving through the system at an equal rate meaning the base number remains stubbornly the same.

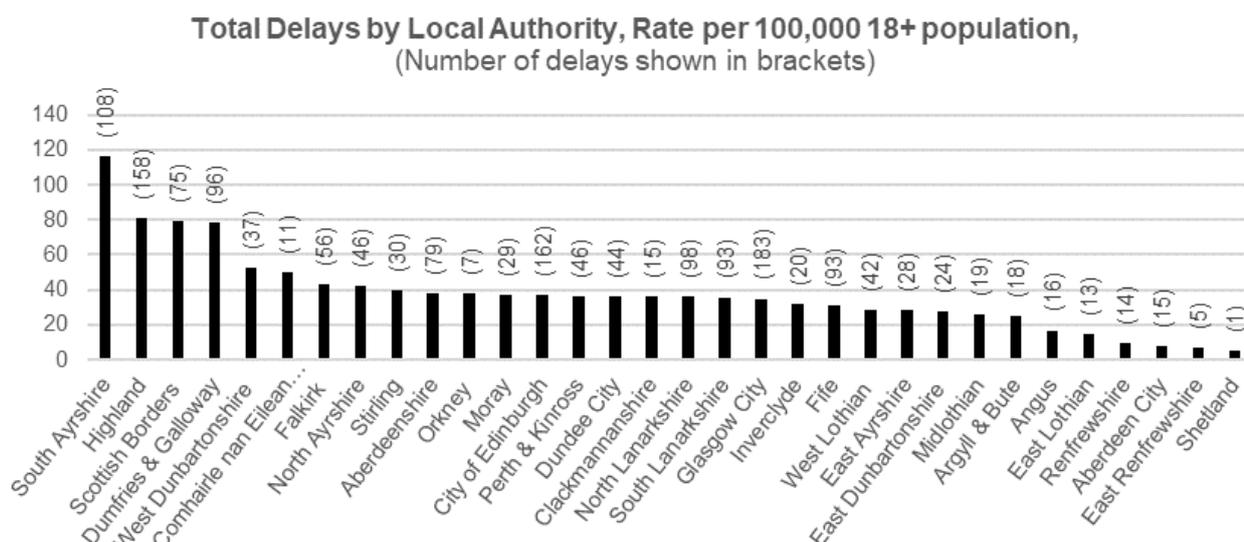
Figure 2



3.12 Of note is a change in the picture of delayed discharges in East Dunbartonshire where more than the historic norm are patients under 65 years of age, living with complex substance use or mental health issues and who require specialist supports that are more challenging to put in place due to specialist nature.

3.13 Figure 3 shows the current position of each HSCP in Scotland in relation to delayed discharges, thus showing the relative position of EDHSCP as 9th best performing partnership for rate of Delayed Discharges per 100,000. This is a downturn in performance for East Dunbartonshire which routinely sat between 4th and 6th best prior to winter 2022/23.

Figure 3



Scottish Government publication - as at 2nd August 2023

4.0 Areas of good practice and focus in continuing to improve performance

- 4.1** Early referral is essential to enable the hospital assessment team to commence conversations with individuals and their families to support decisions and plans regarding discharge destinations. The less time between the referral and the planned date of discharge, the harder the task of completing assessments, and putting in place all necessary steps for care at home, or for admission to a care home, without there being a delay. This is particularly pertinent where there is a requirement to arrange care, house cleans, equipment etc. in advance of discharge. It is a Scottish Government expectation that all hospital patients will be set a Planned Date of Discharge (PDD) when admitted and for those who may require a package of care on discharge that the Planned Date will be set in discussion with social work services. Rolling this approach out consistently across NHSGGC is very much work that is underway, and this is closely monitored through regular returns to Scottish Government.
- 4.2** The HSCP Support to Care Homes Team are proactive in their approach to supporting complex discharges into Care Homes and will work across the interface with secondary care in support of discharge planning and any associated training to support the discharge.
- 4.3** The HSCP commissions intermediate care beds that are used to support discharge for individuals who would benefit from an additional period of recuperation in the supportive environment of a care home to enable decisions to be made about the right future care setting. Community rehabilitation support the intermediate care beds to enable individuals to achieve their optimal level of function and where possible support discharge back home.
- 4.4** The HSCP follows very robust processes working within the Adults with Incapacity (Scotland) Act 2000 legal framework to ensure that people who lack the capacity to make their own care destination decisions are managed in a lawful manner, but also

subject to the least restrictive and interventionist use of the law to achieve their care destination. Since August 2022 there have been 52 referrals for individuals in this scenario with 60% being able to be moved to their correct care destination without having to proceed through the onerous legal guardianship processes. Our use of the Act is regularly scrutinised to ensure all actions taken are lawful.

4.5 For those requiring end of life care, where going home is not an option or choice, the HSCP has access to dedicated palliative care beds within a care home setting to enable timely discharge. In addition, community services will prioritise any patient with palliative, end of life care needs, to be discharged home to minimise delays.

4.6 Social Work teams proactively encourage the use of interim placements for those who are going to experience a delay in being admitted to their care home of choice, receiving Care at Home, awaiting equipment etc. Uptake of interim placements is however low as many individuals and families do not wish to have two separate moves.

5.0 Areas of challenge in improving performance

5.1 Most people leave hospital and return to their own home and for some, this is either with the restart of a pre-existing package of care, or with a new or larger package of care, usually with the Care at Home service playing a key role in delivery of that care. There have been significant capacity issues within Care at Home services both locally and across Scotland, with increased demand and an increased complexity of cases such as people requiring 2:1 supports which has seen a 32% increase locally since 2019. Hospital referrals to Care at Home Services also increased throughout 2023. From January to May 2022 in comparison to the same period in 2023 we have seen an increase of referrals by 55%. An active and refreshed approach to recruitment activity has been put in place, utilising social media, local radio coverage and rolling campaigns however achieving a full complement of staff remains challenging.

5.2 Managing potential delayed discharges from hospital must be balanced by responding to referrals from people living in the community, some of whom can be at high levels of risk, with critical care needs, in terms of the established Eligibility Criteria. This can include referrals for individuals requiring end of life care or who have complex support issues. Responding to these referrals means these people can continue to be supported at home, and do not require a hospital admission. East Dunbartonshire has consistently performed well in undertaking assessments and reviews in a timely manner, being best in class or second best in Scotland depending on the metric being reported.

5.3 The HSCP is challenged in terms of requiring to cover five acute sites equating to 100+ wards. Individual Social Workers are aligned to acute sites and for the downstream rehabilitation wards there is a weekly social work presence to facilitate early referral to enable timely discharge and prevent delays. Where appropriate social work staff will participate with acute colleagues on reviews of long stay patients to support decisions around planning for discharge.

6.0 Scrutiny and Assurance Processes

6.1 At the HSCP level there is scrutiny at the highest level regarding our performance around delays to discharge. This is horizontal and vertical;

- Daily scrutiny at the operational level of patients referred for assessment by the Hospital Assessment Team to facilitate their discharge from hospital
- Daily scrutiny at management level of patients added to the 'daily delays' list, with narrative on their assessment outcome and progress towards discharge
- Daily operational scrutiny of patients from East Dunbartonshire in acute (by exception) to review Planned Date of Discharge, determine likely impediments to discharge and consider any current involvement by HSCP Teams to in-reach to acute in furtherance of early supported discharge
- Twice weekly Chief Officer level scrutiny of all East Dunbartonshire patients delayed in their discharge from acute to community care, including consideration of any practice and/or resourcing requirements beyond those that are addressed daily
- Twice weekly Chief Officer level board-wide scrutiny of all GGC Delayed Discharges
- 6 weekly EDHSCP Unscheduled Care and System Pressures Oversight Group currently chaired by the Head of Community Health and Care Services to give assurance to the Chief Officer/SMT and IJB of demand, capacity and performance oversight in relation to unscheduled care, delays to discharge and system pressures impacting on these.

7.0 Winter Planning 2023/24

7.1 As we look towards Winter 2023/24, we reflect that winter 2022/23 was generally regarded as the most challenging the NHS and wider system has faced. We are therefore planning carefully to consider how best to deliver services for winter 2023/24 and planning started in July 2023. The HSCP has participated in GGC-wide winter planning and key officers are taking a lead on specific pan-GGC work streams (Monitoring to support Care at Home Demand and Capacity, for example). Locally, we have specific winter planning sessions set up. Out areas of focus are:

- Learning from experiences and intelligence from last winter (questionnaires to our local GP practices, set piece reflection from key HSCP operational teams, review of our data, benchmarking with other areas)
- Working through how we will operationalise local aspects of the pan GGC and Scottish Government Winter Plans, including how we will maximise effective use of any additional resources
- Refresh business continuity plans specific to winter – such as surge demand planning, adverse weather response, virus outbreak, workforce pressure).

7.2 A detailed East Dunbartonshire HSCP Winter Plan for 2023/24 will be presented to the IJB in November 2023 covering the period November 2023 to March 2024.

8.0 IMPLICATIONS

The implications for the Board are as undernoted.

8.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

3. Prevention and Early Intervention
5. Supporting Carers and Families
8. Maximising Operational Integration

- 8.2 Frontline Service to Customers – This report described front line services to people who are being discharged from hospital and are delayed in their discharge.
- 8.3 Workforce (including any significant resource implications) – None
- 8.4 Legal Implications – None.
- 8.5 Financial Implications – None.
- 8.6 Procurement – None.
- 8.7 ICT – None.
- 8.8 Corporate Assets – None.
- 8.9 Equalities Implications – None.
- 8.10 Sustainability – None.
- 8.11 Other – None.

9.0 **MANAGEMENT OF RISK**

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

- 9.1 None.

10.0 **IMPACT**

- 10.1 **STATUTORY DUTY** – None
- 10.2 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 10.3 **NHS GREATER GLASGOW & CLYDE** – None.
- 10.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

11.0 **POLICY CHECKLIST**

- 11.1 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.

12.0 **APPENDICES**

- 12.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/07

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

SUBJECT TITLE: EAST DUNBARTONSHIRE HSCP PROPERTY STRATEGY 2023-2025

1.0 PURPOSE

1.1 The purpose of this report is to seek approval from the Board on the HSCP Property Strategy 2023-2025 for East Dunbartonshire HSCP.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report
- 2.2 Approve the HSCP Property Strategy 2023 – 2025 **(Appendix 1)**

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1 The IJB approved a first HSCP Property Strategy in May 2018.
- 3.2 The HSCP Property Strategy 2023 – 2025 has been updated for the HSCP in support of delivery of the HSCP Strategic Plan 2022 – 2025 and is attached as **Appendix 1**.
- 3.3 The HSCP does not own any properties and works closely with East Dunbartonshire Council and NHSGG&C to utilise assets to deliver services across East Dunbartonshire.
- 3.4 The HSCP recognises the need to deliver services from fit for purpose, modern, accessible premises which can adapt to meet delivery of integrated services as well as current and future demand.
- 3.5 The HSCP Strategy has been developed in conjunction with members of the HSCP Property and Assets Group, which includes representation from East Dunbartonshire Council, NHSGG&C along with EDC and NHS staff within the HSCP.
- 3.6 The Strategy aims to detail what we have, and what we need, as well as the actions that the HSCP require to take to maximise opportunities for service delivery. This includes opportunities to reconfigure sites, support hybrid ways of working for staff, and seek additional premises in addition to existing EDC and NHSGG&C sites. The HSCP continues to work closely with our partners to produce business cases, seeking investment and/or use of HSCP funds so that we have buildings sited in optimal locations across the HSCP area supporting access to services.
- 3.7 Responsibility for delivery of the HSCP Property Strategy is with the Property and Assets Group, which is Chaired by the Chief Finance and Resources Officer. Regular reporting on progress will be feedback via HSCP IJB, HSCP SMT, Property and Assets Group, Performance, Audit and Risk Committee, and Staff Partnership forums.
- 3.8 An Equalities Impact Assessment (EQIA) has been prepared in draft which will require further review and assessment by the NHSGG&C Equalities Team. **(Appendix 2)**

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

- 4.2** Frontline Service to Customers – There has been an inequality of implementation of the services due to lack of clinical accommodation and options for integrated working across the HSCP. Priorities for the short, medium and longer terms have been set out within the new strategy which will seek to address these inequalities where possible.
- 4.3** Workforce (including any significant resource implications) – there may be a requirement for HSCP staff to relocate office accommodation to best utilise properties to delivery services to service users.
- 4.4** Legal Implications – NHS GG&C will support the negotiation and finalisation of lease agreement for the new shop front premises.
- 4.5** Financial Implications –Feasibility Studies for Retail Units x 2 in the East and West Locality and for current accommodation - Kirkintilloch Health and Care Centre, Milngavie Clinic and Woodlands Resource Centre will have a financial ask across 2023/2024, 2024/2025 and should schemes progress to business case a further ask will be required in future financial years. The HSCP will continue to make representation for capital funding through the respective partner bodies to support investment in accommodation to deliver locality based services from and has also created an earmarked reserve of £3m to support the redesign and development of accommodation in delivery of our strategic priorities.
- 4.6** Procurement – there will be a requirement to tender of works to progress building works to ensure accommodation is fit for purpose and meets the needs for service delivery.
- 4.7** ICT – Requirement for support from both EDC IT and NHS eHealth team to provide connections in new accommodation, as well as IT kit for both NHS and EDC services.
- 4.8** Corporate Assets – there will be a requirement to consider the tenure of property identified as part of the Property Strategy which may require lease negotiations where buildings are not owned by the Council or NHS Board.
- 4.9** Equalities Implications – Patients are not able to access the full range of health and social care services within each locality area due to lack of accommodation. An Equalities Impact Assessment has been completed in support of this strategy and is attached to this report.
- 4.10** Sustainability – None.
- 4.11** Other – None.

5.0 MANAGEMENT OF RISK

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

- 5.1** There are risks around lack of accommodation, and being able to fulfil the delivery of services in local communities.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – working in partnership with the Council to identify options and secure accommodation available across the Council area to support integrated working and co-location of health and social care teams.

6.3 NHS GREATER GLASGOW & CLYDE – working in partnership with the health board to develop a property strategy for the HSCP as part of a wider health board strategy to secure capital investment for future years. Working in partnership with colleagues to identify options available across the area to support delivery of the primary care improvement plan and location of acute functions within the community.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 Appendix 1 – Draft HSCP Property Strategy

8.2 Appendix 2 - EQIA Draft HSCP Property Strategy

Property Strategy 2023 – 2025



CONTENTS

- Part 1** **Introduction**
- Part 2** **Background**
- **Demographics**
 - **HSCP Property List – Current Accommodation**
 - **HSCP Workforce**
- Part 3** **Progress Achieved to Date**
- Part 4** **Objectives**
- **HSCP Wide Priorities**
 - **Locality Plans**
- Part 5** **Primary Care & Community Services**
- **Primary Care Property Requirements**
 - **General Practice**
 - **Older People Mental Health Service**
 - **Care at Home Services**
- Part 6** **Adult & Mental Health Services**
- **Primary Care Mental Health**
 - **Joint Learning Disability Team**
 - **Community Mental Health Team**
 - **Alcohol & Drug Recovery Services**
- Part 7** **Children Services**
- **Children & Families**
 - **School Nursing**

- **Criminal Justice Services**

Part 8 Hosted Services

- **Oral Health – Primary Care**
- **Specialist Children’s Services**

Part 9 Moving Forward Together

- **Moving Forward Together Implementation**

Part 10 Finance

- **NHSGG&C Capital Funding**
- **Capital Allocation - HSCP**
- **HSCP Accommodation Reserves**
- **Revenue Implications**
- **Premises Improvement Funding**
- **Developer Contributions**

Part 11 Sustainability

Part 12 Governance

- **Integrated Joint Board**
- **Property and Assets Group**

Part 13 Risk

- **Primary Care Programme Delivery**
- **GP Infrastructure**

Annexe 1 Timeline

- **Appendix 1**
- **Appendix 2**

INTRODUCTION



Caroline Sinclair

Chief Officer

**East Dunbartonshire
HSCP**

As Chief Officer of East Dunbartonshire's Integration Joint Board, I am pleased to present the second HSCP Property Strategy for the period 2023 – 2025. This will align to our Strategic Plan 2022 – 2025 and will set out our aspirations for modern, fit for purpose accommodation from which to deliver health and social care services to the population of East Dunbartonshire and in support delivery of our strategic priorities.

A key element within this strategy is our ambition to deliver services to people within the right setting and in the right location, as close to local communities as possible. There have been significant changes over the last few years in how we work with and support service users and patients and this strategy seeks to build on these new ways of working and have accommodation that supports working with people in a multi-faceted way.

The HSCP has had to respond to a number of key policy initiatives and has seen an expansion in the workforce and services it delivers requiring an increase in our accommodation capacity. An integrated, partnership approach to how we work remains at the heart of our approach to service delivery and this is reflected in this Property Strategy.

Caroline Sinclair

Chief Officer, East Dunbartonshire Integration Joint Board

BACKGROUND

The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

“The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded.”

East Dunbartonshire Health and Social Care Partnership (HSCP) strives to deliver a broad range of services to the population of East Dunbartonshire from high quality, accessible properties which can meet a variety of health and social care needs. The HSCP does not own any properties across East Dunbartonshire, and utilise either East Dunbartonshire Council (EDC) or NHS Greater Glasgow & Clyde (NHS) assets to carry out health and social care functions.

The HSCP first produced a Property Strategy in May 2018 and this second iteration of our plan will align with the HSCP Strategic Plan Priorities 2022 - 2025 by:-

Empowering People through

- Reducing inequality and inequity of outcomes by ensuring services are accessible and delivered close to local communities

Empowering Communities through

- Building local Integrated Teams
- Modernise Day Services

Post Pandemic Renewal through

- Understanding and responding to the impact of the pandemic by creating space within accommodation to deliver services safely, adhering to ventilation, infection control and other requirements learned during the pandemic.

Maximising Operation Integration through

- Right Care, Right Place: Urgent and un-scheduled health and social care redesign by ensuring there is capacity within local accommodation to deliver services in the right setting as close to local communities as possible in line with the NHSGGC Moving Forward Together strategy.

Workforce and Organisational Development through

- Supporting the wellbeing of the health and social care workforce by having modern, fit for purpose accommodation which provides a positive working environment and supports staff to work flexibly in line with hybrid working policies
- Equipping the workforce and workplace during and after the pandemic by embracing the work practices developed during the pandemic and building on these through improvements to accommodation to facilitate a different way of working

Medium Term Financial Planning and Strategic Planning by

- Maximising Available Resources by ensuring existing accommodation is used to its full potential and, first and foremost, supports frontline service delivery to our patients and service users and consider the priorities for increasing accommodation capacity across the HSCP area.
- Delivering Financial Sustainability by maximising hybrid working opportunities which facilitates better use of current accommodation to deliver frontline and clinical services

Collaborative Commissioning and whole system working by

- Supporting Primary Care improvement by developing accommodation solutions to expand clinical services in delivery of the GP Contract.

Infrastructure and Technology through

- Modernising health and social care delivery through improvements to accommodation to achieve modern, fit for purpose premises from which to deliver high quality services
- Maximising the potential of digital solutions to reflect new ways for individuals to access and receive services through a digital first approach with buildings adapted to meet and facilitate the digital challenge.

The estate utilised by the HSCP requires to develop to meet evolving guidance and legislation, be fit for purpose to meet changing need, and support how we wish to deliver health and care services.

The key policy drivers and of relevance to the development of the HSCP Property Strategy- include:-

- NHS GG&C Property Asset Management Strategy (PAMS)
- NHS GG&C Primary Care Property Review
- East Dunbartonshire HSCP Strategic Plan (2022 – 2025)
- East Dunbartonshire HSCP Workforce and Organisation Development Plan 2022-2025
- East Dunbartonshire HSCP Medium Term Financial Plan
- East Dunbartonshire Council Asset Management Plan
- COVID-19 response
- NHS Scotland Property Appraisal Manual and associated Estate Asset Management (EAMs) alongside wider premises guidance
- The new GP Contract and GP Premises National Code of Conduct
- Moving Forward Together, NHS GG&C's vision for health and social care services
- East Dunbartonshire Council Sustainability and Climate Change Framework
- Scotland's Climate Change Plan 2018 -2032

Covid-19 and post pandemic recovery have provided an opportunity to relook at how we support clinical and non-clinical service delivery, including use of digital solutions to consult with service users with the utilisation of video conferencing to meet online as well as face to face consultations. During this period we used our premises to support a blended working approach, where staff work from our buildings and at home. In maintaining options for on and off site working, we need to ensure that we meet service needs and retain flexibility in our approach to use of our office and touchdown accommodation.

There has been some movement of staff in late 2022 and early 2023 to maximise team adjacencies and integrated working, as well as ensure sufficient touch down space.

It is anticipated, that as we continue to move to a business as usual approach and recovery from the pandemic, the HSCP and parent organisations will continue to review and enhance the use of digital and hybrid working solutions which will continue to inform the future shape of our accommodation needs. Digital access to services, enables service users to engage online with our services and can maximise clinical time, removing the need to travel to patient homes or clinic settings. This approach needs to take into consideration that not all service users can access digital appointments due to lack of devices, confidence and ability to engage in this way. Staff groups also require training to make best use of developing technology.

The HSCP will continue to make best use of our assets and where there is an additional need will seek opportunities to utilise council or NHS estate. There may

be a need to look to other premises solutions working closely with East Dunbartonshire Council or NHSGG&C on all available options.

The Property Strategy will cover a 3 year period from 2023 - 2025, however will detail short (0 – 3 years), medium (3 years +) and long term (8 years +) clinical and non-clinical accommodation priorities and the vision that the HSCP has in addressing these needs.

The HSCP will update on progress annually with regular reports going to our Integrated Joint Board for review and approval.

Demographics

The estimated population of East Dunbartonshire is 108,900 at 30th June 2020, according to the National Records Scotland (NRS) Population estimates published in June 2021. GP Practice population in East Dunbartonshire is around 110, 000 people.

National Records for Scotland (NRS) population projections indicate a likely increase in the region of around 8,300 people (7.6%) over the next 25 years if current trends continue.

East Dunbartonshire, is less deprived than other authorities in Scotland, however there are specific areas that fall below the Scottish average with some areas in the lower quartile for deprivation indicators.

Of note is that the population in East Dunbartonshire has a longer than average life expectancy for both male and females in comparison to the Scottish average.

Life Expectancy						
Area	Males			Females		
	2017-2019	2018-2020	2019-2021	2017-2019	2018-2020	2019-2021
Scotland	77.1 years	76.8 years	76.5 years	81.1 years	81.0 years	81.8years
East Dunbartonshire	80.5 years	80.2 years	80.0 years	84.0 years	83.4 years	83.5 years

Source: National Records of Scotland – Life Expectancy for Administrative Areas within Scotland 2019 – 2021

East Dunbartonshire has also seen an increase in new housing developments, along with the potential for developments and population moves as projected in the Local

Delivery Plan. These contribute to a net migration into East Dunbartonshire with more people requiring to access health and social care services in the local area.

Between 2020 and 2021, there was an increase of 286 households (0.6%). East Dunbartonshire had an average household size of 2.31, higher than the Scottish average of 2.12. The table below sets out projections for new housing developments over the next 5 years.

Locality & Area	Capacity	2020-21	2021-22	Programming 2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	Post 7 Year
West											
Balmore	10					10					
Bearsden	185			23	17	63	15	2			65
Milngavie	128					4	44	50	30		
East											
Bishopbriggs	362	7	54	82	72	51	76	20			0
Clachan of Campsie	6		3	3							0
Kirkintilloch	811	24	52	193	82	103	130	97	62	22	46
Lennoxtown	347							25	73	60	189
Lenzie	168	14	39	47							68
Torrance	79							25	22	16	16
Twechar	155					4	4		10	16	121

Completion of the potential developments detailed above will increase demand on primary care and HSCP services where East Dunbartonshire has limited facilities to expand to meet service delivery.

HSCP Property List – Current Accommodation

A list of properties utilised by the HSCP are detailed below, noting ownership, whether there is a lease agreement in place and the HSCP's future plan for each premise. All of the sites below are primary delivery areas, with the exception of Milngavie Enterprise Centre and NE Sector Offices. Primary delivery areas are utilised for provision of service user and/or clinical activities as well as providing staff accommodation.

Site	Owned by EDC/NHSG G&C or Other	Lease	Tenure	Objective	Comment
WEST LOCALITY					
Milngavie Clinic	NHSGG&C	No	N/A	Feasibility Study to remodel the site, increasing clinical and interview space. Provide touch down space for HSCP and visiting staff. Accommodation requires to be found for health visiting team located in the clinic to allow conversion to clinical space.	Ongoing 2023. Redraft of drawings, and recosting of scheme to be progressed for review and business case submission to GGC Capital Groups. Revisit and refresh business case proposal for a health and care facility in the West Locality.
Milngavie Enterprise Centre	EDC	Rental of Suite 12, Craigallian and Craigmaddie Suite	2 years initially	Medium to long term creation of West Locality Hub. Relocate staff from this site into other office/touchdown accommodation should this develop.	
EAST LOCALITY					
Lennoxton Hub	EDC	Yes - health rent first floor	N/A		Relocation of HV team to Southbank House, will release a small office with 9 desks.

Woodlands Resource Centre	NHSGG&C	No	N/A	Feasibility Study to remodel the site, increasing clinical and provide quiet therapeutic rooms for use of mental health services. Improve and increase parking provision.	Ongoing 2023. Redraft of drawings, and recosting of scheme to be progressed for review and business case submission to GGC Capital Groups.
Kirkintilloch Health and Care Centre	EDC	Yes - NHS lease Ground & First Floor	N/A	Feasibility Study to remodel Ground Floor to maximise clinical space. Moves of office accommodation across 1st and 2nd floors for HSCP teams.	Capital Project support assigned, will progress from August 2023 to review requirements and then commission design team to provide feasibility drawing and costing for ground floor space.
NE Sector Offices (Glasgow HSCP)	NHSGG&C	No	N/A	Review of utilisation of office space for HSCP staff, Oral Health and HR. Will progress August 2023	Office space may be made available for central HSCP teams. Requirement to provide space for School Nurse Team
Southbank (Children and Families)	EDC	No	N/A	Health Visiting Team for East Locality to fully relocate once IT connections are established.	
Kilsyth Road (Criminal Justice Team)	EDC	No	N/A	Adaptations to be made to create space for group work programmes as a statutory commitment.	
Union Street Offices	Archdiocese	Yes	?	Part of Day Services Review	

HSCP Workforce

The HSCP Workforce and Organisation Development plan covers the same period as our Strategic Plan 2022 – 2025. The plan details the challenges the HSCP face to have our workforce in the right place at the right time.

The HSCP had 973 staff delivering services at 31 March 2023, of the 973 staff, 585 are directly employed by East Dunbartonshire Council and a further 388 are employed by NHS Greater Glasgow and Clyde.

Our workforce is distributed across care groups including: Adult Services, Older People Services, Children Services, Criminal Justice, Business Support, Pharmacy and Prescribing, Health Improvement, Oral Health and Specialist Children Services. Staff work from a variety of settings, often a main base setting and work from other HSCP and citywide settings. The HSCP Property Strategy needs to develop to meet the evolving needs of our workforce.

PROGRESS ACHIEVED TO DATE

The Annual Delivery Plan for 2023/24, setting out the annual priorities to support delivery of the HSCP Strategic Plan 2022-2025, was presented to our Integration Joint Board and approved on 23rd March 2023. This also reported on completion of infrastructure and technology developments achieved as part of the 2022/23 Annual Delivery Plan at the end of March 2023.

Initiative	Strategic Plan Priority	Strategic Plan Commitment	National Outcome
Initiatives Successfully Completed By End 2022/23:			
Identify a staff base in the West locality	Empowering Communities	Building local integrated teams	1, 2, 3, 4, 5, 6, 9
Review accommodation arrangements in line with Scottish Government guidance and alongside Health Board and Council policies	Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	1, 4, 5, 8, 9
Develop and implement an organisational development plan in support of staff	Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	1, 4, 5, 8, 9

orientation back to buildings			
Develop and implement an HSCP Property Strategy	Infrastructure and Technology	Modernising health and social care facilities	2, 5, 7, 9
Redesign of HSCP website	Empowering People	Improving information and communication	1, 2, 3, 4, 5, 6, 7, 9

A review of East Dunbartonshire HSCP estate was undertaken by the NHSGG&C Capital Team with Hub West and Higher Ground Healthcare Planners. The project was undertaken across all of the Glasgow HSCP's at the request of NHS Greater Glasgow & Clyde with the aim of developing a Primary Care Estate Strategy (PCES) to produce a portfolio of accommodation needs and requirements. Both NHS and EDC Estates teams engaged in this review, with site visits to HSCP properties, desktop reviews and data analysis on the utilisation of space. Consideration was given to the potential for properties to adapt to demands and agree the strategic importance of the HSCP premises they occupied. The HSCP fully engaged in this review and a final report was made available in October 2022.

The work commissioned by the NHSGGC Capital Team will test and support any future business case for site optimisation, reconfiguration or hub proposal for new facilities for the HSCP. The outcome of the review will feed into the Infrastructure Investment Strategy for NHSGG&C. The final report is available on request, and recommendations are detailed on Appendix 1 (Timeline).

A full Primary Care Estate Property Strategy (PCES) inclusive of all 6 Glasgow HSCP's is anticipated in 2023, as part of the Moving Forward Together Strategy being developed by NHSGG&C.

OBJECTIVES

The key objectives of the HSCP Property Strategy 2023 - 2025 are:-

- To gain best value from the properties at the disposal of the HSCP, including, but not limited to NHS, EDC and GP accommodation.
- To ensure that health and social care services are provided in and from fit-for-purpose buildings
- To enhance provision of health and social care services in local communities
- To align accommodation provision to support key strategic and policy requirements
- To progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices

- To rationalise our estate, where possible, in order to reinvest savings into frontline services
- To maximise the potential for digital solutions across our infrastructure, by delivering a comprehensive Digital Strategy and Action plan whilst ensuring equality of access for everyone.

HSCP Wide Priorities

There are a number of key priorities for the HSCP to progress.

- Development of a revised business case for an integrated health and social care centre proposal for the west locality
- Maximize the use of our current property portfolio in support of our key strategic objectives and in line with hybrid working policies across our partner agencies
- In collaboration with partners, identify accommodation options, both clinical and non-clinical space for the co-location of the West locality community health and social care teams in Bearsden/ Milngavie
- Support the delivery of the Moving Forward together agenda and the re-location of clinical services currently delivered within an acute setting closer to local communities
- Work in collaboration with partner agencies to align priorities and support delivery of partner body priorities
- Assessment of HSCP and GP practice accommodation and how this could support the delivery of the HSCP Primary Care Improvement Plan including delivery of Community Treatment and Care Service, Vaccination Transformation programmes and Pharmacotherapy Hub (5)
- Work with Capital Planning, Premises Teams and EDC to progress non HSCP premises options for delivery of HSCP programmes, where there is no HSCP or GP Practice accommodation available.
- Support feasibility studies for Woodlands Resource Centre, Milngavie Clinic and Kirkintilloch Health and Care Centre Ground Floor. Agree design options, seek costings and prepare business cases to seek capital or HSCP funding for these schemes.
- Support development of clinical and non-clinical accommodation for Specialist Children Services including regional developments, provision of inpatient West of Scotland premises and community service delivery points.
- Support development of clinical and non-clinical accommodation for Oral Health Services.
- Progress moves of health visiting staff to Southbank House as agreed with EDC.
- Continue to review non clinical accommodation use, maximizing space and continue to support options for hybrid working.
- Scope and appraise the premises implications of the further implementation of the Older People's Day Care Strategy and the Strategic Review of Learning Disability Services

- Continue to support the Operational Building Management Groups for each HSCP premise.
- Establish and review capital planning and minor works priority schemes for the HSCP.
- Consider and progress any centre/clinic accommodation issues
- Review accommodation requests by internal and visiting services to maximise access to services across East Dunbartonshire.

Locality Plans

In addition to HSCP wide priorities there are specific priorities to be progressed within each Locality in East Dunbartonshire.

West Locality

Integrated Health and Care Centre

The HSCP aspires to have an integrated health and care facility in the West Locality. A previous bid in 2020 was unsuccessful and with previous weighting of proposals based on deprivation, was ranked relatively lowly against other competing HSCP bids in areas of greater deprivation. However this locality has unique risks to primary care provision that require to be included in a revised business case.

A large health and social care development would enable the HSCP to further integrate health and social care services along with multiple GP Practices, and third sector services for the population of Bearsden and Milngavie. There would be economies in having one facility in comparison to the current facilities which do not allow opportunities to expand. A new centre would be a sustainable long term aspiration for service delivery in the West Locality and a revised proposal will be progressed, with support from NHS GG&C Capital Planning Team.

Milngavie Enterprise Centre

Non clinical premises in Milngavie have been established and suitably adapted for the use of HSCP staff within the West locality. This is a short to medium term solution, on a rental basis. This option supports local integrated working and opportunities to remodel and enhance clinical accommodation in Milngavie Clinic whilst a long term solution can be progressed. Staff relocated to this site include District Nurses and the Community Rehabilitation Team formerly located at Milngavie Clinic. There is touch down space for Advanced Nurse Practitioners and Diabetic Specialist Nurses as well as meeting and storage space on the ground floor.

Milngavie Clinic redevelopment

A feasibility study to maximise clinical and non-clinical space at Milngavie Clinic, concluded in March 2023. Two design options were produced for the HSCP to consider giving an increase in clinical and interview rooms, redesign of reception, waiting and touch down areas. Indicative costs to deliver Option 1 was £1.7m or Option 2 at £1.9m. Given there is limited GCC capital funding, the HSCP has been working with the Capital Team to refine the requirements to produce a revised design with works split over subsequent financial years. There may be works that could be undertaken via Minor Works processes rather than full construction which would reduce the costs. On production of a preferred design option, there will be a requirement to seek local or board wide agreement to develop the required business case in support of capital investment or an alternative to this.

Milngavie/Bearsden Scoping

NHSGGC Capital Team commissioned a feasibility study of a large retail unit situated in Milngavie Town Centre and a few options were offered for consideration using the ground and first floor of the premise. A business case for capital funding was approved in September 2022 via GGC Capital, given the significant cost to remodel the site to ensure delivery of health services. The total capital approved was £1.829m split over two financial years.

A review of the construction costs by current design team and those previously provided as part of the feasibility study, showed a significant increase in costs of £1.8m to £3.2m, an increase of £1.4m (78%). As there was some concerns about the initial period of lease indicated by the landlord the project was unable to progress as the investment and short lease term meant that the scheme was not financially viable. After a pause, where the design team had to halt work on the design and feasibility, the landlord has now indicated a longer lease term of up to 15 years with a break at 10 years to support the additional investment into the premises.

As the financial ask is likely to be over £3m a revised business case will need to go through the board governance groups for review and approval, requesting part or full funding by NHSGG&C and the project being split over financial years.

Revenue costs including rent/rates could be met in the short term (3 years minimum) from HSCP reserves, with an expectation that these will form part of the overall PCIP costs once future funding allocations are confirmed or this will form part of financial planning for the HSCP in future years.

East Locality

Bishopbriggs Retail Units

Two adjoining retail units in the Bishopbriggs/Auchinairn locality were identified as available and suitable to deliver services from. The lease agreement for the units is nearing completion and offers a tenure of 10 years with a lease break at 5 years, with the tenant giving landlord 6 months' notice.

The HSCP has been provided with refreshed design plans which will deliver 4 high quality treatment rooms in one location, meeting standard room sizes, and infection control and ventilation requirements for newly created treatment rooms. Although this is less clinical space than first anticipated, the 4 rooms will offer 40 clinical sessions per week which provides 60% increase in provision than the current sessions in place via the practice hosted model.

On review of the construction costs the current design team and those previously provided as part of the feasibility study has shown an increase in costs from £0.7m to £1.24m to enable this to deliver health services. Given the longevity of the lease and the site potential as a medium to long term plan, the HSCP were keen to progress the development despite the increase in costs. The HSCP submitted an additional ask for capital funding and this was taken through GG&C Capital Planning Group in early March 2023, who approved the increased funding requirement.

Total NHS GG&C Capital Approved	£1.24million
Revenue Costs (rent/rates)	£88.8k per annum

There will be recurring rental and rates costs which will be met from HSCP budgets.

It is anticipated the project will take up to 50 weeks and that completion will be August 2024.

North East Sector Offices (review)

The HSCP will continue to review how space is utilised across all of its premises, this will include a review of use of office and touchdown space for teams located in North East Sector Offices both in the short term and longer term which may include some consideration of options to redevelop clinical and non-clinical space with Glasgow HSCP.

Southbank House

Children and Families Services have relocated to Southbank House in Kirkintilloch, with moves of the health visiting team for this area relocating once IT connections can be established.

Woodlands Resource Centre redevelopment

Running in tandem with the Milngavie Clinic study, a feasibility study was undertaken for Woodlands Resource Centre. The aim was to maximise clinical and non-clinical space at the centre, to use this site as a quiet therapeutic environment. One preferred design option was produced, however indicative costings to deliver the changes were circa £1.7m. The Capital Team have provided some support to review the design to refine the requirements and costs, with option to produce a revised design plans and costing which will be brought back for final review and taken to HSCP and NHSGG&C Capital Forums/Primary Care Improvement for funding.

KHCC feasibility study

The HSCP has received approval via the GCC Capital Group to progress a feasibility study to reconfigure the ground floor of Kirkintilloch Health and Care Centre to maximise use of clinical space and consolidate storage space. An initial meeting has taken place with the Capital Team, with a further meeting arranged to refine the brief before a design team will be commissioned.

Day Service Redesign (East and West Locality)

Across all of the HSCP's day service redesign approaches, there has been a continued focus on developing community-based support alternatives to formal day care with employment opportunities and programmes developed in line with an employability pathway and the continued growth and development of community assets.

Following a period of consultation on a new model for the delivery of social support options for older people, the Social Support Strategy for Older People 2023-2028 was developed and approved.

The first year of the Strategy involves undertaking activities to commission and develop the agreed day centre model, moving to two rather than three formal centres, and to progress the growth in informal community-based social supports.

This will facilitate the release of leased accommodation within Kirkintilloch from which these services are currently delivered and requires the re location of office based staff to alternative accommodation.

PRIMARY CARE & COMMUNITY SERVICES

Primary Care Property requirements

In 2016 the Scottish Government and the British Medical Association published the new General Practice Contract, which included a Memorandum of Understanding (MOU) detailing service delivery by HSCPs or by centralised health board teams.

Therefore the HSCP has responsibility for implementing the GP contract through the Primary Care Improvement Plan. There are three core commitments which the HSCP are required to progress which are Vaccination Transformation Programme (VTP), Pharmacotherapy and the Community Treatment & Care (CTAC) Service.

To deliver on the primary care priorities and commitments of the Primary Care Improvement Plan (PCIP) programme, the HSCP still require a significant number of clinical rooms as well as touchdown and office space to deliver on commitments of the PCIP programme:

1. Bearsden and Milngavie cluster

At this time there is no PCIP Community Treatment Rooms within the cluster.

- 10 treatment rooms required
- Touchdown space

2. Kirkintilloch and Lennoxton cluster

At this time there is the equivalent of 3.2 PCIP community Treatment Rooms across the week within KHCC as well as the use of 1 Treatment Room within Lennoxton Hub. In late 2023 a further room will be provided for the service following an upgrade to a vacant clinical room in KHCC.

- 5 Treatment rooms required
- Touchdown space within the KHCC

3. Bishopbriggs/Auchinairn cluster

- Bishopbriggs Retail Units will provide 4 Treatment Rooms on completion – August 2024. There will be a requirement for 3 further rooms.
- Touchdown space

4. Vaccination Transition Programme (VTP)

- The Vaccination Transition Programme (VTP) will also require sessional space in each cluster area to deliver the 2-5 flu vaccination programme.

5. Pharmacotherapy Hub

- The service will require up to 16 desks ideally (short/medium term) ideally in one location within the HSCP. Long term plans see this requirement may see this increase to 20 desks.

Pharmacotherapy and Community Treatment and Care (CTAC) services are included as core services within the General Medical Services contract meaning practices are not contractually obliged to offer these service, unless they have an existing arrangement with the Health Board.

Pharmacotherapy and CTAC delivery are a key priority for delivery in 2023-24.

The HSCP has been unable to fully deliver these services due to financial and accommodation requirements, with 38% of CTAC services being delivered; 24% for Treatment Room Nurses and 43% for Health Care Support Worker. 42% delivery for Pharmacotherapy services has been achieved. VTP future delivery has yet to be confirmed. Therefore a key focus within this strategy will be to enhance / expand clinical space within which primary care services can be delivered where there is funding available to support the service delivery aspect of these services.

General Practice

There are 15 GP premises within East Dunbartonshire, 2 of which operate from HSCP (EDC) premises (one at KHCC and the other from Lennoxton Hub).

In the West Locality, GP owned or leased premises are in converted 19th century buildings or re-purposed residential properties which offer no opportunities to expand or remodel to meet increasing need.

The East Locality presents a slight better picture, with a number of GP practices being in purpose built facilities, however there remain limited opportunities for expansion.

11 GP Practices are owned by the Practices, 2 are private lease arrangements and 2 are lease agreements with East Dunbartonshire Council.

The East Dunbartonshire HSCP Primary Care Property Review determined the following risks:-

- West Locality
 - 1 x GP Practice with physical capacity challenge
- East Locality

1 x GP Practice with physical capacity challenge

- Varying suitability for short, medium and long term delivery of health care based on condition, location and adaptability.

It was noted that East Dunbartonshire HSCP GP Practices are unique in terms of the volume of GP services delivered from GP owned/lease premises covering 91% of the general practice population. Only 2 GP Practice operate from NHSGG&C owned/leased premises, serving 9% of the population.

Older People Mental Health Services

There is a requirement to have interview and clinical space in the West Locality, all clinics take place in the East Locality in Woodlands Resource Centre. Remodelling of space within Milngavie Clinic would enable provision of touch down space and service appointments to be scheduled in the West Locality.

Care at Home Services

All care at home services currently run from the East Locality (KHCC) including those delivered into the West Locality. The desire would be to have services delivered from the West Locality which would meet a number of strategic priorities such as service efficiency, reduced carbon footprint, and integrated working with other health services delivering in this area.

ADULT & MENTAL HEALTH SERVICES

Primary Care Mental Health

Primary Care Mental Health (PCMHT) Services are able to see patients in both the West and East Locality, the service requires quiet therapeutic space from premises that are trauma informed. Whilst Kirkintilloch Health and Care Centre can offer more space, the current configuration of space on the ground floor has often been uncondusive to the types of therapy being offered, due to issues with soundproofing, lighting and the flow of the building past therapy rooms. Remodelling and increasing the number of Interview rooms at Woodlands Resource Centre may provide a more conducive environment for therapeutic interventions. There has also been significant investment in mental health services locally through Action 15 MH monies which has seen an increase in staffing numbers and services delivered in the area.

The service would like to provide appointments in the Bishopbriggs area, however there are no suitable therapeutic spaces available for the service to use.

Joint Learning Disability Team

The Joint Learning Disability Team are looking to expand services to service users and relatives by provision of wheelchair weight clinics and physical health clinics. To date there has been limited offerings of these services from Kirkintilloch Health and Care Centre.

The service is investigating some space for Psychology provision, which includes looking at Kirkintilloch Health and Care Centre or Woodlands Resource Centre.

Community Mental Health Services

Community Mental Health Services provide medic, psychology and duty services predominantly from Kirkintilloch Health and Care Centre. There has been a recent upgrade to a dedicated Treatment Room space. It would be advantageous to provide services from a site in the West Locality, with rooms meeting Royal College of Psychiatry standards and in a trauma informed environment.

The HSCP are exploring shared space options with other areas, for interventions that require specific provision (Therapeutic Kitchen) given the competing need for services, when space within buildings is at a premium and in high demand.

The service are looking to deliver further interventions for Occupational Therapy, Nursing, Cognitive Behaviour Therapy and Peer Support Worker access across the HSCP. The provision of these services will be similar to primary care mental health, including providing trauma support to people with multiple trauma and co-morbidities. Most of these appointments will be on a face to face basis rather than digitally via Attend Anywhere system.

Alcohol and Drug Recovery Services

East Dunbartonshire HSCP Alcohol and Drug Recovery Services provide clinics from Kirkintilloch Health and Care Centre, Lennoxton Hub and Milngavie Clinic. However delivery of Medication Assisted Treatment (MAT) standards and provision of support so that people are able to remain in treatment for as long as requested mean that we require sufficient delivery points offering, treatment, interview and trauma informed care. MAT Standards state that all people accessing services have the option to start MAT from the same day of presentation and remain in treatment for as long as they need.

CHILDREN SERVICES

Children and Families

The health visiting team for the East locality will relocate to Southbank House once IT connections can be established. This will ensure integrated working across children services social work and health visiting.

School Nursing

School Nursing Team are working from temporary accommodation in Milngavie Clinic, this is temporary as space will be remodelled into clinical rooms. It is proposed that the School Nursing team relocate to office accommodation in NE Sector Offices at Stobhill providing a more central location for the team. This change is anticipated in late 2023.

Criminal Justice Services

The service works from Kilsyth Road work space, which provides a discreet standalone facility where service users can be seen in a trauma informed environment. The facility has a workshop space which is fully utilised, and there is a further development planned with some remodelling to maximise the space available.

HOSTED SERVICES

Oral Health – Primary Care

The Oral Health Directorate do not provide clinical services from any premises within East Dunbartonshire HSCP. The service released a clinical room within KHCC to allow the HSCP to utilise the space which will be reconfigured for Treatment Room use.

The service will be fully involved in the review of the North East Sector Office which provides accommodation and meeting space for the General Manager for the Oral Health Directorate, the Primary Care Senior Management Team and support services. The services within Primary Care Dental are the Public Dental service, the Oral Health Improvement team and the General Dental Service Administration team.

Specialist Children Services

Specialist Children's Services (SCS) consists of Child and Adolescent Mental Health (CAMHS) and Specialist Community Paediatrics (SCPT) teams. SCS delivers secondary care within Health and Social Care Partnerships (HSCPs) across NHSGGC. NHSGG&C agreed that there should be a single system management arrangement for Specialist Children's Services (SCS) which includes CAMHS and Specialist Community Paediatrics Teams. This brings together, into a single management and financial structure, the currently delegated Tier 3 HSCP SCS services and the Board wide Hosted Tier 4 services. This transferred over to East Dunbartonshire HSCP in April 2023.

This arrangement detailed that:-

- Services will continue to be delivered locally, and by existing teams
- Services will remain located within their current HSCPs
- Services will continue to work closely in partnership with HSCP colleagues

The table below details where CAMHS and SCPT teams are located. SCS management team work from Templeton Business Centre within Glasgow HSCP.

HSCP	Number of CAMHS Teams	Number of SCPT Teams
Glasgow City New Gorbals Health and care centre Woodside Health and care centre Templeton Business centre Bridgton Health centre West Centre	4xCAMHS (North/South/East/West)	4xSCPT (North/South/East/West)
Renfrewshire Aranthrue Centre	1xCAMHS	1xSCPT
East Renfrewshire Barrhead health and care centre	1xCAMHS	SCPT provided from Glasgow HSCP
Inverclyde Greenock Health and Care centre	1xCAMHS	1xSCPT
West Dunbartonshire Vale of Leven hospital	1xCAMHS	1xSCPT
East Dunbartonshire Stobhill hospital	CAMHS and SCPT services provided by Glasgow City HSCP, other than SLT	

SCS has 760.3 whole time equivalents (WTEs) members of staff.

The service has requested support to progress planning to create an Adolescent Psychiatric Inpatient Unit for the West of Scotland, adjacent to the existing adolescent unit which is Skye House situated on the Stobhill campus. In discussion with Glasgow HSCP, Munro Ward on the campus has been identified as available to create an interim IPCU facility whilst a longer solution is sought. A request was tabled and agreed at the Capital Planning group in March 2023. The Scottish Government has committed funding to this facility.

SCS has circa 100 staff located in the West Ambulatory Care Hospital and in line with the demolish plan these staff will need to be relocated. Predominately the staff cover the whole Board area making their location flexible. Staff based in the Templeton Centre will also require to be relocated due to the provision of the New Parkhead Hub. The HSCP will work with the NHSGGG&C Board who will co-ordinate accommodation centrally for staff and services for both of these sites.

MOVING FORWARD TOGETHER

Moving Forward Together Implementation

The NHSGGC Board approved the Moving Forward Together (MFT) Vision for Health and Social Care services as the blueprint for the development of future models of care on 24 June 2018.

Health and social care service delivery in Greater Glasgow and Clyde is changing, to provide care in an effective, safe, modern and person centred way. This will help meet the needs of the population now and in the future. Moving Forward Together is dependent upon flexible, adaptable, and compliant estate and infrastructure, which is in the right place and aligned to service needs.

Discussion with representatives from the MFT team have identified that any future Primary Care property strategy must respond to the objectives of MFT but also act as a key property enabler for it, recognising that buildings – especially in local communities - will have a major impact on enabling the shift required in the balance of care proposed.

<https://www.movingforwardtogetherggc.org>

FINANCE

NHSGG&C Capital Funding

In 2023/24 Capital Funding has been secured to support improvements to accommodation developments in non-traditional premises in Bishopbriggs/Auchinairn. A bid for funding to progress development of a retail unit in Milngavie will be taken forward in September 2023, with an ask to split across 2023/2024, 2024/2025 and beyond.

There is a feasibility study underway in Kirkintilloch Health and Care Centre, Milngavie Clinic and Woodlands Resource Centre which will have a financial ask in 2023/24 and should schemes progress to business case a further ask will be required in future financial years.

Capital Allocation - HSCP

Capital funding identified for the HSCP via NHSGG&C for year 2023/2024 is £41,500 as part of an annual allocation to partnerships. The allocation of this funding has been taken to the Property and Assets Group for approval. There will be an ask of £17k used to fund feasibility/design schemes including remodelling of the ground floor of Kirkintilloch Health and Care Centre, and further design proposals for Woodlands Resource Centre and Milngavie Clinic remodelling. £17.5k will be committed for upgrade of one room in KHCC to provide a Treatment Room for Community Treatment and Care Service use.

Funding of £7k will be allocated to support the feasibility/design of retail unit in Milngavie.

HSCP Accommodation Reserves

The HSCP has created an earmarked accommodation reserve of £3 million to fund accommodation redesign requirements as set out within the Property Strategy. Dependant on NHSGG&C funding bid outcomes and costs for each of our feasibility and remodelling schemes we will require to allocate funding across financial years to support schemes as described in the HSCP Property Strategy.

Revenue Implications

There will be recurring revenue implications to support rental and rates of leased premises, which will come from a number of HSCP budgets including Primary Care Improvement, and HSCP Accommodation budgets. This is likely to include office

accommodation at Milngavie Enterprise Centre, Bishopbriggs Retail Units x 2 and any future development of external premises for Milngavie/Bearsden.

Premises Improvement Funding

An allocation is made each year from NHSGG&C from underspends on other GMS budgets to support improvements to GP premises through a bidding process. Given the financial pressure on GMS budgets this may not materialise during 2023/24. The HSCP holds an earmarked reserve to support the development of GP premises of £228k and this is available to support improvements to GP premises and more targeted investment in delivery of the HSCP strategic priorities. The purpose of these funds are to:-

- Funding to assist with premises improvement and to support Health Boards to expand primary care into non-traditional primary care settings by leasing high street and retail units.
- The making of Premises Improvement Grants to GP contractors who own their premises or lease them from private landlords;
- The continued digitisation of paper GP records to release space for clinical, training and administrative uses;
- Modifications for the purposes of improving ventilation; and
- Increases to the space available in NHS owned or leased premises for primary care multi-disciplinary teams

Developer Contributions

As part of the development of East Dunbartonshire Council's Local Development Plan, a process for securing developer contributions was introduced to support for homes and care home developments as a contribution towards primary care provision within each cluster area. Contributions will apply where the development is located within a GP cluster area that has been identified as being either already over capacity or will exceed capacity as a result of housing development sites allocated within Local Development Plan 2.

The capacity in each GP cluster area has been calculated by taking the total current list size and adding the number of potential new patients generated by development and comparing this combined figure with the number of patients that the cluster can accommodate using the East Dunbartonshire average list size of 1,630 patients per individual GP. A percentage payment for the number of bedrooms in the property in the development needs to be applied.

The contributions will be spent on physical infrastructure to increase primary healthcare capacity within the relevant GP cluster area through either of the following:

- New or reorganised clinical and associated support space directly for use by the additional GP's
- Equivalent new or reorganised multi-functioning space providing supportive and complementary healthcare services where this will have a direct improvement on GP capacity in the cluster area.

SUSTAINABILITY

The HSCP works closely with NHSGG&C and East Dunbartonshire Council to ensure environments align to sustainability, climate change, carbon targets and how we use our premises for our service users and staff.

Any remodelling of premises, new developments and changes to accommodation and service delivery points will be considered.

East Dunbartonshire Council will be progressing installation of electronic car charging points at Kirkintilloch Health and Care Centre to support renewal of the care at home fleet cars, with an installation of 10 charging points in 2023.

GOVERNANCE

Overall responsibility for the implementation and delivery of the HSCP Property Strategy rest with the HSCP. There are reporting mechanisms via existing governance and capital planning arrangements of NHSGG&C and East Dunbartonshire Council.

Integrated Joint Board

The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded.

Regular reports, on a no less than annual basis, will be taken to the Integrated Joint Board on progress with HSCP Property Strategy and Accommodation updates.

Property and Assets Group

The HSCP has a Property and Assets Group, which is chaired by the Chief Finance and Resources Officer who has a remit for property and assets. Group members include stakeholders from the HSCP, East Dunbartonshire Council and NHSGG&C as well as Trade Union representatives. The HSCP do not own or lease their own property. Property is either owned or leased by NHSGGC or EDC and occupied by the HSCP.

The Property and Assets Strategy Group will report to the SMT, with any issues or support requirements escalated to the Glasgow HSCP Capital Property Group/Capital Planning Group and EDC Property and Assets Group.

The Group will also receive regular updates and reports from the site management/project groups.

The group meets on a bi-monthly basis, when key pieces of work are underway this will increase to a monthly meeting.

RISK

The HSCP has detailed accommodation as an ongoing risk on the Corporate Risk Register (HSCP13). This was last reviewed at June 2023, and detailed the inability of the HSCP to secure appropriate accommodation in the West Locality to deliver effective integrated health and social work services in that area due to the lack of capital funding available to progress development of an integrated solution.

In addition the competition / prioritisation of need across NHSGGC and other HSCP priorities taking precedence is a significant factor for East Dunbartonshire HSCP, where there is an inability to effectively evidence need in context of NHSGGC priority matrix i.e. deprivation.

The NHSGG&C Primary Care Property Strategy is under development and will be included as part of Moving Forward Together, which will set out board priorities for primary care accommodation.

The HSCP will continue to regularly engage with colleagues within the Council / NHS board to scope options for progressing strategic priorities, with the GG&C HSCP Capital Planning Group established to review board wide HSCP priorities.

Backlog maintenance costs in maintaining the current estate may increase as properties age and require significant investment to maintain operational sites, there will also be reactive costs if maintenance is not undertaken. A similar forecast will be seen across the GP estate.

There has been an increase in the resource and capacity of the Capital and Minor Works teams for NHSGG&C to support the ask of our HSCP and across the Glasgow HSCP's. Both of these teams provide expert input to our programmes and unless they have capacity we would be unable to progress with the necessary changes to our buildings.

Primary Care Programme Delivery

Options for refurbishment/ extension across HSCP and GP premises in the area remain very limited due to nature and location of current estate which has implications for delivery of programmes such as PCIP and ADRS/Mental Health .

GP Infrastructure

In the West Locality there are risks identified as premises may not be suitable for medium to long term use, particularly in the Bearsden/Milngavie area, Bishopbriggs and Auchinairn areas. There is a lack of space to expand or to adapt practices to meet future need, and lack of funding available for a West Health and Care Centre which could help mitigate issues in this locality. This should be viewed as a unique and significant risk for the HSCP. Milngavie Clinic, the only HSCP facility in this locality would be unable to provide accommodation even in part to meet additional demand.

TIMELINE

Appendix 1

Short Term (0-3 years)

- 1) Support operational re-alignment of existing services/staff where feasible to make better use of existing available property resources based on the data collected and reviewed.
- 2) Seek formal support from the Capital Planning & Premises Team to undertake project support and development activities.
- 3) Review and re-present the augmented argument for a new "West Locality Health & Care Complex", supported by an amended Schedule of Accommodation (S of A), intended primarily to address those issues identified in the original "Milngavie Health and Care Centre" paper (presented as a component of the previous NHSGG&C prioritisation process) but with an added understanding of the substantial risk associated with existing premises in the area and space requirements as highlighted by this review.
- 4) Finalise work already underway relating to the alternative means of delivering "shared satellite space" across the HSCP area to physically increase capacity available to support the delivery of clinical services and

support short-term contractual and policy obligations whilst mitigating those risks identified associated with GP owned/leased premises in the area.

- 5) Secure the funding required to implement those preferred solutions identified as essential in the short-term.
- 6) Seek the inclusion of the preferred strategic option(s) identified in local HSCP plans within the next appropriate NHS GG&C capital prioritisation process to understand the actual timetable for development and/or any remedial actions required.

Short to medium-term term (0 – 10 years)

- 1) Seek appropriate local and Board-wide agreement to develop the required business case(s) in support of capital investment or an alternative to this.
- 2) Develop the business case(s) agreed as being required to support infrastructure developments in response to the findings of the option appraisal conducted and in the context of the relevant NHS GG&C Capital Planning & Prioritisation process/project programme.
- 3) Develop the detailed briefing documentation required to support the development of detailed designs for any capital projects approved, ensuring that these can deliver the required range of services for the required planning period (including more detailed assumptions relating to changing demand and capacity requirements)
- 4) Implement any remedial actions required in reflection of projected differences between strategic capital investment programmes and local demand/facilities (if required).

In the medium to long-term (3 – 10 years plus)

- 1) Use “otherwise essential investment” and new monies secured through the capital business case process to maintain, develop, refurbish and/or construct the physical infrastructure associated with approved business cases in line with the overarching NHS GG&C Primary Care Estate Strategy and place-based investment approach.

This is likely to include, most notably:

The replacement of Milngavie Clinic, +/- local GP Practices, (The proposed “West Locality Health & Care Complex” or “hub”).

The provision of HSCP “shared satellite space” in the Bishopbriggs/Auchinairn area or an alternative to this agreed through an option appraisal process.

HSCP Capital & Minor Works Timeline

Appendix 2

Site	Service	Timeline	Finance Source	Expected Completion subject to approval and funding	Capital or Minor Works
Bishopbriggs Retail unit	Primary Care Improvement Plan – Community Treatment and Care	2023/2024	NHSGG&C Capital Funding	August 2024	Capital
Milngavie Retail Unit	Community Treatment and Care Community Health and Care Services Teams	Business case to go through Capital Forums in November 2023	To be confirmed –	2024/2025	Capital
Woodlands Feasibility	Older Peoples Mental Health	To be confirmed	To be confirmed	2024/2025	Minor/Capital work
Milngavie Clinic Feasibility	Mental Health Alcohol and Drug Recovery	To be confirmed	To be confirmed	2024/2025	Minor/Capital work

	<p>Primary Care Mental Health</p> <p>Older People Mental Health</p> <p>Moving Forward Together – Acute Services</p>				
Kirkintilloch Health and Care Centre Feasibility	<p>Community Treatment and Care Services</p> <p>Mental Health</p> <p>Alcohol and Drug Recovery</p> <p>Primary Care Mental Health</p> <p>Joint Learning Disabilities</p> <p>Physiotherapy</p> <p>Podiatry</p> <p>Moving Forward Together – Acute Services</p>	To be confirmed	To be confirmed	To be confirmed	Minor/Capital work

	GP Practice				
North East Sector Offices – review of accommodation/feasibility	Oral Health Community Health and Care Services School Nursing	Late 2023	To be confirmed	To be confirmed	To be confirmed
Upgrade of room to Treatment Room – KHCC	Community Treatment and Care Service	Late 2023	Capital funding – EDHSCP 2023/2024	Late 2023	Minor Works
Upgrade of room to Treatment Room - KHCC	Alcohol and Drug Recovery Service	Late 2023	Mental Health funding – 2023/2024	Late 2023	Minor Works
West Locality Capital Planning Business Case for a Health and Care Centre	Primary Care GP Practices 3 rd Sector HSCP Services (all)	2023 – 2025	Capital/Scottish Government funding	2023/2024	Capital

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

East Dunbartonshire HSCP Property Strategy 2023 – 2025

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

East Dunbartonshire HSCP Property Strategy 2023 – 2025 sets the direction for actions need to deliver health and social care services across East Dunbartonshire HSCP whilst operating in an environment where resource and finances are limited. This builds on the previous Property Strategy for the HSCP approved in May 2018.

The HSCP Property Strategy 2023 - 2025 aligns to the HSCP Strategic Plan 2022-2025 and will set out our aspirations for modern, fit for purpose accommodation from which to deliver health and social care services to the population of East Dunbartonshire and in support delivery of our strategic priorities.

The Scottish Government's Financial Planning Guidance for Health and Social Care Integration states that:

“The Chief Officer of the Integration Joint Board is recommended to consult with the Local Authority and Health Board partners to make best use of existing resources and develop capital programmes. The Integration Joint Board should identify the asset requirements to support the Strategic Plan. This will enable the Chief Officer to identify capital investment projects, or business cases to submit to the Health Board and Local Authority for consideration as part of the capital planning processes, recognising that partnership discussion would be required at an early stage if a project was jointly funded.”

The current property assets utilised by East Dunbartonshire HSCP are managed by NHSGG&C or East Dunbartonshire Council and the HSCP work closely with our parent bodies' policies and governance processes for management of property assets.

The second iteration of our HSCP Property Strategy plan will align with the HSCP Strategic Plan Priorities 2022 - 2025 by:-

Empowering People through

- Reducing inequality and inequity of outcomes by ensuring services are accessible and delivered close to local communities

Empowering Communities through

- Building local Integrated Teams
- Modernise Day Services

Post Pandemic Renewal through

- Understanding and responding to the impact of the pandemic by creating space within accommodation to deliver services safely, adhering to ventilation, infection control and other requirements learned during the pandemic.

Maximising Operation Integration through

- Right Care, Right Place: Urgent and un-scheduled health and social care redesign by ensuring there is capacity within local accommodation to deliver services in the right setting as close to local communities as possible in line with the NHSGGC Moving Forward Together strategy.

Workforce and Organisational Development through

- Supporting the wellbeing of the health and social care workforce by having modern, fit for purpose accommodation which provides a positive working environment and supports staff to work flexibly in line with hybrid working policies
- Equipping the workforce and workplace during and after the pandemic by embracing the work practices developed during the pandemic and building on these through improvements to accommodation to facilitate a different way of working

Medium Term Financial Planning and Strategic Planning by

- Maximising Available Resources by ensuring existing accommodation is used to its full potential and, first and foremost, supports frontline service delivery to our patients and service users and consider the priorities for increasing accommodation capacity across the HSCP area.
- Delivering Financial Sustainability by maximising hybrid working opportunities which facilitates better use of current accommodation to deliver frontline and clinical services

Collaborative Commissioning and whole system working by

- Supporting Primary Care improvement by developing accommodation solutions to expand clinical services in delivery of the GP Contract.

Infrastructure and Technology through

- Modernising health and social care delivery through improvements to accommodation to achieve modern, fit for purpose premises from which to deliver high quality services
- Maximising the potential of digital solutions to reflect new ways for individuals to access and receive services through a digital first approach with buildings adapted to meet and facilitate the digital challenge.

As the HSCP Property Strategy aligns closely with the East Dunbartonshire HSCP Strategic Plan 2022-2025, this EQIA should be read alongside the Strategic Plan EQIA.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

East Dunbartonshire HSCP undertakes an EQIA on significant changes to policy or services, and decisions that could have disproportionate impacts on individuals or groups protected under the Equalities Act 2010. We believe that it is good practice when developing a policy, strategy or a new initiative to anticipate the likely effects it may have, and to take steps to prevent or minimise, any likely harmful effects, especially on persons who share any of the characteristics that are protected under the Equalities Act. This ensures that disadvantaged groups are not further disadvantaged by the policies and strategies we adopt. It also ensures that the IJB are properly advised of the potential effects of proposals before they take decisions that affect people's lives.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Vandrew McLean Anthony Craig	Date of Lead Reviewer Training: October 2023 May 2019
---	--

Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Vandrew McLean, Corporate Business Manager
 Jean Campbell, Chief Finance and Resources Officer
 Anthony Craig, Development Officer, Public Health Improvement Team
 Allison Willacy, Planning, Performance and Quality Officer

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p>Promoting equality and addressing health inequalities are at the heart of East Dunbartonshire Health and Social Care Partnership's (HSCP) vision and values.</p> <p>Vision: 'Caring together to make a positive difference'</p> <p>Values: Honesty, Integrity, Professionalism, Empathy and Compassion, Respect</p> <p>The HSCP Property Strategy details future aspirations to improve and redesign properties, expansion into non-traditional HSCP properties (Retail Units) and a proposal for a Health and Care Centre in the West Locality (Bearsden/Milngavie) (<i>East Locality-Bishopbriggs, Kirkintilloch, Lennoxton, Lenzie, Torrance and Twechar</i>).</p> <p>Equality information in relation to properties which the HSCP utilises will be updated and collected by services who access and operate from them.</p> <p>The HSCP would work closely with NHSGG&C & EDC to ensure future developments would have service requirements included in design proposals.</p>	<p>Collection of equalities information could be included in specification for any HSCP property developments, proposals or remodelling/site improvements. This would ensure that needs of the population and specific user groups are built into schemes, and that the HSCP will utilise groups/forums and communication strategies to keep them informed and ask for their contribution and views on the plans proposed.</p>

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>2. Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>Equality information in relation to properties which the HSCP utilises will be updated and collected by services who access and operate from them.</p> <p>The HSCP would work closely with NHS GG&C & EDC to ensure future developments would have service requirements included in design proposals.</p>	<p>Collection of equalities information could be included in specification for any HSCP property developments, proposals or remodelling/site improvements. This would ensure that needs of the population and specific user groups are built into schemes, and that the HSCP will utilise groups/forums and communication strategies to keep them informed and ask for their contribution and views on the plans proposed.</p> <p>When developing our HSCP Property Strategy, we will actively consider identifying and removing any barriers to accessibility or inclusivity and aim to reduce inequality and inequity of outcomes.</p>
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
<p>3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care</i></p>	<p>The HSCP would apply learning from previous property developments as well as expert advice from NHS GG&C Capital and Property Teams and East Dunbartonshire Council FM & Assets, as well as developments elsewhere in the country.</p>	<p>Evaluation of completed schemes against set criteria will ensure that future projects will be well informed.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone</i></p>	<p>The HSCP Property Strategy (Draft) has been presented for discussion at the following groups:-</p> <ul style="list-style-type: none"> • HSCP Senior Management Team • HSCP Strategic Planning Group • HSCP Staff Partnership Forum • HSCP Property and Assets members <p>Regular updates on the proposed developments and progress to date included within the Strategy have been taken to HSCP Integrated Joint Board meetings on a no less than six monthly basis, of which elected members (EDC and NHSGG&C),</p>	<p>It will be taken to Public Service and User Care Group at the end of September 2023</p> <p>Any further additions to the Draft EQIA will be added in order that this can be reviewed and assessed by Equalities Leads.</p> <p>There is a commitment to ensure that equality groups are identified as stakeholders</p>

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>service which significantly increased uptake.</p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Patient Service User and Carer (PSUC) Group, Professional Leads and Staff Partnership members are present.</p>	<p>and involved in any communication and engagement.</p>
	<p>Example</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.</i></p> <p><i>(Due regard to remove discrimination,</i></p>	<p>Any projects taken forward as part of the HSCP Property Strategy will adhere to statutory guidance and legislation, as well as the policies and procedures of NHSGG&C and East Dunbartonshire Council to ensure that accessibility is incorporated.</p> <p>The HSCP Property Strategy is a document which is will be accessibility checked and available publically on the HSCP's website. The HSCP Property Strategy will influence the way services are delivered from service delivery points (EDC, NHSGG&C or other) across the lifetime of the plan. All premises/estate that services are delivered from will be accessible and meet equalities legislation.</p>	<p>Adherence to accessibility requirements, which are statutory and legislative will be included in all project and design briefs.</p> <p>There will be engagement with groups identified as stakeholders.</p>

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>harassment and victimisation).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>Engagement with groups/key stakeholders would be project specific.</p> <p>EDHSCP draws from both East Dunbartonshire Council and NHSGG&C in terms of governance in relation to clear communication and to meet out legal requirements in terms of communication support.</p> <p>NHSGG&C has also has guidelines (Clear to all) in relation to clear, consistent and accurate approach to the provision of information for patients and the public. Through the provision of an accessible and inclusive Strategic Plan, we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	<p>The property/project developments details in the strategy will have appropriate communication and engagement strategies to ensure that it is tailored to groups who may be affected.</p>

	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic		Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p>		<p>The HSCP has particular age demographics which are unique to East Dunbartonshire.</p> <p>By undertaking equality impact assessments, East Dunbartonshire HSCP will promote development and future service delivery which will be accessible to the needs of all East Dunbartonshire residents.</p> <p>It is expected that older adults will be positively impacted by increased accessibility to local services. An aspiration remains to have an integrated health and care facility in the West Locality</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>(Bearsden/Milngavie) of the HSCP, as well as a short to medium term provision for services.</p> <p>The HSCP want to provide integrated health and social care facilities across both localities which will reduce the need to travel across NHS GG&C and attend separate venues to have their needs met.</p>	
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The activities outlined in the HSCP Property Strategy detail an approach looking at Short Term (0-3 years), Short to Medium Term (0-10 years) and Medium to Long Term (3-10 years +) timeline should all improve access to health and social care facilities across three HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens who have disabilities, and/or protected characteristics.</p> <p>Services could then be delivered which are responsive and accessible to the needs of patients, staff and visitors who have disabilities.</p> <p>By undertaking EQIA's the HSCP will help reduce discrimination in developing services and delivery points for people with disabilities removing barriers in accessing services.</p> <p>The HSCP want to provide integrated health and social care facilities across the two localities which will reduce the need to travel across NHS GG&C and attend separate venues to have their needs met.</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>

		We will ensure that this group of service users does not receive a lesser service due to their protected characteristics.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Reassignment</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across three HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens irrespective of gender status.</p> <p>Services could then be delivered which are responsive and accessible to the needs of all patients, staff and visitors irrespective of gender status.</p> <p>By undertaking EQIA's the HSCP will help reduce discrimination in developing services and delivery points for people removing barriers in accessing services.</p> <p>NHSGG&C offer guidance on the health needs of transgender people and how to address discrimination against trans people in their Briefing Paper on Gender Reassignment and Transgender, as well as offering training for NHS staff on the subject of transgender people.</p>	EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	Marriage and Civil Partnership	The activities outlined in the HSCP Property Strategy should all improve access to health and social care	EQIA's should provide an early identification of any

<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>facilities across three HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens in marriage and civil partnerships.</p>	<p>negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>
<p>(e) Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across the two HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens that are pregnant and/or on maternity leave.</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>

	4) Not applicable <input type="checkbox"/>		
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens irrespective of ethnicity. This will ensure services are responsive and meet the needs of stakeholders, visitors, and staff from Black and Minority Ethnic Communities.</p> <p>NHSGG&C has an Accessible Information Policy which is designed to make sure there is a consistent, accurate and clear approach in providing information to patients and members of the public in a range of formats and languages. They also provide an in-house interpreting services to ensure that everyone receives the best possible care.</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across the HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens irrespective of religion or belief. This will ensure services are responsive and meet the needs of citizens with religious beliefs and non-religious beliefs.</p> <p>NHSGG&C has a Faith and Belief Communities Manual which sets out its commitment to ensuring</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>that spiritual care, including religious care, is provided in an equal and fair way to those of all faith communities and those of none. The manual is designed to help staff respond to religious care, and to be confident as they meet some of the religious needs of those in their care.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(h)</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens irrespective of sex. This will ensure services are responsive and meet the needs of citizens with religious beliefs and non-religious beliefs.</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>
<p>(i)</p>	<p>Sexual Orientation</p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care</p>	<p>EQIA's should provide an early identification of any</p>

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>facilities across the HSCP localities which in turn should provide better outcomes for those East Dunbartonshire HSCP citizens irrespective of sexual orientation. This will ensure services are responsive and meet the needs of men, women and non-binary stakeholders, patients and staff.</p>	<p>negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available</p>	<p>The Scottish Index of Multiple Deprivation (SIMD) ranks datazones (small areas with an average population of 800 people), from the most deprived to the least deprived. Using deciles, with 1 being the most deprived and 10 being least deprived. Although the majority of the population of East Dunbartonshire live in the least deprived deciles', there are 4 datazones areas in East Dunbartonshire categorised amongst the most deprived in Scotland, three are in the Hillhead area of Kirkintilloch and one is in Lennoxton. All of these are in the East Locality of East Dunbartonshire and represent 3,562 people or 3.28% of East Dunbartonshire's population. Joint Strategic Needs Assessment 2021.</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>

here: [Fairer Scotland Duty: guidance for public bodies - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/fairer-scotland-duty-guidance-for-public-bodies/pages/1-7-questions-to-consider-when-seeking-to-demonstrate-due-regard-in-relation-to-the-duty.aspx)

Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:

1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?
2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?
3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?
4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?
5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?
6. How has the evidence been weighed up in reaching our final decision?
7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)²¹ provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement²² should be followed. Those engaged with should also be advised

The East Dunbartonshire Local Housing Strategy 2017-22 shows there has been an overall reduction in demand for homelessness services since 2011/12 in East Dunbartonshire. From a peak of just under 700 applications in 2010/11, homeless applications have fallen to just over 500 in 2015/16. Unfortunately there is no available breakdown of demographic information to identify the age ranges of homelessness applications. Shelter Scotland reported that that trend has continued into 2019-20 with 420 homeless application being made with East Dunbartonshire.

EDHSCP are aware of their legal responsibility under The Fairer Scotland Duty Guidance for Public Bodies to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Strategic Plan ensures a strategic approach is taken by the HSCP towards delivering and developing services, within a specified budget, and the Fairer Scotland Duty that we are reducing inequality and inequity of outcomes.

The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across the HSCP localities which in turn should provide better outcomes for East Dunbartonshire HSCP citizens from all socio-economic backgrounds.

The HSCP Property Strategy aspires to bring health and social care services to the heart of communities, which should reduce travelling costs and costs to attend appointments outwith East Dunbartonshire HSCP during a cost of living crisis.

	subsequently on how their contributions were factored into the final decision.		
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across three HSCP localities which in turn should provide better outcomes for East Dunbartonshire HSCP citizens from a variety of other groups.</p> <p>The HSCP Property Strategy aspires to bring health and social care services to the heart of communities, which should reduce travelling costs and costs to attend appointments outwith East Dunbartonshire HSCP during a cost of living crisis.</p> <p>The detail about how we will achieve these things, will be developed through our annual delivery plans, which will be developed in collaboration with all partners in the public, independent and voluntary sectors, and in our local communities. They will allow us to be responsive to any potential changes in the landscape of East Dunbartonshire over the lifetime of the plan.</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p>	<p>The activities outlined in the HSCP Property Strategy should all improve access to health and social care facilities across HSCP localities which in turn should provide better outcomes for East Dunbartonshire HSCP citizens from all socio-economic backgrounds. As yet there are no savings identified by rationalising properties or services, but investment in buildings, redevelopments and expansion of services which will</p>	<p>EQIA's should provide an early identification of any negative impacts and would enable the HSCP to take actions to mitigate these at an early point in the process.</p>

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>provide a positive impact on protected characteristic groups.</p> <p>The HSCP Property Strategy aspires to bring health and social care services to the heart of communities, which should reduce travelling costs and costs to attend appointments outwith East Dunbartonshire HSCP during a cost of living crisis.</p>	
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>9.</p>	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>The HSCP would continue, working closed with East Dunbartonshire Council and NHS GG&C to ensure that property developments would be continuously assessed in line with policies in relation to human rights, diversity and promotion of equality.</p> <p>East Dunbartonshire HSCP is committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups. EDHSCP statutory and mandatory compliance with Equality and Diversity module is very good</p>	<p>Learning from experiences from previous projects and training would be available for departments and officers involved in delivering projects.</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service

users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

There were no risk identified in relation to service, policy or redesign which could impact on the human rights of patients, service users or staff.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR*.

No specific or definable approach was applied in the development of the HSCP Property Strategy but the PANEL principles underpin the general approach to all plans developed by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

- Facts: What is the experience of the individuals involved and what are the important facts to understand?
- Analyse rights: Develop an analysis of the human rights at stake
- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

DRAFT

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
---------------------	-------------------------------

--	--

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

February 2024

Lead Reviewer:

Name Anthony Craig
Job Title Development Officer, Public Health Improvement Team
Signature
Date 5th September 2023

EQIA Sign Off:

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

East Dunbartonshire HSCP Property Strategy 2023 – 2025

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

February 2024

Name of completing officer: Vandrew McLean

Date submitted: September 2023

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: alastair.low@ggc.scot.nhs.uk

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	14TH SEPTEMBER 2023
REPORT REFERENCE:	HSCP/140923/08
CONTACT OFFICER:	KAREN LAMB, HEAD OF SPECIALIST CHILDREN'S SERVICES
SUBJECT TITLE:	MENTAL HEALTH RECOVERY AND RENEWAL PHASE 2 UPDATE – REGIONAL SERVICES DEVELOPMENT SUBMISSION TO SCOTTISH GOVERNMENT

1.0 PURPOSE

- 1.1** The purpose of this report is to raise awareness of the West of Scotland CAMHS Planning Group's submission to the Scottish Government following approval from the IJB to proceed following June's update. This is in relation to the funded regional work streams associated with the Scottish Government's Mental Health Recovery and Renewal (MHRR) Plan, phase 2 of the programme, including the development of a regional adolescent Intensive Psychiatric Care Unit. The initial submission to Scottish Government was made in July 2023 and a summary of this is included.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of the Report;
- 2.2** Note the submitted development plans of all regional work streams in phase 2 of the Mental Health Recovery and Renewal plan; and
- 2.3** Approve progression of the development plans of the regional work streams submitted to Scottish Government if Scottish Government accept the submissions and request them to be taken forward.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Scottish Government wrote to Health Boards on the 5th May 2020 outlining Phase 1 Mental Health Recovery and Renewal funding of £7.2m to focus on four areas for improvement, which centred on implementing the CAMHS and neurodevelopmental specifications and improving access to CAMHS services. Work on these areas is well progressed and, following the alignment and delegation of Specialist Children's Services to East Dunbartonshire Health and Social Care Partnership Board, future reports on the matter will be presented to the Board in due course.

3.2 Scottish Government wrote again to Health Boards on the 14th September 2021 to detail further funding and expectations in relation to enhancing services including regionalisation to provide a wider range of support by skilled and specialist clinicians, under Phase 2 of the plan. Phase 2 of the Scottish Government's Mental Health Recovery and Renewal Plan has created an opportunity for exciting planning and development work which will improve CAMH Services for children and young people and their families and carers.

3.3 On 17th May 2023, Scottish Government called for a co-ordinated paper outlining proposals for how the regional aspects of the CAMHS Service Specification would be delivered, acknowledging this would require a three year implementation period. The specific services covered are:

- Access to CAMHS Intensive Home Treatment and Urgent Care;
- Access to CAMHS and, in particular, Child & Adolescent Psychiatry for children and young people who receive urgent care out of usual working hours;
- CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HMYOI Polmont);
- CAMHS for children and young people receiving care and treatment in acute hospitals.
- Adolescent IPCU in each of the three regions.

3.4 Following consultation and planning with CAMHS colleagues across the West of Scotland, the GGC Director of Regional Planning submitted a series of proposals on the 30th July 2023. This paper provides an outline of the current position and approach across the West of Scotland (WoS) and the next steps

3.5 Regional Work Streams

Following the initial planning phase, the WoS have indicated their approach towards each regional work stream. These are outlined below and full details are available in **Appendix 1**.

3.5.1 Home Intensive Treatment Teams – *delivered locally by each board*

Local delivery with focus on development of the clinical pathways and standards of care that support the regional inpatient units and adherence to agreed routes in and out of regional inpatient care settings, including the child and adolescent inpatient units.

NHSGGC propose to further develop their current model with a specific relationship to ICAMHS through enhanced and additional support for young people with eating disorders to reduce the likelihood of admission, with implied benefit of releasing bed

capacity and improving access to inpatient services. This is likely to be a specific development for NHSGGC patients which would support unmet demand for inpatient admission from across WoS.

3.5.2 Out of Hours Psychiatry – delivered locally by each board where feasible.

Emergency psychiatric care is most effectively provided on a Health Board basis under local clinical governance arrangements. Ideally local arrangements would include emergency access to social work children's and mental health services. A specialist CAMHS emergency service with Child and Adolescent Psychiatric support is not likely to be achieved on a 24/7 basis by each Board without some form of collaboration. Even within larger Boards, dedicated emergency mental health care for under 18 year olds may only be sustainable for extended hours.

We should aim to ensure enhanced lifespan or dedicated CAMHS emergency mental health services will be connected with local intensive CAMHS to support care in or close to home. Clear arrangements put in place for on-going referral to other Tier 3 and Tier 4 CAMH services and access to inpatient medical and/or psychiatric care as indicated. This includes referral pathways to existing and proposed regional and national inpatient mental health services for under 18 year olds.

A separate on call rota for CAMHS psychiatry that covers the WoS will require additional investment to build the capacity as well as the other aspects of the model of care. The impact on smaller boards will need to be considered as well as equality of access to Skye House Out of Hours.

3.5.3 Forensic / Secure Care / Learning Disabilities CAMHS – delivered across the region via a hub and spoke model.

There is consensus for a Hub and Spoke approach for Learning Disabilities and Forensic services. NHSGGC is proposing to host a Secure Care and Forensic CAMHS Hub model, with other board areas having suitable spoke arrangements. The Hub would support building capacity in the region. Proposal would be to expand the current staffing which will primarily service the three secure provisions within NHSGGC. The hub will support transition back to other board areas and be able to react to acute and urgent presentations. A similar model would be considered for Learning Disabilities.

The location and lead board for the hubs are still to be confirmed. This planning process will also include the development of a specification and an options appraisal for the most appropriate deliver method.

3.5.4 CAMHS in Acute – delivered locally by each board.

Local delivery with focus on the development of the clinical pathways and standards of care.

NHSGGC have the Royal Hospital for Children, consequently have added complexity liaising with local services across Scotland as well as regionally. GGC have highlighted rising demand, particularly associated with Eating Disorders which requires management and impacts on length of stay. These issues indicate that there may be additional workforce requirements that need to be factored into implementation plans.

3.6 The bids on each regional pathway have been submitted to Scottish Government and the WoS region are now awaiting for Scottish Government's response and outcome of the proposals. The outcomes and next steps are expected in due course.

3.7 Adolescent IPCU

Further to the regional pathways, a separate submission was completed for proposals for the development of the regional adolescent Intensive Psychiatric Care Unit (IPCU). There will be three regional adolescent IPCUs, all co-located with the existing adolescent inpatient units in Glasgow, Edinburgh and Dundee.

Development of the IPCU has been led by NHSGGC CAMHS and planning work is underway. The capital planning approval has progressed through NHSGGC governance processes over the last year, leading to the identification of the Munro Ward as the interim site whilst feasibility work is completed on the longer term option. This should allow opening of the facility in 2024. This submission outlines the requirements and operational costs and can be viewed in **Appendix 2**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – The development of the MHRR Phase 2 regional services has created an opportunity for exciting planning and development work which will improve CAMH Services for children and young people and their families and carers.

4.3 Workforce (including any significant resource implications) – The development of the MHRR Phase 2 regional services has workforce implications and there will be workforce planning undertaken in relation to each area, with input from NHS staff side representatives.

4.4 Legal Implications – None.

4.5 Financial Implications – The programme of MHRR Phase 2 regional work requires to be carried out within the financial envelope provided by Scottish Government for this purpose.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 The programme of MHRR Phase 2 regional work is being overseen by the West of Scotland CAMHS Regional Planning Group and locally by the NHSGGC Specialist Children's Services CAMHS Planning and Performance Group. This will include a process to capture and review any risks, supported by a project plan.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – A direction is required to NHSGGC to progress delivery of the content of the submission, should confirmation of acceptance be received from Scottish Government.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – NHS GG&C** (attached as **Appendix 3**).

7.0 **POLICY CHECKLIST**

7.1 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.

8.0 **APPENDICES**

8.1 **Appendix 1** – FINAL CAMHS Regional Pathway Submission 280723

8.2 **Appendix 2** – FINAL CAMHS IPCU Submission 280723

8.3 **Appendix 3** – Direction to NHS GG&C

CAMHS IMPROVEMENT – REGIONAL DELIVERY OF THE NATIONAL CAMHS SERVICE SPECIFICATION – PLANNING PROCESS AND NEXT STEPS

West of Scotland Region

Regional Lead Contact: Duncan.Pollock@ggc.scot.nhs.uk

Director of Regional Planning: Neil.Ferguson2@ggc.scot.nhs.uk

Date of Completion: 28 July 2023

Introduction

The brief set out in letter of the 17th May from Gavin Gray called for a co-ordinated paper outlining proposals for how the regional aspects of the CAMHS Service Specification excluded from previous Mental Health Outcomes Framework allocation would be delivered, acknowledging this would require a three-year implementation period. The specific services covered are:

- Access to CAMHS Intensive Home Treatment and Urgent Care;
- Access to CAMHS and, in particular, Child & Adolescent Psychiatry for children and young people who receive urgent care out of usual working hours;
- CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HMYOI Polmont);
- CAMHS for children and young people receiving care and treatment in acute hospitals.

A separate paper will address the development of the regional Intensive Psychiatric Care Unit (IPCUs).

The brief called for:

- Proposals for service models, pathways, standards of care, phasing, outputs and outcomes to be achieved in each pathway;
- An analysis of current provision, including existing staffing and budget in each of the pathways and boards in the region, and gaps based on the proposed service models;
- A plan which is delivered over the next 3 financial years (to 2025/26) including the service elements for each pathway per board and the costs for each board within the region;
- Arrangements for governance, quality monitoring and reporting, performance reporting and regular review at a regional level;
- Timeline and process for approval from the Regional Planning Group in each region.

In response to the request, the West of Scotland (WoS) Regional CAMHs Planning Group has worked to initiate a common understanding of the brief, establish a baseline description of current service provision and to scope out the requirements of regional planning to ensure commonality of standards and pathways, and to consider where more formal collaborative regional arrangements will be necessary for delivery of service.

This work has brought to the fore recognition that development of proposals constitutes a significant programme of work to allow understanding of potential budget and workforce requirements over the 3-year period. Our recommendation is that attempting to sketch out these requirements at such an early stage of discussion would not add value and may prejudice more considered proposals that would emerge from a structured process of engagement and co-production across the constituent Boards.

We have appreciated the dialogue with SG colleagues within the Mental Health Directorate over the last few weeks as we have progressed our work. We understand that the intention of outlining skeleton costings was to inform forward financial planning as part of a commitment to funding over 3 years, rather than agree specific allocations at this stage.

We are proposing the focus for 2023/24 should be to put in place the planning capacity and programme governance arrangements necessary to develop robust proposals. As these develop, we propose that we continue the close working with SG colleagues to enable emergent service options to inform financial planning. We would aim to formalise a process that would build a shared understanding of requirements and assurance of how allocations once agreed would be committed. Critical to this will be the confirmation of funding from SG for the Regional Planning Support as outlined in a previous communication. We understand this will be for 2 years initially, with the final year subject to review.

This paper provides an outline of the current position and approach across the WoS in relation to the National CAMHS Service specification. It sets out commitment across the WoS Boards to co-produce:

- More detailed specifications for each of the service requirements
- A common framework of outcome and process measures to ensure benefit realisation
- Models for regional delivery where a collaborative service model would deliver the specification in resilient and sustainable manner, enabling local delivery by levelling up capability and capacity
- Governance structure to provide programme management and enable commissioning of the regional arrangements
- Outline operational proposals with workforce and resource requirements during 23/24.

Overview of Current position

There is considerable variation of capability and capacity across the region (Fig.1) This reflects the different characteristics of the constituent Boards ranging from the large, more densely populated conurbations in NHSGGC and NHSL to rural and geographically dispersed populations such as NHSD&G and A&B HSCP. Previous funding allocations to Boards to support development of the Mental Health Outcomes Framework have enabled core CAMHS services to be strengthened.

The impact of these resources will contribute to the baseline position for development of regional delivery models that the service and pathway of this current initiative will require. Nonetheless, there is a recognition that Boards do not start from a common base and that operational capabilities in some Boards will be restricted due to their prevalent characteristics. Smaller teams, delivering care across a dispersed population in rural settings have greater challenges with recruitment, retention and ability to build professional capacity across all sub-specialist pathways. In contrast, NHSGGC hosts tertiary services with regional and national scope hence are subject to demand outwith their territorial boundaries, adding complexity to patient pathways. Where there are designated regional and national specialist services, a further consideration is ensuring they can operate within their service specifications and capacity is utilised appropriately and effectively. There is an inherent risk for larger services that mutual aid to Boards with difficulties can undermine delivery to local population need, if not managed well. This is dependent on well-defined pathways and co-operation from referring Boards.

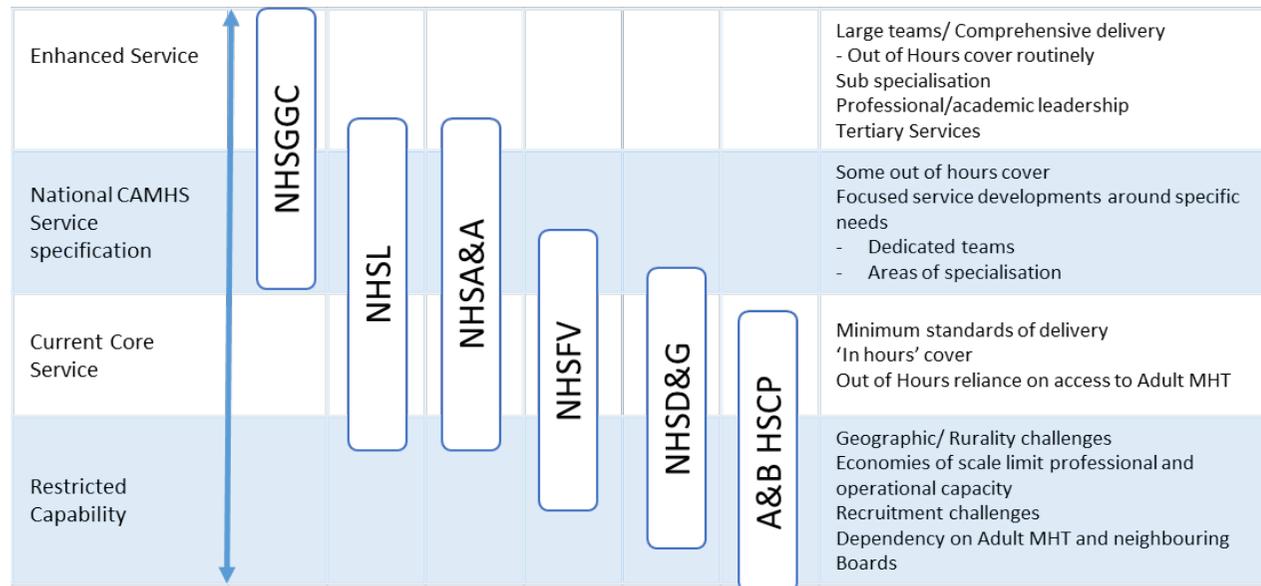


Fig 1: Schematic of Board variation in current capability and capacity

An initial benchmarking process has been undertaken to build an understanding of the baseline position in relation to the requirements of the National Child and Adolescent Mental Health Service (CAMHS) Specification (see table 1 below, detailed description in Appendix 1). To determine the extent of regional delivery solutions as opposed to what can reasonably be provided locally will require greater sensitivity analysis that considers the underlying challenges of each Board in relation to the specific 'asks' of each pathway.

	NHSGGC	NHSL	NHSAA	NHSDG	NHS FV	A&B HSCP
Intensive Home Treatment Teams and Urgent Care	In place	In place	In place	In place	In place	Intensive Home Support Limited 'in hours' for urgent care
Access to Child & Adolescent Psychiatry urgent care out of usual working hours	In place	No	Partial [Sat 9-5]	No	No	No
Learning disabilities,	In place	In place	No	No	In place	No
Forensic and youth justice needs, in secure care and the national young offenders institution (HM/YOI Polmont)	In place	No	In place	No	No	No
Receiving care and treatment in acute hospitals	In place	In place	Psychology no Psychiatry	Psychology no Psychiatry	Psychology no Psychiatry	Psychology no Psychiatry

Table 1: Benchmarking of Boards against requirements of the National Child and Adolescent Mental Health Service (CAMHS) Specification

Regional Working Requirements – Gap Analysis

The guidance recommends the following:

Intensive Home Treatment Teams and Urgent Care	Local Delivery	Regional pathways and clinical standards to support the regional adolescent inpatient units and National Child Inpatient Unit.
Urgent Access to Child & Adolescent Psychiatry out of usual working hours	Local Delivery	Capacity built to enable urgent care response team access to Child & Adolescent Psychiatry. Remote and virtual means should assist with this. <ul style="list-style-type: none"> - Requires support to local decision makers where children and young people require support and treatment using the Mental Health (Scotland) Act.
CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HM/YOI Polmont)	Regional Delivery	Regional multidisciplinary teams providing consultation, advice, training and support to local CAMHS services <ul style="list-style-type: none"> - Direct intervention for children and young people with the most complex needs. - Local delivery arrangements to be agreed informed by the evidence, local needs and national guidance
CAMHS for children and young people who are receiving care and treatment in acute hospitals	Local & Regional Delivery	In response to the configuration of national, regional and local acute paediatric hospital services <ul style="list-style-type: none"> - Care pathway and standards of care be planned regionally

The common requirement throughout each of these work streams is the need to develop regional pathways and clinical standards which will drive operational service delivery needs. The outline benchmarking position in table 1, reflects the self-assessment against locally defined service pathways and standards, whilst they will be based on extant best practice guidance, there will be variation in interpretation across Boards. The variation of operational constraints across Boards will mean that what is considered currently acceptable in some areas may be viewed differently in others – simply due to the additional capability that greater concentrations of workforce and expertise can provide.

- **To progress with regional pathways and clinical standards, there will need to be consideration given to the necessity of ‘levelling up’ the starting position**

Underpinning the recommendation for Regional Delivery of aspects of several work streams, is the recognition that maintaining local specialist expertise across all sub speciality pathways is not sustainable or deliverable by all Boards individually. A Hub & Spoke model offers the ability to ‘pool’ specialist capacity in a formal way, i.e.,

within a single managed service or within a looser managed clinical network arrangement with agreements to cover rota arrangements. Determinants that will influence the appropriate approach would include:

- Mode of delivery, virtual/remote working or face to face - geography makes the latter less feasible for frequent/very responsive requirements
- Extent to which there is sufficient local decision-making capacity with skills/experience to manage care, developing capability locally will reduce the level of demand on the hub.
- Recruitment & retention issues that may undermine resilience of operational arrangements – particularly if a rota agreement within a network arrangement

Discussions to date indicate that our approach for each of the work streams will be:

Intensive Home Treatment Teams and Urgent Care Local delivery with focus on development of the clinical pathways and standards of care that support the regional inpatient units and adherence to agreed routes in and out of regional inpatient care settings, including the Adolescent Inpatient Unit at Stobhill Hospital, Skye House and the National Children’s Inpatient Unit in Ward 4 of the Royal Hospital for Children in Glasgow.

NHSGGC propose that they could further develop the model in specific relationship to ICAMHS through enhanced and additional support for young people with eating disorders to reduce the likelihood of admission, with implied benefit of releasing bed capacity and improving access to inpatient services. This is likely to be a specific development for NHSGGC patients but would support unmet demand for inpatient admission from across WoS.

Urgent Access to Child & Adolescent Psychiatry out of usual working hours In accordance with the Child and Adolescent Mental Health Services NHS Scotland National Service Specification (Feb 2020), all Boards should ensure robust arrangements for under 18 year olds who present with psychiatric emergencies ‘in’ and ‘out’ of usual office hours.

Emergency psychiatric care is most effectively provided on a Health Board basis under local clinical governance arrangements. Ideally local arrangements would include emergency access to social work children’s and mental health services.

A specialist CAMHS emergency service with Child and Adolescent Psychiatric support is not likely to be achieved on a 24/7 basis by each Boards without some form of collaboration. Even within larger Boards, dedicated emergency mental health care for under 18 year olds may only be sustainable for extended hours.

At other times out of hours, and in smaller Boards, emergency care may best be provided by enhanced 'lifespan' mental health services. In this case, specialist CAMHS has a key role in supporting local mental health services in emergency care for under 18 year olds, for example, by participating in lifespan shifts/rotas, providing training/consultation or joining interventions during 'office'/extended hours.

We should aim to ensure enhanced lifespan or dedicated CAMHS emergency mental health services will relate to local intensive CAMHS to support care in or close to home. Clear arrangements put in place for on-going referral to other Tier 3 and Tier 4 CAMH services and access to inpatient medical and/or psychiatric care as indicated. This includes referral pathways to existing and proposed regional and national inpatient mental health services for under 18 year olds.

- Support to senior clinical decision-makers could be enabled with best use of new technologies to support remote consultation.
- Services will also have capacity to provide direct mental health assessment of under 18 year olds as required, including, along with Mental Health Officers, when use of mental health legislation is considered.
- Senior management support would ensure that under 18 year olds can access necessary input. Access to health records is important to underpin safe defensible clinical decision-making. There will be eHealth and digital agenda to enable interoperability between the different clinical systems already in use across the Boards

A separate on call rota for CAMHS psychiatry that covers the WOS will require additional investment to build the capacity as well as the other aspects of the model of care. The impact on smaller boards will need to be considered as well as equality of access to Skye House OOH.

CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HM/YOI Polmont)

There is consensus for a Hub & Spoke approach for Learning Disabilities and Forensic.

There will be different potential solutions which will need to be explored with Board teams.

NHSGGC has a proposal to host a Secure Care and FCAMHS Hub model with other board areas having a suitable spoke arrangements and the Hub supporting building capacity in the region. Proposal would be to expand the

current staffing which will primarily service the 3 secure provisions within NHSGGC – The hub will support transition back to other board areas and be able to react to acute and urgent presentations. NHA&A may have an alternative option building on existing workforce and infrastructure, including potential capacity associated with the opening of the Foxgrove national secure CAMHS inpatient facility scheduled for late 2023.

A similar model would be considered for Learning Disabilities.

Our approach will be to:

- i. Develop a specification for both pathways,
- ii. Define expected levels of demand and standards of delivery.
- iii. Conduct an option appraisal of best delivery model
- iv. Agree a process to determine management and hosting arrangements as appropriate.

CAMHS for children and young people who are receiving care and treatment in acute hospitals

Local delivery with focus on development of the clinical pathways and standards of care.

Several Boards have flagged that current service does not include Psychiatric cover.

NHSGGC have the RHC, consequently have added complexity liaising with local services across Scotland as well as Regionally. They have highlighted rising demand, particularly associated with Eating Disorders which requires management and impacts on length of stay.

These issues indicate that there may be additional workforce requirements that need to be factored into implementation plans.

Programme Management & Governance

The appraisal above outlines a significant programme of work to be undertaken across the region before we can articulate outline costed proposals for each work stream. A further limiting factor will be access to demand and activity data to underpin capacity planning. It is reasonable to assume that there may be unquantified and unmet need in Boards that currently have restricted service delivery. A more detailed stocktake of the current service will be an early priority.

The Regional Programme Management Planning Support Team is not yet in post, with confirmation of funding awaited from Scottish Government. This will be necessary to establish the capacity requirements to undertake the programme of work to progress development, piloting and implementation of new pathways, standards of care and monitoring of quality outcomes.

The Terms of Reference of the West of Scotland (WoS) Regional CAMHs Planning Group will need to be revised and re-aligned with the set-out programme of work, as outlined above. This Planning Group will report to the WoS Health & Care Programme Board on progress and oversee the output of the 4 work streams described above as well as the IPCU development, which would be led by NHSGGC.

The WoS Programme Board currently has Chief Executive Membership from each Board and a nominated lead Chief Officer to represent Integrated Joint Boards (IJBs) /Health & Social Care Partnerships across the region. All proposals with finance, performance and clinical care commitments will need approval through constituent Board governance processes. CAMHs services are predominantly delegated services hence additional governance approval is necessary to reflect the role of the IJBs. It would be prudent to ensure the new Terms of Reference for the Planning Group take these requirements into account.

Phasing & Timescales

- | | |
|---------|---|
| 2023/24 | <ol style="list-style-type: none">1. Establish Programme Management and regional governance arrangements (September)2. Recruit Planning Support Team (conditional on confirmation of SG funding, October?)3. Terms of reference for each work stream confirmed and initial scoping progressed (September/October?)4. Models of Care – Costed option appraisals (December?)5. Clinical Pathways and Service Standards (December?)6. Implementation plans for service pilots or service mobilisation (January to March?)7. Trajectory for Delivery and Outcomes for 24/25 and 25/26 (January to March?) |
|---------|---|

The timescales above are provisional pending further discussion. The intention will be to progress as much development work as possible within existing resources, on the assumption that Planning Support Team will not be further delayed.

Appendix 1: Detail of Benchmarking

Intensive Home Treatment Teams and Urgent Care

NHS Forth Valley: the FV CAMHS is Nurse led service. During working hours only - 9am-5pm, Monday to Friday with duty psychiatry cover. The small team comprises of Band 3, 5/6/7 nursing, clinical psychology, consultant psychiatry and AHP time. The nursing remit includes reviewing children and young people at Emergency Department, Paediatrics, and in AMH if there has been an admission over the weekend, (urgent and unscheduled care). Plus coordinating safe discharge from hospital setting and providing intensive outreach within the home/community (intensive home treatment). The team provides specialist, multidisciplinary input tailored to the needs of children and young people experiencing crisis, including standardised assessments surrounding risk management (FACE CARAS, board wide safety planning tool) therapeutic work (cognitive behavioural therapy and CBT-E, emotion regulation (behavioural coping, goal based interventions), Family Based Therapy, meal time management, skill development & communication strategies), as well as psychiatric assessment and intervention involving the use of medicine.

NHS Ayrshire & Arran: the unscheduled care team reviews urgent referrals from GPs, referrals from A&E. The team provide short term input and then pass and will then pass the young person to the community CAMHS or Neuro CAMHS team as required. They can provide an assertive outreach model of care if required and support mealtime management for young people with eating disorders. This team is part of the demand and capacity modelling that is undertaken in A&A.

NHS Dumfries & Galloway: D&G has a discrete nurse led team within CAMHS, which operates within 9-5 hours, with psychiatry cover within these times. The team consists of 3.8 WTE Band 6 nurses. The team undertake urgent assessments for acute and/or high-risk presentations, including psychosis, suicidality and eating disorders. Additionally, they are responsible for unplanned care such as managing emergency hospital admissions for children and young people in a mental health crisis, either known to our CAMHS or not. The team also provide assertive mental health outreach, such as intensive home-based treatments such as mealtime management to provide treatment in the least restrictive environment, where possible in the young person's home. The overall aim is to reduce the number and reduce the length of hospital admissions. Ongoing audits of hospital admissions for CYP, to inform possible tests of change in service provision is currently being undertaken.

NHS Lanarkshire: NHSL CAMHS currently have an intensive treatment team (CITT) which was established approximately 10 years ago. This team provides additional support needed to children and young people who are identified as having increased need due to level of complexity and/or vulnerability. At present, CITT are a nurse led team working in close partnership with CAMHS locality, and functional, teams (who remain the case manager/lead clinician during the CYP period of care with CITT). The service supports CYP to have the least restrictive care by working with child, their family and multi-disciplinary team to avoid admission where possible and to offer an increased package of care following a period of in-patient care. The team currently provide a pan Lanarkshire service every day of the year. Hours of availability - Monday-Friday, 09:00-20:00 and weekends 09:00-17:00.

NHS Greater Glasgow & Clyde: NHSGGC have an operational intensive home support team to enable young people to be supported in community and prevent hospital admission or support transition out of hospital in a timely way. This service is GGC wide and supports the regional response in that it aims to prevent admission to inpatient psychiatric beds and ensures that inpatient psychiatric beds do not have higher occupancy. Notably there is significant increases in eating disorders and this team supports the management of these children and young people in the community allowing access for other profiles/ types of condition and enabling better bed availability.

Argyll & Bute HSCP: As part of reviewing current CAMHS activity and associated demand linked to intensive support A.B is reviewing necessary investment linked to intensive support. The demographic and geography requires service modelling linked closely with partner agencies in developing bespoke systems. The need to build clear regional support, guidance and signposting would be critical but cognisance of unique geography will bring challenges. There has been a historical interface with GGC for Helensburgh and Cowal/Bute, Mid Argyll and Oban linking with adult mental health. Current tier 3 CAMHS provision responds to urgent presentation within hours.

Intensive Home Treatment Teams				WTE in post (including vacancies)						
Board	Service available	Annual Referrals	Annual Appts Offered	Psychiatry	Psychology	Nursing	SLT	OT	HCSW	Other
Ayrshire & Arran	Yes	256	499	0.00	0.00	16.00	0.00	0.00	0.00	0.00
Dumfries & Galloway	Yes	Unavailable	Unavailable	0.00	0.00	3.80	0.00	0.00	0.00	0.00
Forth Valley	Yes	149	1284	0.50	1.50	4.00	0.00	0.00	0.00	0.00
GGC	Yes	1537	2519	0.00	0.20	29.50	0.00	0.00	0.00	0.00
Lanarkshire	Yes	<i>referrals, appointments and staffing covered by Tier 3 Community CAMHS</i>								

Urgent Access to Child & Adolescent Psychiatry out of usual working hours

NHS Forth Valley: out of hours emergency mental health assessments are undertaken by NHS FV Adult MH service and the case is then referred to CAMHS thereafter. NHS FV CAMHS have run 2 pilots extending the operating hours of Intensive CAMHS, but this has not involved Psychiatry support and currently have a proposal for extended Intensive CAMHS hours with the Area Partnership Forum for their consideration, prior to making the necessary contractual changes required for implementing.

NHS Ayrshire & Arran: NHS A&A have CAMHS psychiatry cover on Saturdays from 9am-5pm with all other times covered by general adult psychiatry colleagues.

NHS Dumfries & Galloway: CAMHS have an agreement with adult crisis team that we will offer mental health assessment to young people in crisis until 4pm, after this time CAMHS will triage and liaise with the adult crisis team in relation to young people aged 16-18years. Below 16 years a young person presenting in crisis out of hours would be admitted to the Children's ward at DGRI until CAMHS can offer assessment. Initial assessments will be nurse-led, with CAMHS psychiatry cover if necessary (within 9-5, Monday to Friday)

NHS Lanarkshire: requests for assessment within out of hours period are facilitated by universally available mental health service support. Psychiatric liaison and ANP assessment are available via ED's or if child admitted to our acute paediatric ward following an episode of self-harm. There is a Psychiatric Consultant on call who is available to respond and advise any escalated need. Going forward, it is the intention to grow our OOH capacity so that additional support can be provided if they remain in the community or require additional support whilst in paediatric care and/or if admission needed but no child MH bed available in regional centre colleagues. Unscheduled support in an out of hours basis is provided by on call consultant psychiatry from general on call rota.

NHS Greater Glasgow & Clyde: 24/7 unscheduled care service is fully operational to meet mental health crisis assessment requirements up to age of 18 years. The team consists of initial nurse led assessment and supported by medical 2nd on call then 3rd on call Consultant Psychiatrist. The service ensure access to specialist advice and

assessment for frontline services and children and young people to ensure proportionate, and timely assessment, treatment and for most young people hospital admission is not required. This service is GGC wide.

Argyll & Bute HSCP: is dependent on adult mental health services and generic acute provision for assessment and risk profile, historical SLA with GGC has lapsed within Cowal/Bute and Helensburgh but there has been emergency presentation in GGC resources. CAMHS tier 3 will provide next day assessment with associated planned follow up, Mid Argyll and Oban dependent on colleagues in adult mental health and generic acute provision with again next day follow up.

Out of Hours Unscheduled Care			
Board	Service available	Annual Referrals	Annual Appts Offered
Ayrshire & Arran	Yes	Unavailable	Unavailable
Dumfries & Galloway	No	N/A	N/A
Forth Valley	No	N/A	N/A
GGC	Yes	Unavailable	Unavailable
Lanarkshire	No	N/A	N/A

CAMHS for children and young people who have learning disabilities, forensic and youth justice needs, and young people in secure care and the national young offenders institution (HM/YOI Polmont)

NHS Forth Valley: in NHS Forth Valley, there is no dedicated CAMHS resource for supporting agencies and professionals in addressing the mental health and risk management needs of young people presenting with high-risk behaviours. However, adult forensic mental health services do provide support for young people in the local prison (Polmont Young Offenders) and there are 3 staff currently trained in the administration of structured some professional judgement tools within CAMHS There are several national and local drivers for the standards of care delivered in this area. The standards with most relevance include: the CAMHS Specification, the Neuro-developmental Specification, Secure Care Standards; Children and Young People’s Centre of Justice, the National Forensic Network, the Mental Health Strategy and The Mental Health Outcomes Framework. It is also expected that the review of the Local Delivery Plan (LDP) Standards and the Psychological Matrix, as well as the publication of the Psychological Therapies Specification will have an impact upon practice. FCAMHS No dedicated resource but adult FMH give support to Polmont. 3 staff are trained in forensic assessments.

NHS Ayrshire & Arran: forensic need is managed by a virtual team of nursing and medical staff. They undertake specialised assessment including risk assessment and management. The local FCAMHS team link with the wholes system approach in 2 of the 3 local authority areas. There is a team meeting every month and a limited case load of 4 young people at any one time. Joint working within the community CAMHS team and young people are passed back to community CAMHS when required. There is currently no specialised LD CAMHS service with Ayrshire and Arran. There is joint working and a monthly consultation meeting with community paediatric clinicians. There are no secure care facilities within Ayrshire and Arran.

NHS Dumfries & Galloway: *Forensic:* NHS D&G used to provide services to young people who require this pathway via consultation with an adult mental health forensic psychologist, often in conjunction with Social Work colleagues, however this colleague has now retired, and the post has not been filled, leaving a significant gap in provision. If CYP are on a Compulsory Supervision Order for offending behaviours and have a co-morbid mental health difficulty, they would be referred to our specialist mental health team for Care Experienced CYP. *Intellectual Disabilities.* NHS D&G do not have an Intellectual Disabilities team/service. We have access to a Clinical Psychologist who accepts referrals, across the lifespan, which equates to around a day a week in CAMHS. Other teams such as the Care Experienced team, CAMHS and child psychology attempt to bridge the gap, but it is inadequate to meet demand.

NHS Lanarkshire: The Child and Adolescent Mental Health Service – Learning Disability (CAMHS-LD) multidisciplinary team in NHS Lanarkshire is a Tier 3 service and supports children and young people (CYP) aged 5-18 with Moderate to Profound and Multiple Learning Disabilities. The primary focus of the team is to provide clinical interventions for challenging behaviour and poor mental health by assisting the CYP and their families. At present, within Lanarkshire, children and adolescents with a moderate to severe learning disability (LD) and mental health problems are provided for by the CAMHS-LD service with specialist clinicians from Psychiatry, Psychology and Community Nursing. A new development for the service is expanding the provision with the inclusion of AHPs, due to the inequity of access for these services for CYP with Learning Disability. The service has recently received funding for 1 WTE Occupational Therapist and 0.5 WTE Speech and Language Therapist – recruitment is currently underway. There has not been consideration of the role of a Specialist Dietician in the service, however, is a gap given the complex feeding and eating difficulties of CYP referred to the team. It should be noted that there are difficulties with recruitment and retention of clinicians within this speciality. Generic CAMHS services also provide a Tier 3 service, supporting CYP with mild learning disabilities aged 0 – 18, providing clinical interventions for mental health concerns. CAMHS-LD can provide consultation and support to generic CAMHS on these cases. Lanarkshire CAMHS do not have a specialist forensic CAMHS provision. NHS Lanarkshire psychiatry would provide a mental health assessment and would liaise with colleagues in our adult forensic service. In certain circumstances we may seek an independent forensic psychiatry assessment/opinion from a specialist service in NHS England. Where a secure placement is required, this would be arranged and approved via colleagues in Social Work (NLC and SLC). If CYP is within secure care. Again, input from Lanarkshire CAMHS varies on a case-by-case basis and is discussed with Secure Care Team.

NHS Greater Glasgow & Clyde: GG&C have a Tier forensic service (FCAMHS) in place, with a relatively small MDT workforce available. This team also deliver a secure care pathway to the 3 secure care providers in GGCs. The team work to support tier 3 CAMHS and multiagency partners to undertake risk assessments and specialist consultation. GGC also has an LDCAMHS team also delivering at a Tier 4 level, linking to community services where link LD nurses are based. Most referrals come through the Tier 3 link nurses, though the Tier 4 service can also accept referrals. The team supports complex cases where there is significant level of learning disability (moderate to severe/profound) that prevents/ inhibits tier 3 CAMHS assessment/ intervention and requires more specific LD skills and experience in further assessment and/or intervention.

Argyll & Bute HSCP: There is no formal CAMHS LD within A/B, learning disability sits with paediatric colleagues, but on occasions young people with significant complexity present to tier 3 CAMHS, limited diagnostic provision available leading to confused service access i.e. no formal LD diagnosis with young person. There are no specialist forensic services or liaison links to secure care. Collaborative interface with local SW colleagues provides oversight in relation to any mental health presentation, specialist formulation and risk assessment would be linked to national network requests.

Learning Disabilities CAMHS				WTE in post (including vacancies)						
Board	Service available	Annual Referrals	Annual Appts Offered	Psychiatry	Psychology	Nursing	SLT	OT	HCSW	Other
Ayrshire & Arran	No	N/A	N/A	0.50	0.50	0.00	0.00	0.00	0.00	0.00
Dumfries & Galloway	No	N/A	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forth Valley	Yes	Unavailable	Unavailable	0.70	2.30	1.00	0.00	1.00	0.00	0.00
GGC	Yes	28 excl. Tier 3	603	0.40	1.40	4.00	0.00	0.00	1.00	3.00 (T3)
Lanarkshire	Yes	147	1316	2.30	2.40	6.00	0.00	0.00	0.60	1.00 CAAP

Forensic CAMHS				WTE in post (including vacancies)						
Board	Service available	Annual Referrals	Annual Appts Offered	Psychiatry	Psychology	Nursing	SLT	OT	HCSW	Other
Ayrshire & Arran	Yes	10	tbc	0.40	0.10	1.70	0.00	0.00	0.00	0.00
Dumfries & Galloway	No	N/A	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Forth Valley	No	N/A	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GGC	Yes	89	962	0.60	2.80	1.00	0.00	0.00	0.00	0.00
Lanarkshire	No	N/A	N/A	0.00	0.00	0.00	0.00	0.00	0.00	0.00

CAMHS for children and young people who are receiving care and treatment in acute hospitals

NHS Forth Valley: there is a small Paeds Psychology Service (2WTEs) including Clin Psychologists, a Clin Associate and a Psychology Assistant. There is no specialist provision into acute care. The lack of this liaison is problematic. There are several national and local drivers of care in this area including the national service specification Liaison Psychiatry – to support children, young people and families to access mental health support in acute settings and to ensure that acute settings have a proportionate and specialist response and prevent further psychiatric admission where possible.

NHS Ayrshire & Arran: there is case by case joint working with paediatric colleagues and medical psychology colleagues. This includes joint reviews, case discussions and joint care planning. This has been on an outpatient and inpatient basis as required. We have used the Glasgow paediatric service for consultation. Members of nursing staff working with specialist services such as Glasgow Prada Willis service in GGC.

NHS Dumfries & Galloway: NHS D&G have a small paediatric psychology service (1.5 WTEs). There is no specific liaison psychiatry service, this would be covered by CAMHS psychiatry/Unscheduled Care team if needed. We also have a CYP Clinical Neuropsychologist, who is concentrating on providing services for CYP with Acquired Brain Injuries, epilepsy and cancer.

NHS Lanarkshire: NHS Lanarkshire currently have an established Paediatric Psychology Service for children and young people who have a range of chronic physical health conditions. They also work with children and families who have increasingly complex needs due to recurring presentation of symptoms with no identified medical cause. These types of presentation can be distressing for the child and their family and can be very difficult for paediatrician colleagues to manage. This service works collaboratively with the child, their family and wider paediatric multi professional team. This service is offered in both an outpatient and in-patient environment. Consultation is also offered to other agencies.

NHS Greater Glasgow & Clyde: has an establish MDT liaison psychiatry service to support children, young people and families to access mental health support in acute settings and to ensure that acute settings have a proportionate and specialist support to prevent further psychiatric admission. This service is being rolled out across all GGC hospital sites. NHSGGC host the Royal Hospital for Children for under 16 years and as such provides services at both board, tertiary/ regional level and national level currently. There has been increased demand on this service particularly in relation to eating disorders and physical stabilisation.

Argyll & Bute HSCP: have a 0.2 clinical psychology for acute hospital presentation and support (current vacancy), supports provided through existing tier 3 CAMHs. There is no dedicated provision; presentations are dealt with on a case by case basis. Liaison activity with RHSC Glasgow has been invaluable when acute hospital provision required, demonstrating excellent regional support.

CAMHS IMPROVEMENT – DELIVERY OF YOUNG PEOPLE’S REGIONAL INTENSIVE PSYCHIATRIC CARE UNITS (IPCUs)

West of Scotland Region

Board Lead Contact: Karen.Lamb@ggc.scot.nhs
Director of Regional Planning: Neil.Ferguson2@ggc.scot.nhs.uk
Date of Completion: 21 July 2023

Executive Summary

The brief set out in letter of the 17th May from Gavin Gray asked for regional proposals for delivery of IPCUs. This request was concurrent with the parallel request for a co-ordinated paper outlining proposals for delivery of the regional aspects of the CAMHS Service Specification excluded from previous Mental Health Outcomes Framework allocations and is addressed in a separate paper.

Planning of the IPCU has progressed following confirmation in 2021 that NHSGGC would provide this regional service for the West of Scotland (WoS).

Approval process and timescale for Regional Planning Group

Development of the IPCU has been led by NHSGGC. CAMHS are delegated services hosted by East Dunbartonshire HSCP on behalf of the six IJBs within NHSGGC.

The capital planning approval has progressed through NHSGGC governance processes over the last year, leading to the identification of the Munro Ward as the interim site whilst feasibility work is completed on the longer term option. This should allow opening of the facility in 2024.

This submission adds outline operational costs and will be subject to approval by NHSGGC Corporate Management Team (due to meet 3 August 2023).

The WoS Health & Care Regional Planning Programme Board will oversee the programme of the regional delivery components of the National CAMHS Service Specification.

Delivery & Outcomes - Summary

Year 1 (2023-24)	Year 2 (2024-25)	Year 3 (2025-26)
<u>Delivery:</u> Complete capital planning approvals and governance requirements. Refurbishment of Munro Ward. Phased recruitment of staff.	<u>Delivery:</u> Opening of 4 bedded IPCU. Development of business case for longer term option.	<u>Delivery:</u> TBC Progress governance approvals for longer term option.

<p>Agreement of care pathways with WoS Regional partners</p> <p>Clinical training programme in place</p> <p><u>Outcomes:</u></p> <p>Preparation for opening early 2024.</p>	<p><u>Outcomes:</u></p> <p>Establish baseline outcome and activity measures for service, identification of improvement requirements as pathways 'bed in'.</p>	<p><u>Outcomes:</u></p> <p>Ongoing delivery of service.</p> <p>Continued quality improvement across pathways.</p>
<p>£874,200 (incl. £600,000 capital)</p>	<p>£3,143,000</p>	<p>£3,370,500</p>

Adolescent Intensive Psychiatric Care Unit (IPCU) – Supplementary Information for the development of a WOS Regional IPCU

July 2023

1. Background

The Mental Health Recovery & Renewal Fund has been allocated to Health Boards by the Scottish Government to support the delivery of actions set out in the Mental Health Transition and Recovery Plan to respond to the mental health need arising from the pandemic.

Scottish Government wrote to Boards and Chief Officers on the 5th May 2021 outlining Phase 1 funding of £7.2m to focus on 4 areas for CAMHS improvement at a board wide basis including improving waiting times and reducing waiting list backlogs. Subsequently, the Scottish Government also wrote to Boards and Chief Officers on the 14th September 2021 outlining Phase 2 funding allocations predominately in relation to regionally planned or regionally delivered CAMHS. This letter confirmed the funding for phase 2 of the Mental Health Recovery & Renewal plan which is being dedicated to packages of CAMHS improvement work, including the development of a regional Intensive Psychiatric Care Unit (IPCU). The expected outcome of the funding is to establish IPCUs adjacent to the Regional Adolescent Inpatient Units in NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside.

Scottish Government commissioned Julie Metcalfe, Clinical Director CAMHS in NHS Greater Glasgow & Clyde, to undertake a national review of existing provision for young people under 18 years who had needs and risks that required intensive psychiatric care. The review looked at current support and provision provided across Scotland, and outlined the factors to be considered in making appropriate care settings, facilities and staff available for young people with intensive psychiatric care needs in future. This review was published in June 2021.

- In May 2021, Scottish Government confirmed funding for MHRR Phase 1 and this work has progressed well
- In September 2021, funding was confirmed for MHRR Phase 2 which includes the development of an adolescent IPCU for the West of Scotland, hosted by GGC.
- The scoping review of 2021 determined the need and demand for an adolescent IPCU along with what an appropriate care setting would require.

2. National Service Specification

Scottish Government have developed a Service Specification for adolescent Intensive Psychiatric Care Units, which aligns with national standards produced by National Association of Psychiatric Inpatient Care Units (NAPICU) and Quality Network for Inpatient CAMHS (QNIC). The national specification describes a service which provides acute psychiatric care, for young people presenting with acute behavioural disturbance in the context of a serious mental illness. All definitions and criteria for admission to an adolescent IPCU has been developed at a national level and will be rolled out in each of the three regional units.

Average length of stay is recommended to be no more than 6 weeks in duration. There is recognition of the high number of care experienced young people requiring IPCU admission and the need to provide trauma informed care, in keeping with The Promise.

Care provision will be based on a human right based approach, providing a combination of therapeutic, recreational and educational support, to best meet the needs of the individual young person.

Therapeutic work will be focused on interventions which promote rapid stabilisation of risk and enable young people to be stepped down timeously to least restrictive environment, usually an open adolescent ward.

3. Scotland’s Need for Adolescent Intensive Psychiatric Care Units

Currently in Scotland, there are no CAMHS Intensive Psychiatric Care facilities. The Mental Welfare Commission for Scotland have been highlighting this lack of service provision since 2016. In 2018 they recommended that Scottish Government should include the provision of nationwide IPCU facilities for young people under the age of 18 in Scotland, as part of action 20 of its Mental Health Strategy. In 2020 the Mental Welfare Commission’s Young Person’s Monitoring Report made a further recommendation highlighting the need for this work to be prioritised, resourced and supported by Scottish Government and brought to completion within a year to ensure meaningful change for young people in Scotland. The report stressed the importance of IPCU pathway development as part of a cohesive integrated pathway between and within the various specialist adolescent inpatient services, including the National Secure Adolescent inpatient Service (A&A) and Learning Disability inpatient provision (GGC and Lothian).

This recommendation for development of Adolescent IPCUs was based on increasing numbers of young people requiring access to adult IPCUs, and concern that young people in non-specialist wards were frequently unable to access age-appropriate care, including access to specialist CAMHS support and education.

In response to the Mental Welfare Commission’s recommendations, Scottish Government commissioned a National Scoping Review whose findings were published in 2021. The report found that there had been 30 admissions of young people from CAMHS into adult IPCUs from period 2016-2020, with a further 14 rejected referrals. However, the Mental Welfare Commission identified 52 adolescent admissions during this time, with difference being accounted for by admissions from early Intervention in Psychosis services, who support young people from 16 years, and from Board areas where 16–18-year-olds continue to be supported in adult mental health services. CAMHS NHS National Service Specification advises that CAMHS should be available for all young people up to age 18 years, so needs assessments should take account of these young people.

Year	Adolescent admissions to adult IPCU
2021/2022	15
2020/2021	21
2019/2020	15
2018/2019	9
2017/2018	14
2016/2017	14
2015/2016	14
2014/2015	21
2013/2014	17
2012/2013	19

Table 1: Data source: MWC

Specialist medical provision	All	%
RMO at admission was a child and adolescent specialist	42	60
CAMHS consultant available to give support other than as RMO	17	24
Nursing staff with experience of working with young people were available to work directly with the young person	32	46
Nursing staff with experience of working with young people were available to provide advice to ward staff	59	84
The young person had access to other age-appropriate therapeutic input	26	37
None of the above	8	11
Total admissions	70	100

Table 2: Availability of specialist CAMHS input and age-appropriate care.
Source: MWC

Table 2 above refers to availability of specialist CAMHS support and age-appropriate care for young people who were admitted to adult wards. For young people admitted to IPCU, there is an additional concern around isolation from other patients and an appropriate peer group. Adult Mental Health wards provide care for adults with significant risk, or those who are in contact with Criminal Justice services, therefore as a consequence of this young people are often supported using enhanced observations and spend long periods of time in a single room, to ensure their safety.

4. Current Commitment and Progress

In order to commence with the initial planning phases including the developing of proposals for feasibility studies, some resource has been appointed to support the IPCU development though funding received in 2021, along with supporting other MHRR Phase 2 work streams. A Service Manager has been appointed with part of the role job planned to oversee parts of the MHRR work and to lead on the IPCU development. A Project Manager and Planner are also available to this project within their job plans and aligned to Specialist Children's Services. Letters of comfort have been received by Boards to support additional regional planning capacity to take the programmes of work forward.

Work has been ongoing to develop an options appraisal of where the IPCU could be situated in preparation for requesting input from Capital Planning. This work has inked to the Scottish Capital Investment Manual (SCIM) process and an economic case has been drafted. A series of SBARs have been completed to support requests for a feasibility study and an interim arrangement for the refurbishment of Munro ward, on the Stobhill site, to temporarily accommodate the unit. Discussions are ongoing with SCS, Capital Planning, Adult MH and the Scottish Government to ensure agreement of potential plans are in line with each stakeholder's expectations.

- MHRR Phase 2 regional planning work is underway with IPCU being a major workstream,
- SCS Service Manager, Project Manager and Planner are aligned to support the development based on funding already received from Scottish Government.
- Planning has been underway with the development of a business case, SBARs with input from Capital Planning and ensuring the SCIM process is followed.

- Engagement with stakeholders such as WoS CAMHS colleagues, GGC Adult Mental Health and Capital Planning is underway and ongoing.

5. Referral Pathway In and Out of the IPCU

The development of an IPCU would have a positive impact on young people and their families in that young people who need intensive psychiatric care are supported in the best available facility. Currently the only options available in GGC are Skye House, the adolescent inpatient unit or an adult IPCU bed. This development would improve clinical pathways in inpatient care and provide the additional resource and specialities which are currently missing across Scotland for the young people who require intensive psychiatric inpatient care.

Referrals to the IPCU would come directly from Skye House as the regional adolescent open unit for the majority of cases, though exceptions on a case by case basis are possible. This means that clinical support would be available on the same site whenever a young person required intensive psychiatric care. This would include access to trained and specialist staff and higher staff to patient ratios. While there is no IPCU facility in the West of Scotland Skye House often needs to manage these patients creating additional staffing costs associated with using additional bank and agency staff to meet the higher ratio requirements. This brings elements of financial and patient safety risk. For instance, GGC are currently incurring premium costs to cover additional staffing and Scottish Government funding for an IPCU will address this overspend. The IPCU would improve the quality of care and remove the patient safety and financial risk to Skye House. Following a stay in IPCU, the young person would return/step down to Skye House to complete any further treatment needs, prior to returning to their community.

5.1 Referral Criteria

Standards for referral and admission criteria are set out in the National Association of Psychiatric Intensive Care Units National Minimum Standards for Psychiatric Intensive Care Units for Young People September 2015.

Young people (age 12-18th birthday) will be admitted to the CAMHS IPCU when they have been assessed as presenting with a severity of behavioural disturbance, arising from serious mental illness, which does not allow them to be safely treated within a general open CAMHS inpatient unit. In most circumstances it would be expected that there has been effort to offer therapeutic interventions in the least restrictive available option prior to admission to the CAMHS IPCU. Referrals into a CAMHS IPCU may cover a much broader diagnostic range than those of most adult IPCUs, and will generally fall into one of two broad categories:

- **Complex behavioural presentations:** Behaviours which are beyond the remit of a general unit, which might include assaultive behaviour, absconding, and other behaviours likely to cause fear or distress to others (e.g. forensic risk, history of sexual offence). Such behaviours may arise from affective or psychotic symptoms, learning disabilities or autistic spectrum conditions.
- **Serious self-harm:** Behaviours that are extreme and potentially life-threatening, where the individual cannot be kept safe in an acute ward (e.g. cutting and use of ligatures)

Due to the locked nature of an IPCU, young people will be subject to detention under the Mental Health (Scotland) (Care and Treatment) Act 2003. Young people may be accepted with pending criminal charges if subject to detention under The Mental Health (Care and Treatment) (Scotland) Act 2003.

Referrals to inpatient CAMHS are made on the National Referral Form. All CAMHS referrals received during normal office hours will be directed to the GGC CAMHS Bed Manager in first instance, who will clarify referral information, confirm bed availability and liaise with inpatient teams including Consultant to Consultant discussions. All referrals should initially be considered for admission to the open Adolescent Inpatient Unit Skye House in the first instance, to ensure consideration of least restrictive option. Where admission to IPCU is deemed necessary, receipt of the referral will be the first step in joint planning between the referring Consultant and the IPCU team. Referrers should ensure the IPCU team have access to all necessary clinical information, including current mental state, full clinical risk assessment and management plan, a history of interventions already tried and current medication. As with all admissions, discharge planning should be discussed early in admission process, with clearly identified conditions which will facilitate return to an open CAMHS ward.

Out of hours admissions will be agreed by direct discussion between referring Consultant and on-call Consultant for CAMHS in NHS GGC as is the case for Skye House.

6. Benefits and Impact on Skye House

The summarised benefits of a regional IPCU include:

- Development of evidence based and best practice inpatient clinical pathways which would fill a current gap in care.
- Referral pathways from Skye House to IPCU would accommodate the young person with appropriate staff ratios, which would reduce the reliance on bank and agency staff in Skye House.
- IPCU would meet a currently unmet demand across the West of Scotland, with approximately 29 young people per year who currently are unable to access adolescent intensive psychiatric care
- There would be less reliance on Adult IPCU facilities
- This would free up bed occupancy in Skye House and therefore allow more admissions for those who require mental health inpatient care. Demand for Eating disorder beds in Skye House has increased significantly post the COVID-19 Pandemic and this is also having an impact on the Board wide CAMHS Eating Disorders team and the Intensive CAMHS team.
- Additional Skye House capacity released from an IPCU would have a positive knock on effect for all teams involved in adolescent eating disorders and on Boards across the West of Scotland who have at times needed to utilise local Paediatric or adult mental health beds when beds have been unavailable at Skye House

Previously, detailed investigative work was carried out using a case note audit to determine the true demand for an IPCU unit. Over the six year period of, a case note audit has shown that Skye House had 70 young people who may have benefited from an admission to an IPCU. This equated to an average of 12 (GGC and WoS) young people who could have been admitted to an IPCU per year on average. These young people are currently being cared for in inappropriate settings such as adult IPCUs and adolescent IPCU will release this bed capacity for adult services.

As well as this, analysis shows that an average of 7 young people from GGC were admitted to Adult IPCU per year and to scale this across the West of Scotland, we can use population as predictor, though further analysis may also include deprivation levels across the boards too. If we scale the figures above for GGC and extrapolate to give a West of Scotland figure based on population, this would take the total to 17 for that category.

Overall, the total expected admissions per year would be 29 and this would potentially mean that bed capacity in Skye House would become available from these young people, who would be seen in IPCU instead. At present, the average length of stay in Skye House is 31 days, and therefore these 29 IPCU admissions could free around 899 bed days per year (approx. 2.5 beds per year) in Skye House.

7. Funding Mechanism and Requirements

Initial funding allocations were identified in September 2021 of £1.65 million (£3.3 million full-year effect) for Boards in 2021-22 to support the establishment of CAMHS regional IPCUs. Of this funding, so far we have spent £367k on planning and preparatory work with £600k committed for the interim IPCU refurbishment.

However no subsequent funding has been received as yet. In May 2023 Boards were asked to submit proposals to deliver on the phase 2 Regional CAMHS programme including regional IPCU's by 30th June 2023. It is expected that the IPCU developments will be fully funded by Scottish Government.

The financial planning to date has established the funding requirements for capital works to Munro ward, Stobhill site, which requires minor adjustments to partition off unrequired areas etc. A draft workforce plan has also been developed and costs estimated for non-pay expenditure. Appendix 1 details the current proposed costs. GGC currently deliver the national Child psychiatric inpatient unit which has 6 beds and has been used to benchmark costs.

8. Draft Timelines

The following chart provides a high level overview of the timescales for opening the unit.

IPCU High Level Development Plan														17/07/2023	In Progress											
PROJECT	2023												2024												Target	Status
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
Scottish Government request and confirm initial year of funding for IPCU and work with WoS to start planning process	█	█	█	█	█																				2021 to current	Ongoing
GGC Board and Governance approval to proceed with the interim IPCU development						█																			1st June 2023	Complete
Capital Planning approval and governance process is followed and signed off							█	█	█																30th Sep 2023	In Progress
Architecture, building and refurbishment work commences in Munro Ward										█	█	█	█	█	█										March - April 2024	Not Started
Recruitment process begins on a phased basis to support development of care pathways												█	█	█	█	█	█								Dec 2023 - June 2024	Not Started
Clinical training programme in place with links to Skye House commences														█	█	█	█	█	█	█	█	█	█	█	From Feb 2024	Not Started
IPCU Unit open and can accept its first admission																									1st June 2024	Not Started

Appendix 1 – Draft Funding Requirements



IPCU costi

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	140923-08 Agenda Item Number 8
2	Report Title	Mental Health Recovery And Renewal Phase 2 – Regional Services Development Submission to Scottish Government
3	Date direction issued by Integration Joint Board	Thursday 14 September 2023
4	Date from which direction takes effect	Thursday 14 September 2023
5	Direction to:	Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes - 290623-09
7	Functions covered by direction	CAMHS Mental Health Recovery and Renewal Phase 2 Regional Services
8	Full text of direction	The IJB hereby directs Greater Glasgow & Clyde NHS Board to: <ul style="list-style-type: none"> to progress delivery of the content of the CAMHS Mental Health Recovery and Renewal Phase 2 Regional Services submission, should confirmation of acceptance be received from Scottish Government.
9	Budget allocated by Integration Joint Board to carry out direction	The total budget relating to the MHRR P2 work is to be contained within the Scottish Government funding allocated to for this purpose.
10	Details of prior engagement where appropriate	There has been engagement with NHSGGC Specialist Children’s Services CAMHS Planning and Performance Group, NHS Corporate Management Team, the West of Scotland CAMHS Group and the West of Scotland Regional Planning Group.
11	Outcomes	Submission of the proposals through the West of Scotland Regional Planning group will enable feedback and confirmation to be received from Scottish Government on how the plans should progress. The local and regional developments will improve CAMH Services for children and young people and their families and carers.
12	Performance monitoring arrangements	The ongoing delivery of the MHRR P2 work will be overseen by the West of Scotland Regional Planning group and locally by the NHSGGC Specialist Children’s Services CAMHS Planning and

		Performance Group and reported to the HSCP Board at regular intervals.
13	Date direction will be reviewed	September 2024

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/09

CONTACT OFFICER: CLAIRE CARTHY, HEAD OF CHILDREN'S SERVICES AND CRIMINAL JUSTICE

SUBJECT TITLE: INTEGRATED CHILDREN'S SERVICES ANNUAL REPORT 2022-2023

1.0 PURPOSE

- 1.1 The purpose of this Report is to advise members of the new Integrated Children's Services Annual Report 2022-2023.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Annual Report 2022-2023.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Part 3, Section 8 (1) of the Children and Young People (Scotland) Scotland 2014 Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan to cover a 3-year period. The plan must be prepared jointly with service users and stakeholders and will ensure statutory aims are achieved. The aim is that services are provided which safeguard, protect, support and promote children's wellbeing.
- 3.2** The Scottish Government requires an annual report to inform progress made in Children's Services each year
- 3.3** The attached annual report covers the period 2022-2023.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – Improved Services.

4.3 Workforce (including any significant resource implications) – Upskilled workforce

4.4 Legal Implications – Fulfils statutory duties aligned with #Keeping The Promise and UNCRC.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 There are no risks associated with this ICSP.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – Fulfils statutory requirements.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 **POLICY CHECKLIST**

7.1 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.

8.0 **APPENDICES**

8.1 **Appendix 1** – Annual Report 2022-2023

Integrated Children's Services Plan

Annual Report

April 2022 – March 2023



Contents

Introduction	3
Background	4
Children At Risk Of Harm Joint Inspection	5
Mental Health And Emotional Wellbeing	6
Keeping Children Safe	13
East Dunbartonshire Education Service	22
Corporate Parenting	23
Healthy Lifestyles	29
Third Sector Update	31
Conclusion	33

Introduction

I am pleased to present the Delivering for Children and Young People's Partnership (DCYPP) Integrated Children's Services Annual Report for March 2022 – April 2023.

This report marks our final annual report for the Integrated Children's Services Plan 2020-2023. We now progress into our new Children's Services Plan for 2023-2026.

This final annual report is aimed at our key stakeholders, including children, young people, and families as well as our staff. We have included work that has been achieved during this time. We thank all the staff who have supported this collation of data and narrative.

I would like to highlight one of our most significant achievements during this reporting period, during the period of September 2022 – April 2023; East Dunbartonshire Community Planning Partnership hosted a Joint Inspection, from the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland, which looked at services to protect children at risk of harm in East Dunbartonshire. We have given a brief overview of the key findings of this review, and I would like to thank all staff involved for their hard work during this inspection



Caroline Sinclair

East Dunbartonshire HSCP Chief Officer

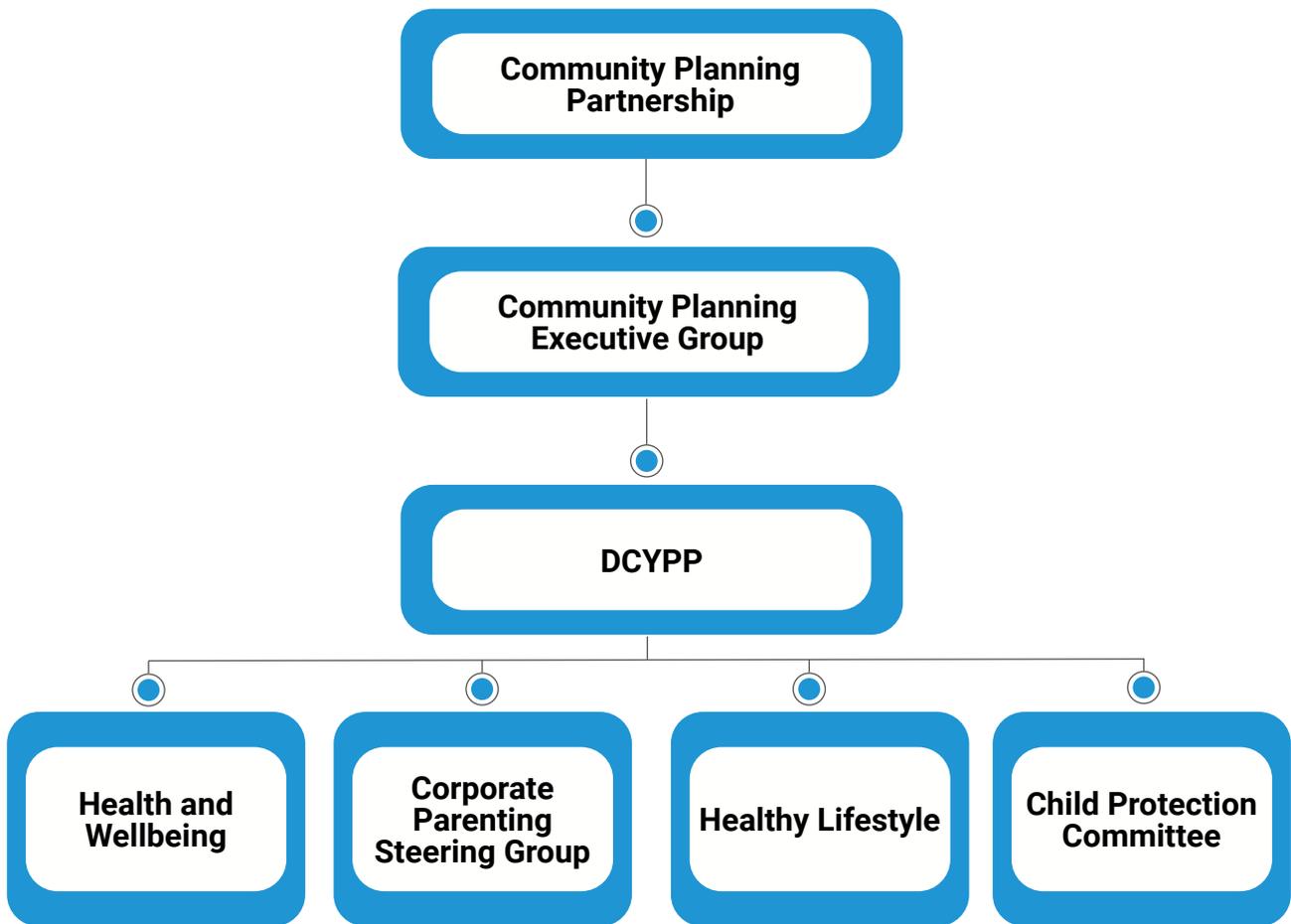
East Dunbartonshire Council Chief Social Work Officer

Chair of East Dunbartonshire Delivering for Children & Young People Partnership

Background

The delivery of the East Dunbartonshire Integrated Children’s Services plan is the responsibility of the “**Delivering for Children and Young People’s Partnership**” (DCYPP). The DCYPP is a subgroup of the Community Planning Partnership (CPP).

Our East Dunbartonshire Local Outcomes Improvement Plan (LOIP) is a 10-year plan (2017-2027) and is a shared plan for all our Community Planning Partners which focuses on tackling inequalities based upon local needs. The East Dunbartonshire LOIP details six local outcomes and our DCYPP is responsible for delivering **Local Outcome 3, “Our Children Are Safe, Healthy and Ready to Learn”**.



This report concentrates on the four key priorities which were identified during the self-evaluation task that was undertaken in 2019 with senior officers and partner agencies.

The key priorities were identified as being;



Mental Health and Emotional Wellbeing



Corporate Parenting



Healthy Lifestyles



Keeping Children Safe

Children At Risk Of Harm Joint Inspection

On 26 September 2022 the Care Inspectorate wrote to the East Dunbartonshire CPP to advise that the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland would undertake a joint inspection of services to protect children at risk of harm in East Dunbartonshire. The inspection considered the difference the CPP is making to the lives of children and young people at risk of harm and their families.

The inspection comprised of an audit of a sample of files, the submission of a position statement, extensive staff survey, focus groups with children, young people and their families and groups of practitioners. The inspection report graded Quality Indicator 2.1 (impact on children and young people) 'Good'. An evaluation of good is applied where performance shows important strengths which clearly outweigh any areas for improvement. The strengths will have been assessed as having a significant positive impact on children and young people's experiences and outcomes.

The report highlighted the following strengths and areas of good practice;

- Many children and young people said that they got the right help to make and keep loving relationships with those they cared about. We saw how some were being supported to maintain relationships with brothers and sisters, as well as with parents.
- Support for children's wellbeing, planning of care and provision of good nurturing relationships was rated as good or better in regulated care inspections.
- Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported, safe and helped to maintain cultural links. Interpreters were provided for individual children or parents.
- Young people were being listened to about what mattered to them, felt involved and were aware of their rights. Many children and young people had the opportunity to develop consistent and enduring relationships with key staff.
- Children and young people had been directly engaged in service developments such as the House Project. In other examples, including record keeping, they were influencing changes in practice.
- Staff we spoke with demonstrated a child-centred approach to providing services to improve the wellbeing of children and young people.
- Statutory and voluntary agencies were working well together to provide practical support for children, young people and their families. A range of services from pre-birth to teenage, provided early and effective intervention in response to emerging concerns.
- Children and young people had benefitted from their safety and wellbeing.

The improvement Action Plan resulting from the inspection covers the following areas:

1. Advocacy
2. Voices of children at risk of harm
3. Chronologies
4. CAMHS
5. Impact and outcomes

We thank all staff who participated and supported this inspection.

Mental Health And Emotional Wellbeing



Over the last three years of this plan, we have focused on a prevention and early intervention approach to support children and young people with their mental health. We reported last year on new services made possible through investment from the Scottish Government's Children and Young Peoples Mental Health and Wellbeing Communities Framework. The continued investment has allowed our workforce to develop and services to continue.

Nurture Programme in Early Years, Primary and Secondary Schools

The Nurture Pilot Intervention was implemented between June 2021 - June 2022 and has continued this academic session (2022 - 2023). It has included 12 primary schools. Each primary school has implemented a nurture group, other wellbeing interventions based on need, and whole school nurture approaches. The intervention has been led by a Lead Educational Psychologist and coordinated by a multi-agency steering group. In session 2022 -2023, support has also been offered to the Early Years and Secondary sectors to promote nurturing approaches.

In 2021 - 2022, evaluations pre and post intervention demonstrated a statistically significant improvement in self-reported and observed wellbeing and engagement in learning for the core nurture pupils.

In session 2022 - 2023, support was offered to the Early Years and Secondary sectors. In Early Years, each participating establishment has implemented and evaluated a test of change in line with the Nurture Principles using the Plan Do Study Act framework. In Secondary, the Wellbeing Teachers have been supported through a Professional Learning Community to explore how their role has developed and to share practice in relation to interventions and evaluation approaches.

Seventy children are attending Core Nurture Groups across 13 schools. 49 children (70%) are male and 21 children (30%) are female. All children involved in core nurture have significant barriers to learning due to wellbeing.

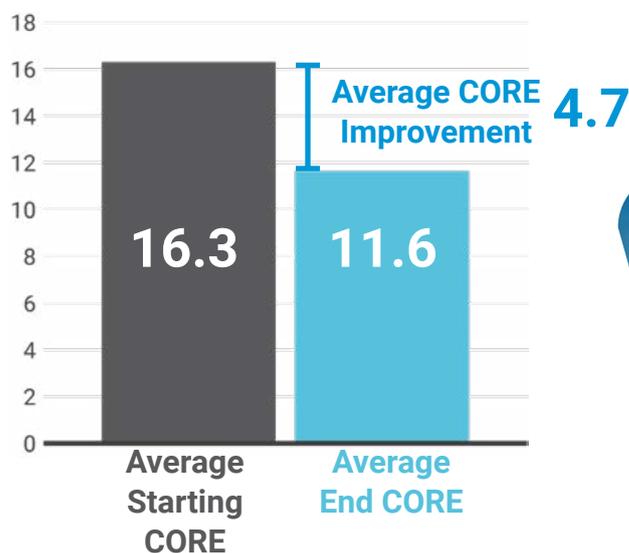


Preliminary analysis indicates that there has been a statistically significant improvement in all measured wellbeing assessments for core nurture children. Outcomes for children previously attending a nurture group have shown a statistically significant improvement in wellbeing measures at one year follow up.

A final Nurture Report setting out findings in more detail will be available in August 2023.

Nurture Core Improvement Data

East Dunbartonshire	Average Starting CORE	Average End CORE	Average CORE Improvement
East Dunbartonshire	16.3	11.6	4.7



Nurture Group Pilot 2021-22

Key messages from the evaluation of 12 Nurture Groups in Primary Schools in East Dunbartonshire

Impact On Pupils

- Statistically significant gains on children's social and emotional functioning
- Statistically significant gains in children's own views about their wellbeing
- Parents felt that their children were more able to recognise and regulate their emotions

How Was This Achieved?

The Nurture Groups were made possible by a strong vision from East Dunbartonshire Council and investment in Nurture Teachers, Family Learning Assistants and dedicated time for support from the Educational Psychology Service.

Dedicated and passionate nurture practitioners led the groups with strong support from school management teams.

Impact On Wider School

- Ethos in pilot schools more nurturing
- All staff in pilot schools developed their understanding and application of the Nurture Principles
- Improvements to nurture within mainstream classroom environments
- Many other pupils across the school benefited from targeted small group and 1:1 work with the Nurture staff
- High level of pupil involvement in school nurture journey
- Enhanced school capacity to engage and work with parents

Mental Health Strategy for Education

As well as working towards a positive and nurturing ethos within our schools and centres, the Mental Health Strategy for Education emphasises the need for staff to be able to respond to distress. In light of this aspect of promoting mental health and to support multi-agency staff to respond appropriately to young people who are affected by self-harm, What's the Harm Training has been delivered on a rolling programme by trainers within the Council. Trainers include social workers, educational psychologists and teachers. Training has been very positively evaluated and there is in place now a sustainable team of trainers who are able to deliver training on a regular basis within East Dunbartonshire. Participants include education staff, social work staff, health practitioners, police, third sector.

Supporting young people affected by suicide and self harm

A multi-agency working group has been redrafting the Guidance on supporting those affected by suicide and self-harm. They have consulted with staff, and the guidance will be produced in session 2023 - 2024.



Lifelink Community Service

The Lifelink Community Service commenced in July 2022 as a test of change.

Lifelink has initially worked across all 32 East Dunbartonshire schools providing universal and accessible wellbeing support via a model which is integrated into existing school structures and which plays a key role in supporting the GIRFEC National Practice Model.

Children aged from eight years old and all secondary school pupils had access to Counselling support provided by Lifelink. The Lifelink service is available via a range of accessible and inclusive support locations and channels where appropriate. This includes online, face to face support within the school or, if preferred, in a community venue provided by East Dunbartonshire Council. This ensures children, young people, parents, and school staff are supported wherever they are most comfortable. Lifelink also provides phone and text support. The support is maintained by Lifelink throughout school holidays and to date almost all schools are accessing the full programme of support offered by Lifelink.

During this reporting period, we can see that the most common reasons for children and young people needing the support from Lifelink was due to anxiety and stress, anger relationship issues, family/friends and self-esteem.

Clinical wellbeing evaluation used YP-CORE and non-clinical wellbeing evaluations used the Stirling Children's Wellbeing Scale, service user feedback and evaluation.

Following the success of the initial roll out across our schools, we wanted to ensure that all children and young people in East Dunbartonshire had equal access to counselling. Lifelink was already providing a counselling service to all our educational establishments and was working well.

Additional investment focussed on extending the service out to communities, including children who were home schooled, young people who had left school, and Care Experienced Young People (up to age 26). Working closely with the Child and Adolescent Mental Health Services (CAMHS), we wanted to provide a service to expedite referrals for young people who were eligible and wanted counselling, to another service. The Lifelink Community service offered telephone, video and face to face appointments with a Lifelink Youth Therapist.

In collaboration with Lifelink, CAMHS sent 52 letters to young people who were eligible for counselling, offering access to the new service. Lifelink received 14 responses from our young people (all over 16) who wanted to be contacted by Lifelink. The 14 young people engaged in two or more sessions of counselling with Lifelink. On average, those who engaged, did so for between six and seven sessions of counselling.

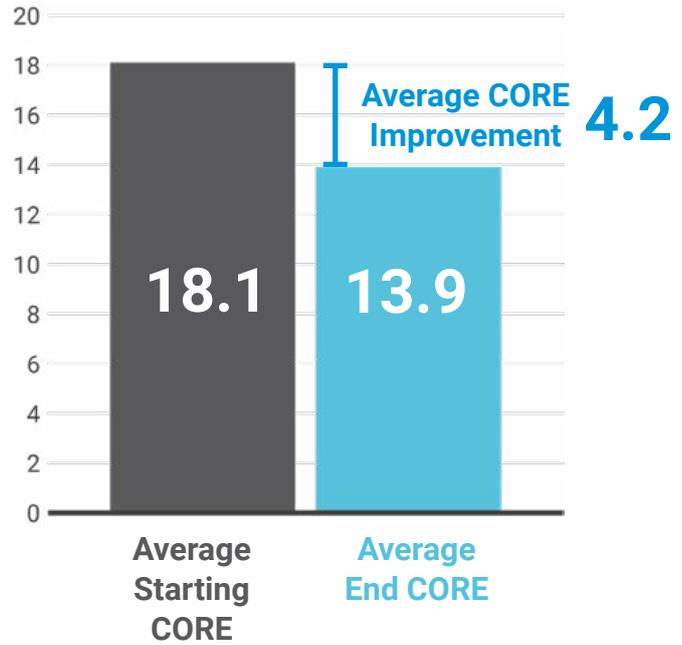
The most popular methods were by telephone and video support, although young people did have the option of attending face to face counselling at Lifelink headquarters. During this reporting period no young person requested face to face support.

Anxiety, stress and low mood were the most common concerns for all those who engaged. Relationship issues, bereavement and suicidal ideation were the next most common concerns.



Lifelink Community Counselling Core Improvement (Jul 22 – 31st March 2023)

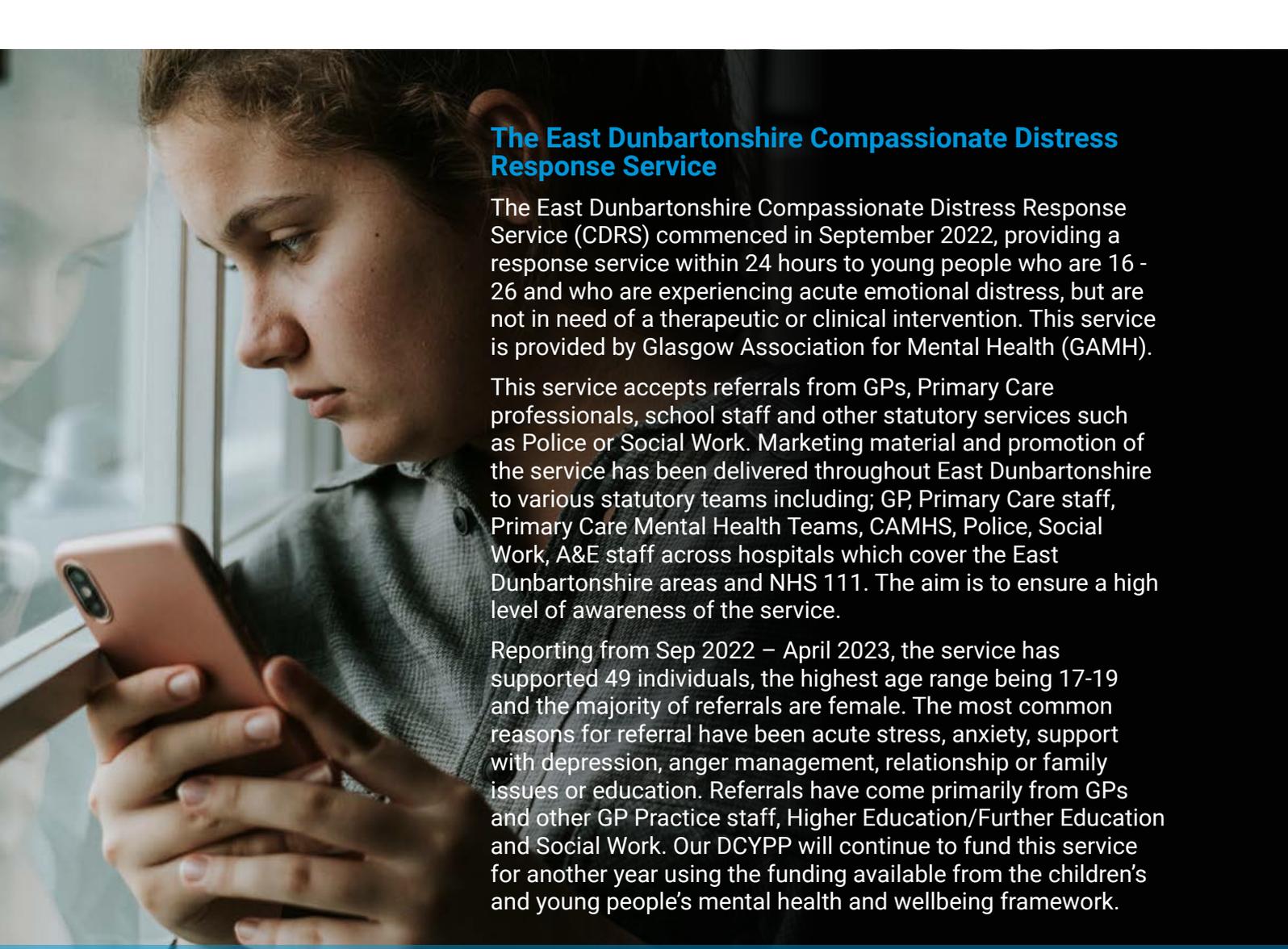
Contract	Average Starting CORE	Average End CORE	Average CORE Improvement
East Dun Community Service	18.1	13.9	4.2



CAMHS and Lifelink stayed in close contact during the support so CAMHS could be kept up to date with the young person's progress.

Those who did not engage after an initial appointment was arranged were contacted again using telephone calls and texts to rearrange. Lifelink found the majority to be "uncontactable" and therefore referred back to CAMHS for further follow up. Lifelink looked at postcode areas to determine whether this was a factor in engagement, but this did not seem to be the case. Lifelink will, however, continue to report on DNA figures to determine any issues that may arise regarding engagement/access. Three referrals to Lifelink Community Service were for young people who were still in school and were therefore seen by the Lifelink school service.

Having received confirmation of the continuation of the Scottish Government's grant funding for 2023 – 2024, the DCYPP has agreed to support the Lifelink Community Service for a further year.



The East Dunbartonshire Compassionate Distress Response Service

The East Dunbartonshire Compassionate Distress Response Service (CDRS) commenced in September 2022, providing a response service within 24 hours to young people who are 16 - 26 and who are experiencing acute emotional distress, but are not in need of a therapeutic or clinical intervention. This service is provided by Glasgow Association for Mental Health (GAMH).

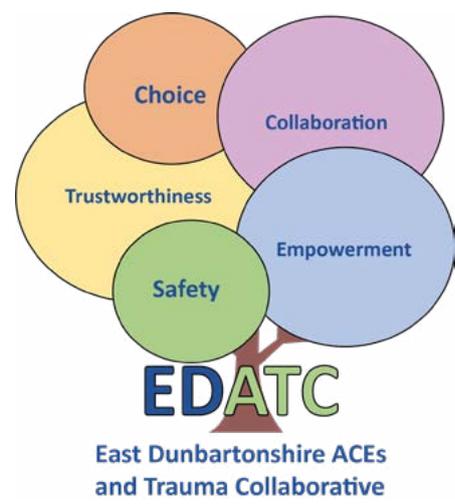
This service accepts referrals from GPs, Primary Care professionals, school staff and other statutory services such as Police or Social Work. Marketing material and promotion of the service has been delivered throughout East Dunbartonshire to various statutory teams including; GP, Primary Care staff, Primary Care Mental Health Teams, CAMHS, Police, Social Work, A&E staff across hospitals which cover the East Dunbartonshire areas and NHS 111. The aim is to ensure a high level of awareness of the service.

Reporting from Sep 2022 – April 2023, the service has supported 49 individuals, the highest age range being 17-19 and the majority of referrals are female. The most common reasons for referral have been acute stress, anxiety, support with depression, anger management, relationship or family issues or education. Referrals have come primarily from GPs and other GP Practice staff, Higher Education/Further Education and Social Work. Our DCYPP will continue to fund this service for another year using the funding available from the children’s and young people’s mental health and wellbeing framework.

Responding to Adverse Childhood Experience

The East Dunbartonshire Adverse Childhood Experiences (ACES) and Trauma Collaborative (EDATC) continues to grow and strengthen. The group is chaired by the Criminal Justice Service Manager and includes membership from a wide variety of agencies across both the Council and HSCP, as well as community planning partners and Elected Members. The recruitment of a Trauma Informed Coordinator (two years minimum) during this year, has made a significant impact on progress on the Trauma-Informed agenda across the organisation. Trauma is “everyone’s business”. The EDATC brings together representatives from as many frontline and operational services as possible on an eight-weekly basis, to plan the delivery of a trauma informed workforce.

With the support of the East Dunbartonshire Council Communications Team, a new EDATC logo was designed. This is used widely across the local area to raise awareness of EDATC. Newsletters, awareness raising events and the use of social media have helped to raise awareness across the local communities of EDATC.



East Dunbartonshire ACEs and Trauma Collaborative

The EDATC and information relating to the Trauma Informed Practice agenda has been placed on both East Dunbartonshire's intranet within the Employee Wellbeing page and the Public Protection website for public access to the information. Data is being collated on website visits to evaluate effectiveness of these marketing approaches

Key priorities are progressed by three subgroups which form part of the collaborative, namely People & Training, Policies & Systems and Environment.

- The People & Training subgroup undertook a training needs analysis in March 2022. A role-by-role analysis has mapped out every job across the organisation and matched each one to the relevant level of training needed from the National Trauma Training Programme. The development of a training evaluation tool is underway, and this will measure success on the impact on the workforce and impacts on service delivery. Once completed this will inform the rollout of training for priority services and identify where there is capacity to co-facilitate and to implement a "Grow Your Own" trainer model who can take forward the training.
- The Policies & Systems subgroup has focused on the specific task of developing a Trauma Informed supervision policy implemented as part of a test of change. This was initially focused with our social work teams but will be progressed to our wider workforce. The subgroup also started reviewing the national policies, and operational guidance and frameworks, updating them with a "trauma informed lens" in mind at a local level. This sub-group collaborate with multiple working groups involving people with Lived and Living Experience (LLE) as part of reviewing of how policies and operational guidance impacts on people receiving services. This allows the sub-group to be better informed and provide improvements to best suit our service users.
- The Environment subgroup's role has focused on improving how the physical environment in which we deliver our services is experienced by our service users across East Dunbartonshire, and how it can be improved. This has included both health and council buildings. An integral aspect of this subgroup has been the inclusion of LLE expertise, which has informed not only how a building looks, but how it feels inside. We thank our three Peer Navigators who have who provided their views and supported the improvement to our clinical areas and reception areas through a trauma informed lens.

Our three Trauma Champions and our Practice Co-Ordinator attend updates to support the progression and implementation of the national Trauma Informed agenda at local level. The Trauma Informed Practice Coordinator is also part of the national Trauma Lead Group, which is supported by the Improvement Service. Both of these groups meet bi-monthly to share updates, learning and any challenges being faced by Local Authorities in creating change.

Further to the progress of the three-year action plan, we work with our national partners towards implementing a Trauma Responsive Social Work Services programme relating to the Level 3 Trauma Enhanced training. We aim to volunteer East Dunbartonshire to be part the national test of change.



Keeping Children Safe



The East Dunbartonshire Child Protection Committee (EDCPC) shares a collective responsibility to protect children and young people from harm whilst encouraging all partners involved to 'think family'. A key commitment for EDCPC is in 'making the invisible visible' and our focus on a better understanding of vulnerability. Throughout the COVID-19 pandemic there was a commitment to our child protection activity and we established a Public Protection Leadership Group (PPLG) to monitor performance and data. In 2022 the PPLG were highly commended as a team at the HSCP staff awards.

Implementation of National Child Protection Guidance

Between March 2022 -April 2023, EDCPC continued to work collaboratively across other partnership areas to commission joint multi-agency Child Protection Procedures which reflect the Scottish Government's national guidance refresh 2021. The vision has been to produce practical procedures which are easily accessible to practitioners on the frontline. A group of multi-agency practitioners were consulted throughout the process and the procedures should be finalised and accessible on the website in Autumn 2023.

In November 2022, the new timescales, terminology and changes to risk indicators set out in the new guidance were adopted. Child Protection Case Conferences are now named 'Child Protection Planning Meetings' (CPPM), moving towards more collaboration with families. CPPM have now moved to six-monthly from three-monthly and changes to pre-birth timescales and procedures have been adopted in the refreshed 'Vulnerable Pregnancy Liaison Group' guidance, formally the Special Needs In Pregnancy process.

The change in risk indicators to 'Vulnerability Factors' and 'Impacts on / Abuse of the Child' sees a move away from 'child placing themselves at risk' to listing some of the external factors that could cause a child to be placed on the Child Protection register, such as 'internet enabled sexual offending' or 'underage sex'. There is also the addition of 'child experiencing mental health problems' and 'child affected by parent/carer learning difficulty or learning disability.' These changes reflect the movement away from seeing Child Protection as solely familial.



Learning from Learning Reviews

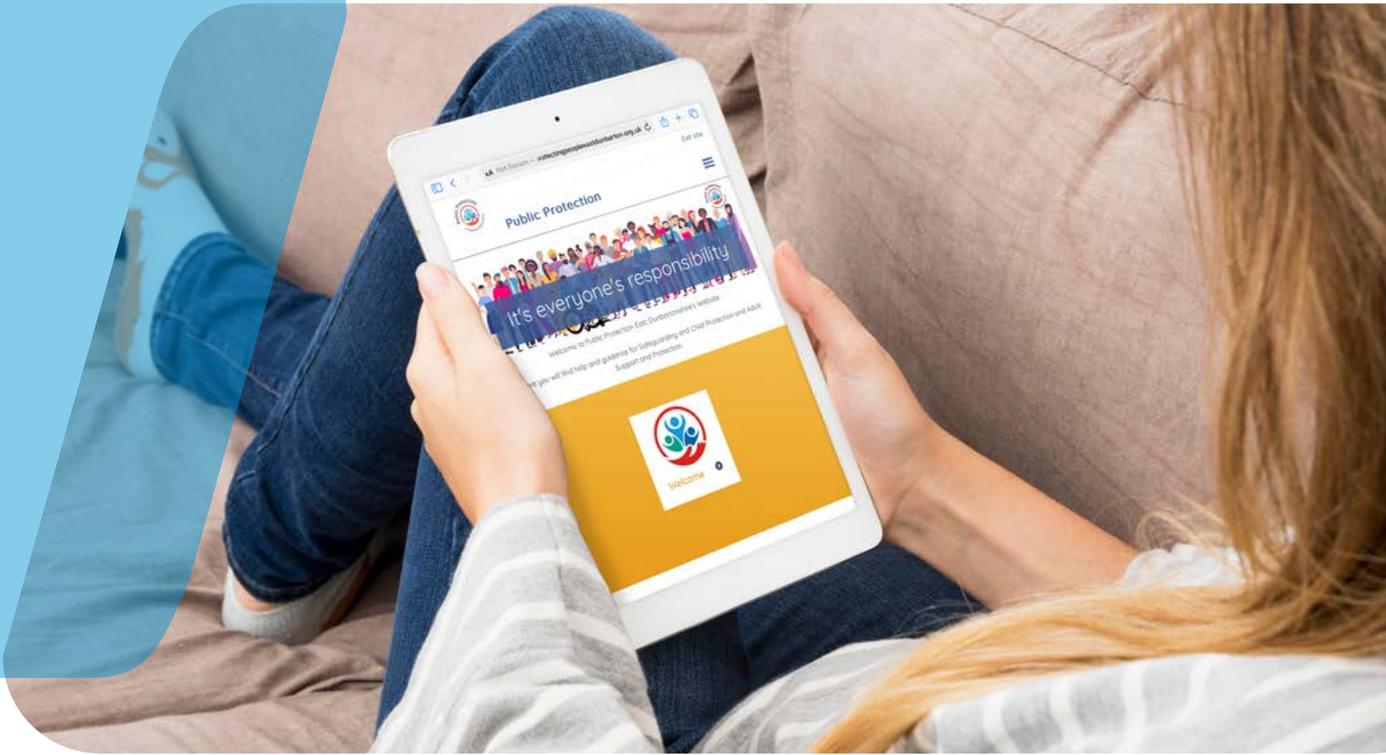
Following the completion of a Learning Review in 2021 - 2022 EDCPC has been responding to the resulting action plan over 2022 - 2023. Some of the highlights from this work include:

Implementation of the multi-agency training for trainers and staff using the Assessment of Care model, adopted from Glasgow City Council and Action for Children. This involved training four social workers and three health visitors to deliver full day sessions to all social workers / health visiting staff in East Dunbartonshire. Two half day sessions were also provided to multi-agency partners on neglect, the different forms, how to respond, thresholds and an introduction to the toolkit. In 2023 - 2024 a framework will be finalised to support the work on the neglect, further training and evaluation of the tool.

A multi-agency group was created to respond to actions in relation to disability and safeguarding. This group has reviewed the Child Protection multi-agency training to include learning in relation to increased vulnerabilities of children with disabilities. Training on Augmentative Alternative Communication methods is now a recurring course in the Joint Child Protection / Adult Protection calendar. Lastly the group are writing guidance on disability and safeguarding as a supporting document to the new Child Protection guidance. This is aimed to be completed in Autumn 2023.

A recommendation of the Learning Review undertaken by EDCPC was in relation to strengthening our early help response and approach to GIRFEC. As a response, EDCPC has created the 'team around the child' pack, a toolkit of resources to support robust, collaborative decision making at the earliest stage with the aim of strengthening the response alongside families. The proformas are strengths based and support the families' views being central to the process. These will be implemented in 2023 -2024.

The Management of Information and Self-Evaluation (MISE) subgroup implemented the Child Protection Minimum Dataset Version 2 in 2022 -2023 and has sought to provide consistency to data. The report is now shared more widely with partners also through the group's networks. The MISE group also introduced a rolling Inter-agency Referral Discussion (IRD) programme, with the first audit carried out in February 2023. This audit resulted in work towards inclusion of Education staff in IRDs. This was embedded by June 2023.



Public Protection Website Views

A significant improvement in 2022 - 2023 was the successful implementation of the Public Protection Website. protectingpeopleeastdunbarton.org.uk which is a one-stop-shop for children, young people, parents, adults, carers and practitioners in relation to child and adult protection. Hits for the site have increased exponentially since its launch in November 2022. Further monitoring of the hits over the course of the year will support us to understand the impact of the website and its content on the community. Engagement exercises with children, young people and practitioners will support this. This graph shows the increase in views to the Public Protection Website since it was launched.



Other developments include the implementation of the RESPECT programme and protocols for working with missing children across EDC Children’s unit which also has resulted in the introduction of a support network to these homes across the Police G division. Each home with the area has a Police Single Point of Contact. Police Scotland has commissioned an independent evaluation to support wider implementation across Scotland. East Dunbartonshire’s Missing Persons Steering Group Chair and Lead Officer, Child Protection, presented at the Missing People Good Practice Conference about the experience.



North Strathclyde Joint Investigative Interview Pilot

JII and Bairns' Hoose

A Joint Investigative Interview (JII) is the process for gathering evidence from children who have been victims or witnesses of crime. This interview is carried out jointly with a social worker and a police officer, looking to capture the child's voice in a way that is responsive and supportive to their individual needs while ensuring the child only needs to provide their version of events once and in a manner that does not produce further trauma.

The process of obtaining this evidence from a child has often been retraumatising for them, with the child having to repeat their version of events to a number of people, as well as having to attend court to further provide their evidence. In addition, planned recovery from the traumatic event was often unavailable across parts of Scotland. In response to this, there was a procedural review looking at how best to gather evidence in a child centred and child responsive manner. This review led to the development of the Scottish Child Interview Model (SCIM) which was developed by Social Work Scotland, Police Scotland and Scottish Government.

The North Strathclyde Partnership (NSP) for JII was thereafter established with the fundamental principle of the partnership being that recovery for those involved in JII is trauma informed, with this being built into the JII process from the point of disclosure for children. This partnership has seen the development of collaborative working across four local authorities, two police divisions and 3rd sector partner, Children 1st. The aim has been to develop a best practice model for improving the experiences of our children and their families who are subject to child protection processes, and victims/witnesses of crime. The ongoing objective is to design a truly child centred, trauma responsive approach with the best interests of children at the centre. This is being realised by bringing together a specialist Child Interview Team (Police & Social Work) trained using the SCIM with therapeutic input and evaluation feedback from Children 1st.

The NSP continue to review and evaluate its current situation to look at ways to increase capacity and resilience of the model. The outcomes to date, for our children and young people, is a high level of disclosure (around 75%), positive feedback from children and families feeling supported through the process, and a trauma responsive approach to our children and young people involved in this system. In 2022 the NSP won the Scottish Social Services award in the category of "Excellence in Children's Services".

With the objective to design a child centred, trauma responsive approach, the NSP has been pursuing the creation of a Scottish version of a Barnahus – the Bairns' Hoose. This house essentially has four areas within it for: child protection, justice, health and recovery. The Scottish Government has developed National Standards for a Bairn's Hoose with key principles to uphold children's rights and that the best interest of the child must be the primary concern. It has committed to all child witnesses that they can give evidence via a Bairns' Hoose, to ensure all children in Scotland are given the equal opportunity to recover from their trauma. This approach is key within The Promise and recently, the Scottish Government requested applications from areas across Scotland looking to develop a Bairns' Hoose. The Scottish Government will support Pathfinders before establishing a national rollout of this model. The NSP has submitted an application to become a Pathfinder. In addition, Children 1st received a grant to build a version of a Bairns' Hoose. The first of these houses is being built within East Renfrewshire and is expected to be used for child witnesses from the end of the summer 2023.

Safe & Together

The Safe & Together (S&T) model is a suite of interventions designed to help professionals working with children to become domestic violence informed. The model provides a framework for workers to partner with domestic violence survivors and intervene with perpetrators in order to enhance the safety and wellbeing of children.

In East Dunbartonshire, we launched this model via an Overview Event in February 2022, which was multiagency and included all of our key stakeholders and EDCPC members. This was well attended and following this, staff across social work, health and education were trained in the core training and as supervisors. This was completed in a targeted approach across partners to ensure workers who are front facing are equipped with the tools to support our children and families in a domestically abusive informed way.

Following the training sessions, an S&T Steering Group (STSG) has been established, with representatives from key agencies. The purpose of this group is to raise awareness of the S&T model and the key role of the multi-agency partnership in embedding this change. This strategy will help the STSG to work towards an effective coordinated community response to domestic abuse through embedding the S&T model. The current focus for STSG is the Communication and Planning Strategy for the period 2022 – 2025. We will develop a multi-agency response to our communication approach to domestic abuse, influenced by the S&T Model of intervention. A coordinated response is based on the principle that we work together in a shared language of communication, it is paramount that we have a shared ethos in communicating our approach to domestic abuse, embedding the principles of the S&T model to work together effectively and systematically to increase the safety of victims, their children and hold perpetrators to account.

STSG partners hold a wide range of knowledge and expertise and strive to have a common purpose and approach to communication around the S&T model as an intervention in domestic abuse situation that is included in;

- Written policies and procedures
- Peer support channels of communication
- Practice development & improvement
- Safe & Together Champions



Children's Community Health Service

Our Children's Health Service has made significant progress on action plans for this reporting period. A focus on staff well-being and development has been key to successes reported this year. This has included moving staff personal development plans to focus on wellbeing and organisational values, team yearly planning and development events, with the team's iMatter survey being completed and an action plan being developed.

Continuing professional development activities have included developing expertise in Autism and in approaches to dysfluency and selective mutism. Attendance at Practice Development Networks is encouraged and supported.

Ongoing collaboration and service development with health visiting colleagues and school nursing teams continues with attendance and contribution to joint protected learning events, Significant Adverse Event Review learning events and child protection training. The team have also continued their commitment to students as practice supervisors and assessors for NHSGGC.

Speech and Language Therapy Team

Our Speech and Language Therapy (SLT) team works with colleagues in specialist Children's Services throughout East Dunbartonshire to meet the speech, language and communication needs (SLCN) of children and young people. Despite workforce challenges impacting across the service, key wait times for first appointment and responsive advice to partners has been maintained. The service has continued to provide a balanced SLT service to include individualised patient care, targeting interventions and universal work as well as offering direct support to families, partners in education, social work and other agencies.

The team made changes to the management of initial concerns and by working with partners at an earlier stage, resulted in fewer children waiting. Waiting times have reduced by about 30% in this reporting period. The team has offered early communication groups to parents which have been well attended and feedback from the group has been very positive.

Additionally, the SLT has established a link therapist for every educational establishment within the local authority and developed additional support to each of the 12 nurture schools.

The SLT contribute to the NHSGGC neurodevelopmental assessment team, supporting both pre-school and school age children, with two team members completing ADOS training.



30%
reduction in
waiting times



East Dunbartonshire School Health Service

East Dunbartonshire School Health Service works in partnership with the wider team around the child to support early identification and intervention, promoting health and wellbeing and attainment for school aged children and young people locally. As part of the Scottish Government's aim, the re-focussed school nurse role delivers on vulnerable children and families, emotional health and wellbeing and risk taking behaviours. East Dunbartonshire School Health Service currently provides service delivery on the three priority pathways of emotional health and wellbeing, child protection and vulnerability and transitions, in line with NHSGCC.

School Nurse referrals in 2021 doubled in 2022 to 149. The majority of referrals were related to emotional health and wellbeing with the rest being for protection/vulnerability. Many of the referrals for emotional health and wellbeing support came from social work in relation to vulnerable children and young people with the highest number of referrals coming from education and social work.

The service continues to see an increased prevalence of anxiety in children and young people as a result of the COVID-19 pandemic, when children and young people missed social and educational opportunities. The team report a larger number of referrals for emotional health, wellbeing and for children and young people who display challenges with social communication/neurodiversity.

The School Health Service uses an end of service questionnaire to monitor success of interventions. The service has shared some of the children, young people and parent/carer comments on how they felt the interventions went during this reporting period.

"Distraction techniques learned through the sessions have really helped me when I have been feeling anxious in class. I really enjoyed the programme."

"Really understood my son and his worries to help him, excellent help, it has really made a difference to my son." (parent)

"I learned useful tools to help me deal with anxiety."

"I was listened to, and it was easy to talk about how I felt because I knew I wouldn't be judged about what I was thinking."

"I still have worries, but I have found better ways to cope with these."

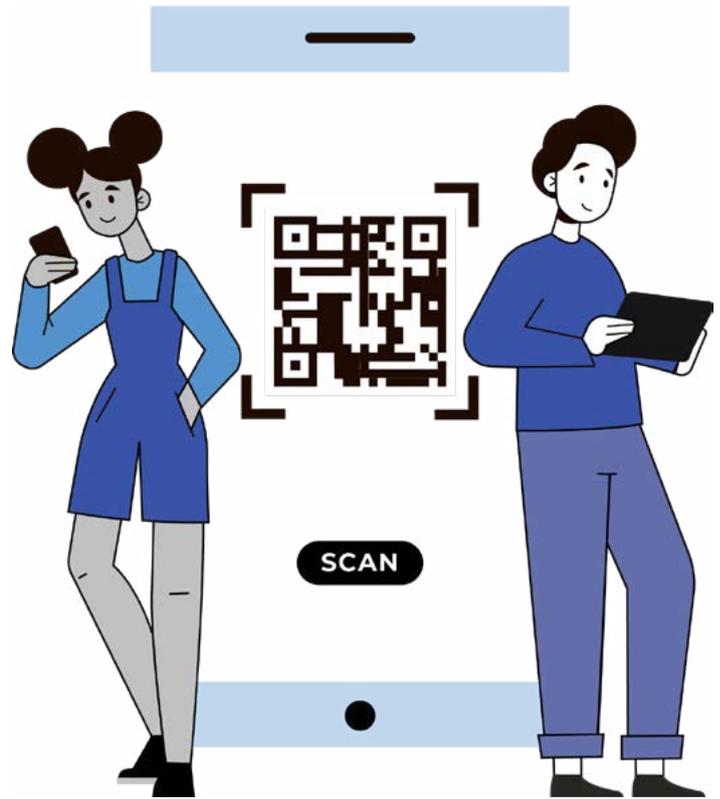


Whilst the responses were positive, numbers of responses were low and as such the School Health Service has continued its focus this year on improving and monitoring the impact of their service on the children and young people. Having received feedback from our children and young people regarding the use of the end of service questionnaire, the School Health Service adapted the end of session questionnaire into a QR code for the children and young people to complete which is more accessible.

This year, the service started developing a new pilot, which if successful, will be implemented across other areas of NHS GG&C. This new test for change involves using Goal Based Outcomes where our children and young people will be asked to set their own goals at the start of the intervention and will record weekly progress and will be given the opportunity to feedback thoughts at the end of their intervention.

The team have revised protocols using RAG systems to highlight priority referrals at weekly allocations meetings to triage and manage new referrals and have developed the health care support worker role to help more targeted intervention work.

The team continues to build workforce locally and as part of the wider NHSGGC plan for School Health to deliver service in line with priority pathways identified by the Scottish Government, thus supporting the reduction of waiting times.



We congratulate the team for receiving commendation in this year's Health and Social Care Partnership staff awards.

Health Visiting Service

East Dunbartonshire Health Visiting teams continued to improve outcomes for all children and families and drive sensitive, responsive, care giving by providing The Universal Health Visiting Pathway to ensure children’s emotional, cognitive, linguistic, social and physical development.

Achievements and Developments in Service

Increased breast-feeding rates: introducing a sustainable model of breastfeeding support with a focus on SIMD 1&2. Developing pathways and standard operating procedures and rolling out a new training package for staff. We are delighted to report on the achievement, sustainability and maintenance of the Gold Award The Baby Friendly Initiative UNICEF UK

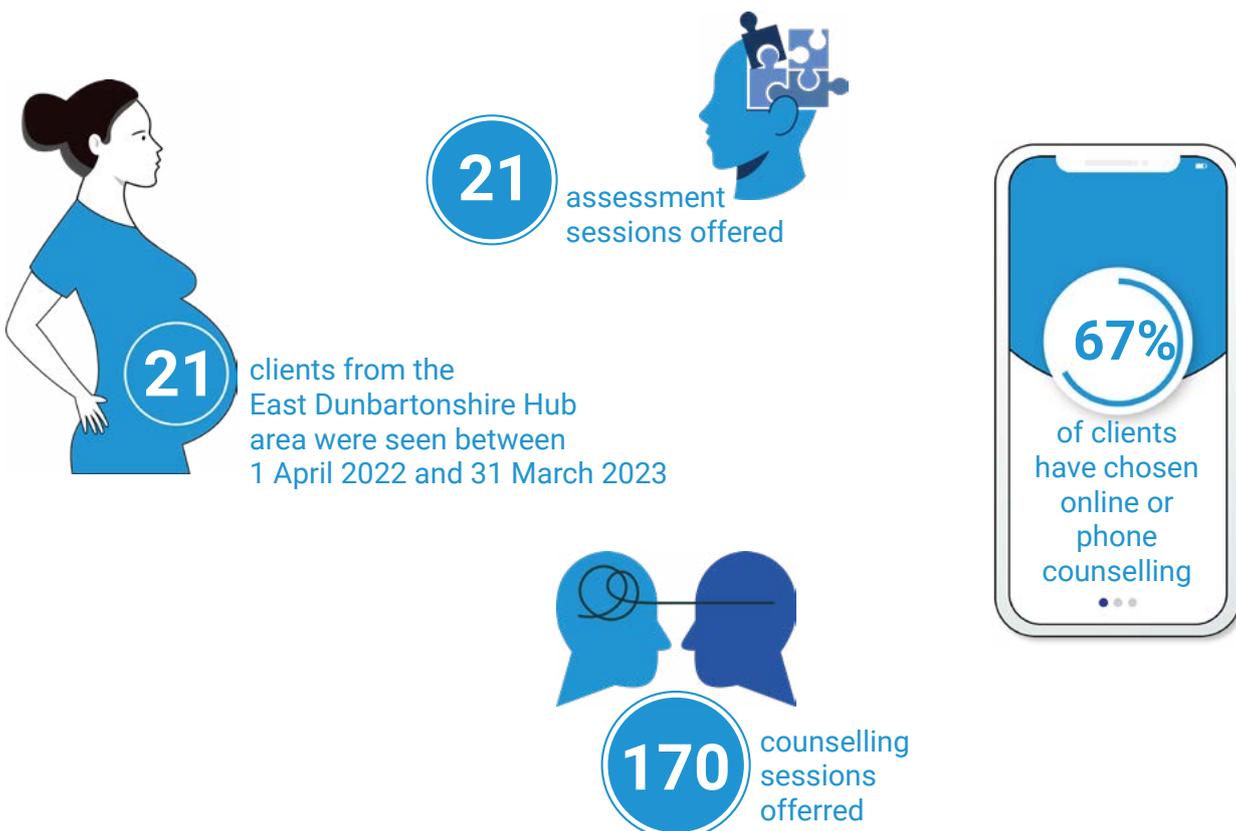
Staff development has included the S&T training being provided and evidence of impact within practice. DASH-RIC training and implementation and Trauma Informed Practice training for staff has established a better trauma informed service.

The East Dunbartonshire Hub – Perinatal

The Bluebell East Dunbartonshire Hub was set up in August 2021 and has worked collaboratively with the East Dunbartonshire Perinatal Steering Group to provide parents/carers access to perinatal counselling therapy and is aimed at any expectant parents or parents with children under the age of two years. Bluebell delivers face to face (resumed in September 2022 with the change in COVID-19 restrictions) online or telephone counselling sessions weekly to parents/carers living in East Dunbartonshire.

During this reporting period, in total, 21 clients from the East Dunbartonshire Hub area were seen between 1 April 2022 and 31 March 2023, with 170 counselling sessions and 21 assessment sessions offered. Fourteen of these are now closed cases and seven are currently still active. We are delighted to report an increase in client engagement at the Hub, with 91% clients attending.

Bluebell resumed face to face sessions, and this helped with attendance. Thirty-three percent of clients are using the crèche facilities, enabling them to attend without having to seek childcare from another source. Online sessions are still proving very popular and 67% of clients have chosen online or phone counselling.



East Dunbartonshire Education Service

Support for Families

A core part of the Nurture Intervention within the Council has been the deployment of family learning assistants. Family Learning Assistants complement the Nurture Teachers within the 12 Core Nurture Schools. A programme of training has been developed to support Family Learning Assistants in their role. Throughout the year, Family Learning Assistants have co-run nurture groups and have worked with families from within the primary schools.

The Supporting Families Team within Early Years Education, have worked with a range of families to support assessed need. They have used Triple P approaches, as well as Fear-Less Training to support parents and carers to manage children and young people who experience anxiety.

It is planned that a programme of Non-Violent Resistance Training will be carried out in 2023 - 2024 to equip multi-agency partners to support parents to manage children and young people who have experienced trauma and are displaying dysregulated behaviours.

LGBT

A new development this session was the roll out of the Lesbian Gay Bisexual and Transgender Charter programme in secondary schools (LGBT). The LGBT Charter will empower individuals to challenge prejudice and proactively create an inclusive environment. A charter lead has been appointed at school level and a Quality Improvement Officer and LGBT Charter Manager are providing support across schools. All charter leads coordinate activities to mark LGBT History Month with evaluations demonstrating the wide reach of these activities through, for example, whole school events and social media posts.

The LGBT Charter helps safeguard lesbian, gay, bisexual and transgender young people's rights. The LGBT Charter Rights are based on the Universal Declaration of Human Rights and The United Nations Convention on the Rights of the Child – Article 2 'children's rights should be respected and ensured without any discrimination of any kind', Article 3 – 'the best interest of the child must be a top priority in all decisions and actions which affect them'.

The LGBT charter is a whole school approach looking at inclusion supported by LGBT Youth Scotland. A champions group is established, which includes members of staff and students, and they lead on various pieces of work set out in the standards to achieve the LGBT charter. They are guided through the programme with the help of their dedicated charter manager, step by step LGBT Charter workbook and the charter manager will be there to advise and support schools throughout the process. Being awarded LGBT Charter status enables schools to send a positive message, with confidence, that their school is a champion of LGBT inclusion where LGBT staff and learners will be safe, supported and included, and makes a clear statement that equality and diversity are at the heart of the school.

Three main aspects are covered within the step-by step programme:

- **Training** – LGBT awareness training to a percentage of the staff team
- **Policy** – review and update relevant policies with a particular focus on homophobic, biphobic and transphobic bullying in relation to the Equality Act 2010
- **Practice** – engage with LGBT cultural calendar and LGBT communities in your area

Six of our Secondary Schools have achieved the charter award, four at silver and two at bronze level. One of our specialist schools is on track to gain the silver charter award by the end of 2023.

Corporate Parenting



Ferndale Residential Service

Ferndale Residential Service offers both residential accommodation and outreach services to our vulnerable children and their families, creating a safe, structured and nurturing environment, built on acceptance and approval of all. The Ferndale Team continue to promote an atmosphere where children and young people are praised and rewarded for positive behaviour and supported, encouraged and guided in times of difficulty and negativity, using the strength based ethos of GIRFEC.

The team has continued to work in partnership on the East Dunbartonshire House Project, supporting our young people to work together to develop relationships and learn skills that enable them to live successful adult lives. In 2022 the Ferndale Team received HSCP commendations in the staff awards in the categories of Team of the Year and Employee of the Year.

Last year we were pleased to report on Ferndale becoming WIFI enabled, meaning our children were able to access the internet in a safe way, but also to stay connected with peers and family members.

The Promise

The Promise, Our Plan 2022 -2024 #keepthepromise within East Dunbartonshire.

We have continued to work towards the changes demanded by The Independent Care Review in order to #keepthepromise by 2030. East Dunbartonshire multi-agency Promise Steering Group, with representatives from children and adult services across the local authority area, has been established to drive this work. The Promise Steering Group links to The Corporate Parent Steering Group and reports to the Delivering for Children and Young People's Partnership (DCYPP).

The Promise is built on five foundations: voice, family, care, people and scaffolding. We have undertaken a local benchmarking exercise and have an action plan detailing our activity in the implementation of The Promise.

We have made significant progress into hearing the voices of our children and young people and since last reporting, we have increased our training and usage of the Mind of My Own (MOMO) app allowing our services to hear from our children and young people on how they feel about the processes they are involved in. Our lead child protection officer has provided many sessions to staff across the wider CPP on GIRFEC awareness. Having listened to our children and young people around the 'language' they don't want services to use, we have changed policy, protocol and practice to reflect preferred terms and words. Following our joint inspection, we have developed an action plan which prioritises children and young people's advocacy.

This MOMO app allowed children and young people with lived experience to have a voice and be heard, fundamental in supporting Article 12 of the UNCRC. We have been able to increase usage this year by delivering further staff training to encourage usage amongst our care experienced children and young people.



The House Project

In our last annual report, we highlighted the excellent work of our East Dunbartonshire House Project which was established in March 2020. Our House Project has continued to go from strength to strength, aiming to build upon the scaffolding required to provide young people leaving care with the opportunity to plan and prepare in a structured way for independence with the goal to ultimately move into their own tenancy. The House project aims to make our young people feel valued and reduce feelings of uncertainty and lack of control over their future and build communities of support.



The House project is a trauma informed, relationship-based approach, to supporting and working with care experienced young people. The project is supported to continue to work in a trauma informed way through monthly consultation with a clinical psychologist. The project aims to improve outcomes for care experienced young people by enhancing the transition into independence, providing them with long term support and building their confidence, skills and sense of community prior to moving into their own homes. Young people are supported through the delivery of group work and individual work to complete the house project programme. The house project programme consists of 13 accredited modules, whilst young people are completing the programme they are considered to be in education or training.

Since February 2021, East Dunbartonshire House Project has supported eighteen care experienced young people into their own homes and continues to support more young people to work through the project. To date all 18 of our young people have sustained their tenancies. Over the last year our young people have had the opportunity to take part in a variety of activities and participation events such as being part of the care leavers' national movement, taking part in a peer evaluation of other House Projects and presenting a pitch in-house for funding to support activities promoting mental health and wellbeing.

Our young people have also held a networking event, prepared and shared over 80 meals together and created two animated films about their Local House Project journey. They have done something to benefit their community and been on a residential.

The House project was evaluated by The Scottish Throughcare and Aftercare Forum (STAF) with a specific focus on the benefits of relationship-based practice.

This report noted that young people described feeling cared for by the House Project Team and their peers. They regularly referred to the project as being a place of "belonging" for them, with a deep sense of community embedded in the house project. Young people feel they are treated as a person with individual needs rather than simply another 'case'.

Young people described a more equal balance of power between themselves, and facilitators compared with past projects. They reported feeling frustrated in the past when decisions were made for them rather than with them, and how the house project was a welcome change from this dynamic.

Young people were actively involved in leading and making decisions at every stage of the project, and this led to them feeling listened to, valued and respected.

*"I'm not a case here,
I am a person with a
voice that is listened
too."*

The House Project has had a positive impact on young people with reported increase in confidence and an increased understanding and knowledge of independent living skills.

Our young people have gained a peer support network, greater stability and improved communication. They have supported changes to policy and practice and feel more connected to their local community.

During the evaluation process young people told staff the planning and preparation process made them feel valued and reduced their feelings of uncertainty and gave them more control over their future. Opportunities to engage with different services and work with peers helped young people to build a community of support and establish connections in the local area, reducing feelings of loneliness and isolation.

Young people were overwhelmingly positive about their experiences with The House Project. Some reflected on the changes in themselves and others: gaining confidence, communication skills, life skills, knowledge of their rights and willingness to engage with other services. One young person told us that she could not make appointments over the phone due to anxiety but that her time in the house project improved her confidence to the extent that she can not only make an appointment but will seek support and advice from other services.

Young people reflected on their experiences with and views of corporate parents, saying these have changed since joining The House Project. Involving corporate parents at various stages has allowed young people and corporate parents to work together in new ways.

One example is sessions/network events led by young people who set the agenda and present issues, ideas, and discussion points. One young person commented that she felt "seen" by corporate parents in a new way and feels treated differently compared to previous experiences.

The young person felt that the project lead and facilitators have modelled how to engage with young people and that this has influenced how corporate parents engage.

We have had a remarkable response from partners in support of the House Project which has provided our young people with a wide range of opportunities. In 2022 The House Project received a highly commended award for Team of the Year at the HSCP staff awards.

"They treat us like equals."



Psychological Intervention Support

We are pleased to report that we have been able to further enhance our Psychological Intervention support within our House Project, to support our "team around the child" meetings. This involves a collaborative approach to supporting our teams working with families to provide specialist training and dedicated psychological support to teams to get the best outcomes for our families. As reported throughout this document, we have made significant progress in developing early intervention services to support children, young people and their families by developing a range of services.

Care Experienced Young Peoples' Champs Board

During our last annual update, we reported the development of the Champions (Champ's) Board which commenced in 2020. Since the re-establishment of the Champions Board in March 2022, the "Champs" Board has consistently met on a fortnightly basis. The core group consists of 14 young people aged between 15 -25 all with care experience. During this reporting period, the group has flourished with increased confidence despite the negative impact of COVID-19.

Through their continued determination to improve the life for our looked after children and young people, The Champs Board has made a significant impact across East Dunbartonshire during this reporting period.

The Champs fed back via the Board that they did not always feel that their voices were heard in meetings and that it should be a priority for young people to have the opportunity to read their reports in advance of meetings. In order to respond to this, we have developed a Review Meeting Feedback Consultation to gather more views and create a plan of action.

We report that with regard to this, there has already been policy changes made through this work, one being that all young people will be provided with photographic ID when leaving care.

The Champs have supported our social work teams to offer ideas and suggestions to increase the uptake of use of the MOMO app, they have been involved in supporting the development of the new East Dunbartonshire Public Protection website.

The Champs Board was recognised for its volunteering work by receiving an award at the East Dunbartonshire HSCP staff awards. This was further recognised at the NHS Greater Glasgow & Clyde Chairman's Award Ceremony.

There were positive outcomes reported from the group and a range of opportunities in which the group have taken part in such as sharing their own experiences of care and highlighting some of the difficulties and challenges faced. The group also invited a number of Corporate Parents to attend the fortnightly meetings, these have included; Police, Fire Service, Who Cares as well as senior members of our Community Planning Partnership, East Dunbartonshire Voluntary Action and the Rosie Project. These meetings allowed the Champs Board to introduce themselves and share information on the Champions Board as well as listen to each service and discuss issues identified by the Champions.

In December 2022, the Champs Board was supported to create an animated film to help show what being part of the Board has meant for them. This animation in their voices is a truthful, thought provoking and insightful account of how being part of the Champions Board has supported our children and young people to not only have a voice and be listened to, but use their voice to support other care experienced children and young people across Scotland in the future.

['The Vortex' \(2022\) by East Dunbartonshire Champion's Board](https://youtu.be/1r2KQRrewxs)
<https://youtu.be/1r2KQRrewxs>



In line with The Promise Scotland's Plan 21-24, East Dunbartonshire Champion's Board was involved in the planning of the participation event for children in foster and kinship care to review the language and terminology used by social services. The Board has given guidance on the language that we should and should not be using. The overall message that came from this has been to 'say it as it is'. This has now led to the establishment of a Participation & Communication Working Group. The work the Champs Board has done around language should have a significant and long lasting impact on how we talk about, record and work with children and young people.

Two of our champs represented East Dunbartonshire at the CELCIS participation event and have presented at training for new children's hearing panel members to share their experience and to answer questions.

The Champs organised and planned a summer activities programme. The activities included trips to "Go Ape Aberfoyle" Go Karting and visiting Blair Drummond Safari Park. Young people were able to build relationships with their peers and take part in activities that they may not normally have an opportunity to do.

The Champ's Board has made a significant impact across services in East Dunbartonshire this year, through supporting a better insight into the lived experiences of young people with care experience. This has enabled services to respond appropriately, increase participation and ultimately improve outcomes. The Champ's Board is excited for the year ahead, with plans to further develop Champs Events, engaging with key stakeholders and holding stakeholders to account on delivering better outcomes for the care experienced community.

We thank them all for their continued hard work and determination.



Family Group Decision Making

Following a successful bid to the Promise Partnership, East Dunbartonshire is now able to offer Family Group Decision Making. We are pleased to announce that we will be working with Barnardo's who were successful in securing the contract and will provide an independent service for an initial 12 months. This service commenced in January 2023.

Barnardo's will provide a tailored service that brings a family together to develop a child-centred plan using a future-focused approach which is realistic and sustainable. It will include any protective factor around the child or family. The process concentrates on identifying solutions and is 'blame free' with an open and honest approach to resolve conflict moving forward.

This is a very exciting development in East Dunbartonshire's commitment to #keepthepromise.



Unaccompanied Asylum Seeking and Trafficked Children

As reported in our last report, East Dunbartonshire CPP continued to support Unaccompanied Asylum Seeking and Trafficked Children. We have a number of young people from various backgrounds who have suffered trauma but are now being helped to recover with the provision of safe accommodation and support from partner agencies. While the national challenge in responding to the volume and needs of these vulnerable young people is considerable, these young people are considered Looked After and Accommodated children and have multi-agency plans to keep them safe and ensure their needs are met.

Healthy Lifestyles



The Public Health Improvement Team has been working with an NHS GG&C Public Health Consultant to develop a young person's health needs assessment which commenced in February 2023. The purpose of this is to inform the potential need for developing a Youth Health Service and a consultation period is currently being planned with children, young people and staff who work directly with them.

We are also delighted to announce the re-opening of our Young People @ Sandyford for 13 years+, providing information, advice and services within the Kirkintilloch Health and Care Centre.

The team continue to deliver key messages around online safety, HPV, cervical screening and cervical cancer with targeted groups within the community where uptake has been low. The free condom scheme moved to a free postal service during COVID-19, this will shortly resume to site based condom distribution service across East Dunbartonshire with 17 sites already identified as distribution points, and we continue to share campaign material on this service via social media.

Whilst all our Early Years establishments have received training supporting them to have engaging conversations and respond to any questions about growing up and healthy relationships. Four establishments' requested specific support and input this year.

The team continues to build capacity of trained staff to deliver core messages that support children to build an understanding to the harm of substance use. Training sessions were offered to early years and pre-school staff in "Oh Lila", a resource which aims to build resilience, protective factors, social skills and communication in children aged 3-6 years old. In this year a further 10 education colleagues were provided with bespoke training enabling the delivery and "Rory" These stories created by Alcohol Focus Scotland help young children to understand risk and issues that may be difficult to talk about. East Dunbartonshire schools participated within the Greater Glasgow and Clyde initiated Jenny and The Bear programme. This is a coordinated programme that aims to increase awareness about the effects of second hand smoke on children and what parents/carers can do to ensure their children are not exposed to its harmful effects. In total 15 EDC primary schools participated.

One of the Health Improvement practitioners has recently completed the 'NHS GG&C 'What's the Harm?' training and joins two Educational Psychologists and another member of our education staff to roll out the one day course across our CPP. This will standardise the response and understand the response to self-harm as a coping strategy.



Child Poverty

Tackling child poverty across East Dunbartonshire continues remain a top service priority. Under the Leadership of the Community Planning Partnership Team, the Community Planning Partnership Board develops strategy and plans which support Local Outcome Plan 2 Skills for Life and Learning and Local Outcome 3 Children are Safe and Ready to Learn.

The Child Poverty Strategic Group has continued to commit to reducing inequality, by bringing together partners to tackle child poverty across East Dunbartonshire. The Strategic group is made up from representatives from East Dunbartonshire Council, the HSCP, Third Sector, Police, Fire Brigade, NHS Greater Glasgow and Clyde and other stakeholders. Since our last update, the group has developed the third local child poverty plan. Local plans are based upon the statutory targets in line the Child Poverty (Scotland) Act 2017, aiming to put an end to child poverty across Scotland, giving children the best start in life.

Over the last year we have continued to tackle poverty and the cost-of-living crisis. We have continued to provide reductions in costs of the school day by providing free school meals from p1 –p5 and school clothing grants via an online form. Our local foodbank distributed hundreds of three-day emergency food supplies to families across East Dunbartonshire who were referred by our Children and Families Service.

The Health Improvement Teams led Healthier Wealthier Children (HWC) project continues to identify families who are on a low income and /or in receipt of welfare benefits with the aim to maximise their income, reduce debt and access all entitlements they should be receiving. The reported outcome during this reporting period stated that 124 referrals were progressed and a total of £503,000 was accessed, mitigating some of the most serious impact of the financial crisis faced by local families. The programme has ensured that a number of families debts have been written off and sanctions that had gone through an appeal process, have been successfully withdrawn. Access to grants and assistance with dealing with food and fuel poverty have been accessed by families.

The East Dunbartonshire Breastfeeding Pilot project aims to reduce breast feeding inequalities by increasing breastfeeding rates up to sixweeks post birth. This pilot is already seeing significant results. The pilot was independently evaluated with the reports findings being forwarded to the Scottish Government for future considerations.

Our Social Work Team co-ordinated the Christmas Emergency Fund project to provide parcels for vulnerable children. They also delivered additional support through food vouchers, money for utilities, food hampers and vouchers at Christmas.

Between June–August 2021, three new build Early Years Centres opened to children and families. All children aged 3-5 years were offered 1140 funded hours, including a funded lunch in all Council and funded provider centres.

Provision of free period products throughout the area in all schools and in community locations have been available since 2018. We will continue to engage with our communities going forward to understand preferences as to where these products should be made available.



Third Sector Update

During this reporting period our Third Sector organisations and Community Groups continued to provide vital support to children, young people and their families.

During 22/23 **EDVA** have hosted seven Children Young People & Families networks, hearing from local organisations on the work being done to support and enhance the lives of young people in East Dunbartonshire. We have included a small snapshot of some of the work, below:

‘We Are with You’ Families Plus and Young Person’s Services - We Are With You in East Dunbartonshire has four services. Families Plus offers one to one support for families with children aged 11 and under who affected by parental substance misuse. The Young Persons Service provides one to one support for those aged 11-12 who experienced difficulties associated with drug and/ or alcohol misuse. They have seen a rise in cases in 22/23.

LGBT Youth Scotland is the only organisation delivering specialist youth work for LGBTI young people in Scotland. Life isn’t easy for young people, but for LGBTI young people, growing up presents additional challenges. In our 2022 ‘Life in Scotland for LGBT Young People’ research, 86% of participants said they face barriers to achieving their full potential due to a range of personal and systemic challenges. LGBT Scotland’s goal is to address these barriers and make Scotland the best place to grow up for LGBTI young people. They create safer spaces where LGBTI young people aged 13-25 can explore their identities in an affirming environment, learn new skills, gain confidence and build community. Activities include youth groups, online and in person and 1:1 support, using an asset-based coaching approach to help young people effect positive change in their lives.

Scottish Families Affected By Alcohol and Drugs (SFAD) Routes is a young person’s service which works with 12–26-year-olds who are affected by a family member’s substance use, in East and West Dunbartonshire. Throughout 2022 they supported 68 young people living in East Dunbartonshire and supported 26 of those into further education, working alongside care experienced workers in colleges to ensure adequate support for them to achieve their goals. They carried out 42 trips to the likes of roller discos, aqua parks, horse riding and much more, giving the young people a break and a chance to be young person first and foremost. They hold a weekly peer support group where young people are offered a different activity each week with no pressure to talk about what is happening at home. The group is a safe space where everyone shares similar experiences and the focus is always on health and wellbeing. In two of the secondary schools in East Dunbartonshire they hold weekly drop-ins for young people who need support or someone to talk to. The young people also have their own key worker for one-to-one support.

Rookie Rockstars The Rookie Minds mental health service has been running for just under five years now and is already seeing some excellent results. Their team of fully qualified therapists provide one-to-one counselling to children and young people aged 5-18 years old. The need for this service has become increasingly apparent as the levels of enquiries have risen week on week. They help young people deal with a variety of social, emotional and behavioural issues including bullying, bereavement, lack of confidence, friendship problems, domestic violence, trauma, breakups, anxiety and much more. They provide a confidential, non-judgemental space for children and young people to work through their issues in a safe environment with the guidance and support of a trained professional. Their approach is tailored to the needs of each child/young person. For younger children they adopt a therapeutic play approach, helping the child to process their emotions and problems through play. For older children and young people they use talking therapy to explore their issues and support them to find helpful ways of coping with them. This service is free of cost and entirely supported through funding from various Trusts and Foundations. They are experiencing a growing demand for the sort of services they provide.

Creative Sparks - Creative Spark Theatre Arts is a community arts charity based in Kirkintilloch. We strive to use the arts to connect and empower the members of our community. We work with all members of our community and believe that the arts can be used to improve confidence, self-esteem and build on essential social skills. We have a strong ethos of Be Bold, Be Brave, Be You. We want participants to Be Bold in the choices they make, Be Brave in doing things that scare them but have the confidence that they know they can do it and most importantly Be you, because there is only one of you and you are amazing.

We have been working in Kirkintilloch since 2015 and have created strong partnership links in this time. Coming through the pandemic has been tough but something we are really proud of. At the moment we are running children and young people's classes, including ASN focused support and five community arts projects for adults four nights a week.

Twechar Healthy Living and Education Centre provides a location at the heart of the community which offers a range of activities including parent and toddler groups, after school groups, youth clubs, roller skating, John Muir Award activities and sports activities.

Carers Link Young Carers Project continued to provide invaluable support to young carers through a range of initiatives including a youth group, 1:1 support in school, young carer groups in some of the primary schools and high schools, day trips and residential trips away, and wellbeing packs. They also provide grants that support young carers to access breaks or items they need at home and they have helped provide items such as IT equipment for young carers such as laptops and iPads.

East Dunbartonshire Association for Mental Health (EDAMH) CEDAR, is a programme for children and young people of school age, who have behavioural, emotional and social difficulties resulting from their experience of Domestic Abuse. CEDAR provides a therapeutic group work programme for children in recovery from domestic abuse, alongside a concurrent group work programme for their mothers or kinship carers. The main aim of the programme is to help children and their mothers re-connect and heal together after the traumatic experience of living in a household affected by domestic abuse.

Creatovators aim to help people on the autistic spectrum, their parents and carers enjoy a better quality of life. The services we offer include "You Are Not Alone" Pre/Post Diagnostic Sessions, ten monthly playschemes in term times, lego-based therapy sessions, training workshops and consultations and playtime peer support. Parents/carers call Creatovators' Playscheme a "lifeline". They receive essential emotional and practical support and have requested more. In partnership with two churches in Kirkintilloch and Bearsden, we will provide more focus on the capacity, wellbeing and knowledge of parents/carers during additional play sessions.

East Dunbartonshire Women's Aid provides refuge, information and support services for women, children and young people in the East Dunbartonshire area who have experienced, or who are currently experiencing, domestic abuse.

In the reporting period 2022/23, we had 224 new referrals to our service. One hundred and eighty of these were specifically in relation to women being referred for specialist support. There were 44 referrals to our CYP Services. We also recorded a significant number of calls from previous service users re-engaging with us (which are not recorded as new referrals). We had 59 requests for refuge in the reporting period and were able to fulfil 14 of these. We continued to offer informal peer support groups in Kirkintilloch and Milngavie where women can attend as frequently or infrequently as they wish. We also provided three structured 12-week courses for women (Own My Life). For families, we held an Easter fun day, five summer trips and a Christmas party. We also worked in partnership with The Mother's Union (Lenzie Branch) to take nine children/young people and their mums for a weekend break to the Field Study Centre in Millport.

Conclusion

It is with thanks to all our dedicated workforce who have continued to work tirelessly during another challenging year following the unprecedented COVID-19 pandemic and a Joint Inspection of Services To Protect Children At Risk Of Harm in East Dunbartonshire. All of our children and families workforce have continued to adapt practices and navigate around continually changing COVID-19 restrictions whilst still continuing to put children, young people and their family's needs first.

This paper presents the final annual report for the current Integrated Children's Service 2020 - 2023. Our Community Planning Partners have provided a very comprehensive picture of the work that has been delivered during this year and we are grateful to all involved for their work, both day to day, and in preparing this report.

Other formats and translation

This document can be provided in large print, Braille or in audio format and can be translated into other community languages.

Please contact the Council on 0300 123 4510

اس متن کو آسان اور بڑے حروف میں پیش کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس متن کو آسان اور بڑے حروف میں پیش کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس متن کو آسان اور بڑے حروف میں پیش کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس متن کو آسان اور بڑے حروف میں پیش کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس متن کو آسان اور بڑے حروف میں پیش کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	14th SEPTEMBER 2023
REPORT REFERENCE:	HSCP/140923/10
CONTACT OFFICER:	CLAIRE CARTHY, HEAD OF CHILDREN'S SERVICES AND CRIMINAL JUSTICE
SUBJECT TITLE:	INTEGRATED CHILDREN'S SERVICES PLAN 2023-2026

1.0 PURPOSE

- 1.1 The purpose of this Report is to advise members of the new Integrated Children's Services Plan 2023-2026.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the ICSP2023-2026.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Part 3, Section 8 (1) of the Children and Young People (Scotland) Scotland 2014 Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan to cover a 3-year period. The plan must be prepared jointly with service users and stakeholders and will ensure statutory aims are achieved. The aim is that services are provided which safeguard, protect, support and promote children's wellbeing
- 3.2** In East Dunbartonshire the Delivering for Children and Young People's Partnership (DCYPP) is the Community Planning Partnership sub group responsible for the publishing and implementation of the Integrated Children's Services Plan (ICSP). This is a multi-agency group of senior leaders from partnership organisations. The DCYPP is chaired by Caroline Sinclair, Chief Officer HSCP and Chief Social Work Officer
- 3.3** The previous ICSP covered the period 2020 to 2023 and it was previously agreed that a consultation with all stakeholders, including children and young people, would be undertaken to inform the new ICSP.
- 3.4** Having concluded the consultation, undertaken a self-evaluation and participated in the Joint Inspection of Services to Protect Children at Risk of Harm, DCYPP members drafted the new 2023 - 2026 ICSP.
- 3.5** The new plan aims to continue the improvement activity around existing priorities but also incorporates new areas for development as requested by stakeholders. The priorities are Delivering The Promise and Corporate Parenting, Supporting Mental and Physical Health, Promoting Children's Rights, Keeping Children Safe, Addressing the Cost of Living Crisis and Child Poverty.
- 3.6** Another new addition to this ICSP is our Actions and Outcomes Framework which will inform our statutory annual reporting.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities; -

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – Improved Services.

4.3 Workforce (including any significant resource implications) – Upskilled workforce

- 4.4 Legal Implications – Fulfils statutory duties aligned with #Keeping The Promise and UNCRC.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 There are no risks associated with this ICSP.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

- 7.1 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.

8.0 **APPENDICES**

- 8.1 **Appendix 1** – Draft Integrated Children’s Service Plan 2023 - 2026

East Dunbartonshire Council
Community Planning Partnership

CHILDREN'S SERVICES PLAN

2023-26



SCOTTISH
CHILDREN'S REPORTER
ADMINISTRATION



POLICE
SCOTLAND



East Dunbartonshire
Health & Social Care
Partnership

East Dunbartonshire
Community Planning Partnership



Table of Contents

CHILDREN'S SERVICES PLAN	1
Introduction from Council Leader, Councillor Gordan Low	3
Our Partnership Working for Children & Families	4
About East Dunbartonshire Council	5
Our Vision	6
Our Priorities for 2023-2026	9
Our Priorities for 2023-2026	10
Delivering the Promise and Corporate Parenting	11
Supporting Mental and Physical Health	12
Promoting Children's Rights	15
Keeping Children Safe	16
Addressing the Cost-of-Living Crisis and Child Poverty	18
Measuring Our Progress	20
Why Our Priorities Matter	21
Our Approach to Our Priorities	22
Mental Health and Wellbeing	22
ICSP Financial Overview	23
How Our Priorities Support National Policy	24
How Our Plan Will Promote Children's Rights	25
Further Information	26
Scottish Index of Multiple Deprivation (SIMD)	27
United Nations on the Rights of the Child (UNCRC)	27
Child Rights and Wellbeing Impact Assessment (CRWIA)	27
GIRFEC	28
The Promise	28
APPENDIX 1: Actions and Outcomes Framework	29



Introduction from Council Leader, Councillor Gordan Low

East Dunbartonshire's Children's Services Partnership involves a range of partners, working together to provide services for children and young people in order to promote, support and safeguard the wellbeing of all children and young people.

This Children's Services Plan sets out how we will work together to achieve this aim over the period 2023-2026. It has been prepared by the senior leaders of East Dunbartonshire's Children's Services Partnership.

We are committed to working with children, young people and families in developing and delivering our services with the aim of improving their outcomes.

The priorities and actions outlined in this plan have been informed by feedback from children, young people and families, gathered through a range of surveys over the last year.

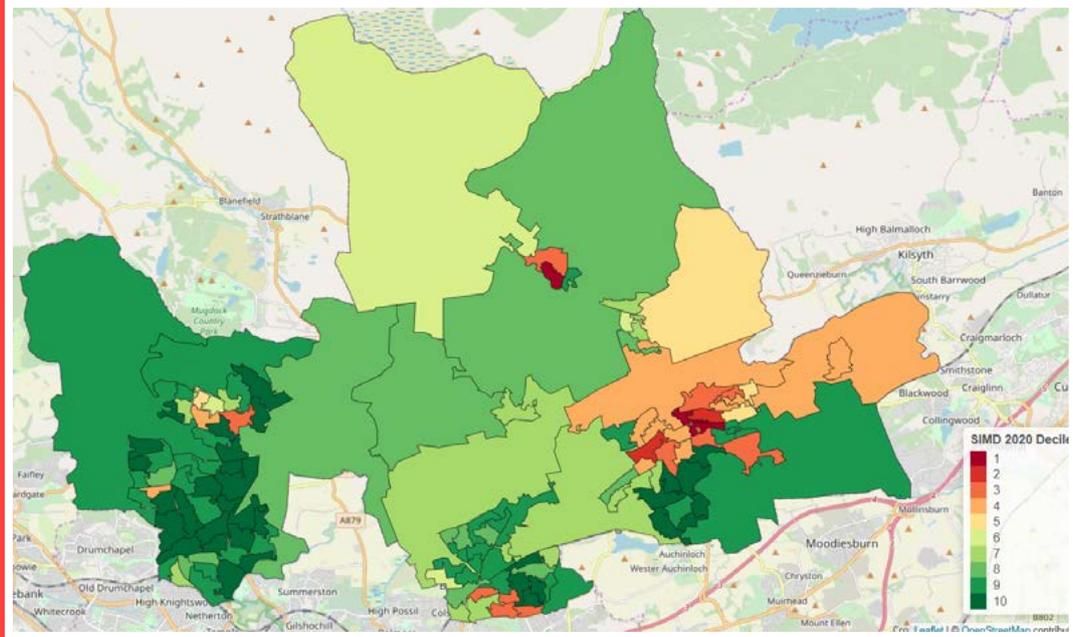
We have reviewed the priorities for the next three years, building on the successes of the 2020 to 2023 and these are outlined in our plan.



Councillor Gordan Low

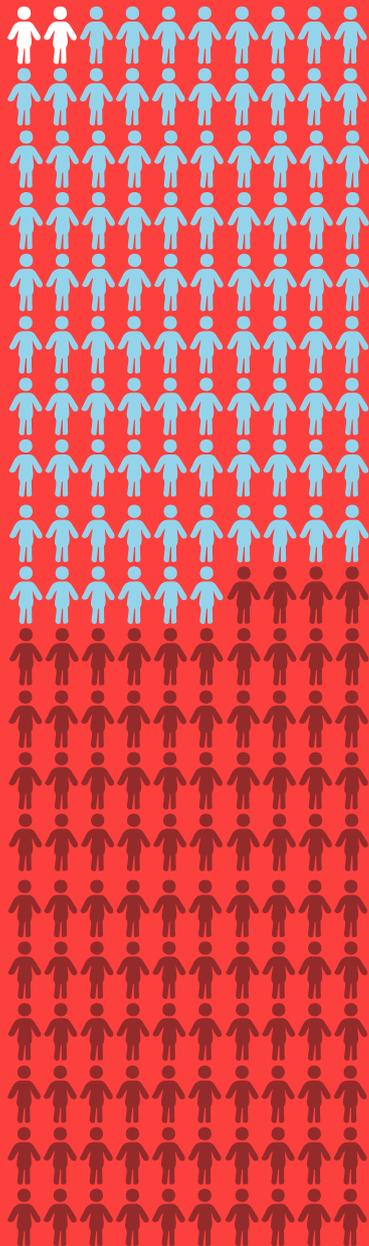
Our Partnership Working For Children & Families





School Roll

- Special
- Secondary
- Primary



About East Dunbartonshire Council

East Dunbartonshire Council covers 77 square miles and has a population of 108,330, placing it in the mid-range of Scottish local authorities. Those aged 45–64 make up the largest population (31,845) and age 0–24 is the second largest grouping with 29,804. Our School Roll (Sept 2022 Census) is; Primary 9,109, Secondary 8,109 and Special 187. There are also 25 children home educated. Of our school roll, 4,103 have an additional support need, equal to 23.6% of the school population.

The Delivering for Children & Young People’s Partnership (DCYPP) directs the strategic planning, development and delivery of children and young people’s services on behalf of the Community Planning Partnership (CPP).

The DCYPP is responsible for delivering **Local Outcome 3: Our Children Are Safe, Healthy and Ready to Learn.**



Each lead strategic group focuses on a different aspect of children’s services, but all share a common concern with improving outcomes for the most disadvantaged and vulnerable children and young people.

To strengthen our approach to partnership working, the DCYPP will work with these lead strategic groups over the coming year, to ensure that the work of each group is aligned, reduces duplication, and supports effective working across all areas.

Our Vision

East Dunbartonshire's Children's Services Partnership is committed to promoting, supporting and safeguarding the wellbeing of all children and young people in East Dunbartonshire.

We recognise that the children, young people and families of East Dunbartonshire have experiences, needs and aspirations that are many and varied.

At the heart of this work is our Vision - our shared ambition as a Children's Services Partnership:

All children in East Dunbartonshire are seen, heard and helped; they are effectively protected, safeguarded, properly supported and their lives improved by everyone working together.

Our Principles

The DCYPP is committed to working together to make the lives of children safer, healthier and happier, ensuring they receive safe and effective care at the right time and place and ensuring a safe and nurturing environment for them to live in.

In practice, this means that children are seen, heard and helped.

Seen:

in the context of their lives at home, friendship circles, health, education and public spaces (both offline and online).



Heard:

by professionals taking time to hear what children and young people are saying - putting themselves in their shoes and thinking about what their life might truly be like.



Helped:

by professionals remaining curious and by implementing timely, effective and imaginative solutions that help make children and young people safer.



Our practice is in line with the **GIRFEC** Principles which is outlined on the next page.

Improving Outcomes for Children, Young People & Families means *Getting it Right for Every Child* by being: *Rights-based* *Child/Family-focused* *Relationship-based* *Developmental & Trauma-informed* *Strengths-based* *Whole Systems*



Draft Wellbeing Outcomes for Children, Young People & Families

Our Priorities For 2023-2026



Our Priorities for 2023-2026

The DCYPP undertook a consultation process using a variety of methods with our key stakeholders. We heard from our children and young people from Early Years to Secondary and from young people who are care experienced. We also surveyed our parents/carers, staff working across various sectors and our local Elected Members.

We used a variety of methodologies such as focus groups, online surveys and questionnaires depending on the group surveyed.

Our discussions and questions related to the previous four priorities within our Integrated Children's Services Plan 2020-23.

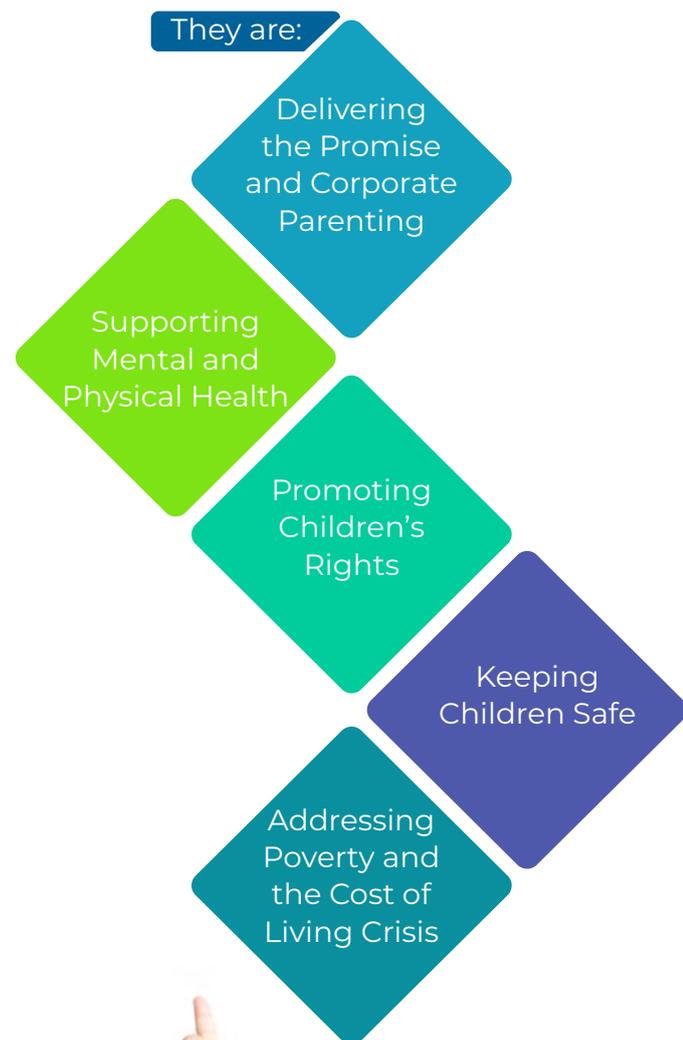
The majority of the children and young people agreed that having information on healthy lifestyles was important.

"Everyone should have a healthy lifestyle or healthy things in their life like a healthy diet and other good things, it will affect their mental health and if they are not healthy, they might suffer from serious health issues"

Older children, parents and staff indicated that they would like to see more information on how to access the services and some more self-help materials.

Our staff, Community Planning Partners and Elected Members who were involved within Children and Families services were also involved in the survey. There was unanimous agreement that the four priorities outlined in our plan 2020-2023 should remain. However, the introduction of poverty and the cost-of-living crisis was also named as a fifth priority for this ICSP.

The Priorities for this Plan aim to support all children, young people and families. However, they have a particular focus on our most disadvantaged and vulnerable children and young people.



Our Priorities

Delivering the Promise and Corporate Parenting



11

Context

The East Dunbartonshire Corporate Parenting Steering Group is responsible for all children and young people who are care experienced. This may include children in foster care, residential care, secure care and looked after at home (On Compulsory Supervision Orders) and for children with disabilities who are looked after during short breaks away.

Our care experienced children and young people are welcomed into our corporate parenting family. Our aim is that all children and young people feel loved, nurtured, safe, secure and healthy. They should have opportunities to achieve their full learning potential. Support should be provided at the right time and the right place for our children, young people and families, ensuring they are listened to and respected.

Our data on post school leaver destinations and attainment, demonstrates that outcomes for care experienced children and young people show a clear gap in comparison with their peers which reflects the national context.

We will work collectively to deliver the Promise, improving the experiences and outcomes of those who experience care, those who may be described as on the 'edge of care', and those who have a requirement for additional services to support them to live safely at home.

The actions that we will take	How we will measure our performance
We will work together to ensure early and effective intervention through integrated family support activity.	Number of families accessing early and effective interventions or support.
We will work together to support the principles and values of our House Project and Continuing Care, to ensure dynamic multi-agency planning for all children looked after away from home where permanence planning has not been concluded.	Balance of care KPI Number of care leavers moving on to their own tenancies. Number of care experienced yp receiving Continuing Care support, Throughcare or Aftercare..
We will develop a routine questionnaire to gather feedback on family experience of Team Around the Child meetings, to evaluate their impact and value.	Analyse data received and adapt practice as a consequence.
We will work across agencies to improve school attendance and exclusion rates of looked after children, enabling better attainment and positive destination outcomes.	Compare and action supports for care experienced children regarding attainment, exclusions, and positive destination statistics.
We will implement Better Hearings to ensure the child and young persons' voice is clear in the process of decision making.	Increase school attendance of Looked After Children and increase attendance at key decision-making meetings.
We will implement our #KeepThePromise Plan.	Measure our successes and identify gaps in our Promise Plan.

Our Priorities

Supporting Mental and Physical Health

Context

Our Children and young people's mental and physical health is the responsibility for all who care for them.

We want our children to grow up feeling nurtured, happy and feel they have been given the knowledge and skills to support their development.

By using an early intervention approach across all our teams and services, our children develop positive behaviours, are resilient, and make better decisions in the future.

Our early intervention and prevention approaches begin in the early years of a child's life and are provided by universal services both statutory and non-statutory including health visiting, education, culture and leisure, and social work as well as many of our third sector partners. We work closely with our parents and carers and the children themselves.

We will continue to build a skilled workforce to deliver services that are well-resourced, supportive and accessible to all who need them. This includes our broad curriculum within educational establishments and activities to support young people within our local communities.





The actions that we will take

We will work collectively to support child development, to give all children the best start in life.

Further enhance our tiered approaches to family wellbeing.

Continue to develop and deliver a local training plan for all staff working within our children and young people services.

Continue to respond using a needs-based approach to the wellbeing of children, young people and staff.

How we will measure our performance

Increase in exclusive breastfeeding at 6-8 weeks.

Increase uptake in child immunisation programme.

Increase registration with dental practitioners.

Dental decay decrease - P1 – Quintile 1.

Participation of supervised tooth brushing programme in educational establishments.

Increased proportion of children starting Primary 1 who have a healthy weight.

Children reaching developmental milestones starting P1 & SDQ analysis.

Monitor numbers of families accessing:

- Perinatal mental health services
- Non Violent Resistance training
- Triple P & Fearless Parenthood training
- Parents accessing family supports indicate improvement in their family wellbeing

Continued increased numbers of staff attending multi agency training:

- “What’s the Harm”
- Scottish Mental Health First Aid (Young People)
- Safe Talk & ASIST – Suicide Prevention Training
- LIAM – Let’s Introduce Anxiety Management
- RSHP – Relationships and Sexual Health Prevention
- Substance Misuse Toolkit training
- Trauma Informed Workforce training

SHINE Health and Wellbeing questionnaires for all schools compared to the HBSC National Statistics September 2023.

“Youth Health Service” Needs Assessment.

SALSUS Data 2023.

Increase the number of young people accessing the Sandyford Young Peoples Clinic.

The actions that we will take	How we will measure our performance
<p>Increased awareness of LGBTQ professional development for staff and associated supports offered to young people in schools.</p> <p>Review LGBT Scotland Charter to meet the needs of the local community.</p>	<p>Percentage of Schools achieving Bronze, Silver and Gold LGBTQ awards in schools.</p> <p>Achievement of HSCP Charter Award.</p> <p>Community Planning partner staff working with children and young people involved in awareness raising sessions for LGBTQ young people.</p>
<p>We will extend and enhance the range of services available to children and young people aged 5-26 (Care Experienced) to support their mental health.</p>	<p>Implement the Children’s Mental Health and Wellbeing Framework.</p> <p>Access to School and community Counselling services – report produced annually.</p> <p>CDRS – access to Compassionate Distressed Response Service</p> <p>Develop an effective multi-agency referral pathway to specialist children’s services through early intervention screening.</p>
<p>Collaborate to support children and young people to make informed choices regarding substance use. East Dunbartonshire Substance Use Prevention Action Plan 2022-25.</p>	<p>SALSUS Report 2023 and resulting action plan/measures.</p>



Our Priorities

Promoting Children’s Rights

Context

Promoting children’s rights is integral to ensuring that they are able to participate meaningfully and appropriately in the services and support they receive, enabling them to develop their potential to the full.

We will continue to embed the UNCRC in our collective work, to ensure best practice is evident across the Children’s Services Partnership and to promote Children’s Rights. We will ensure full consideration is given to the readiness for commencement of the UNCRC Implementation Scotland Bill across the wider East Dunbartonshire Partnership.

Children are listened to and participate in decision making processes that affect them and positively contribute to the future of service delivery.

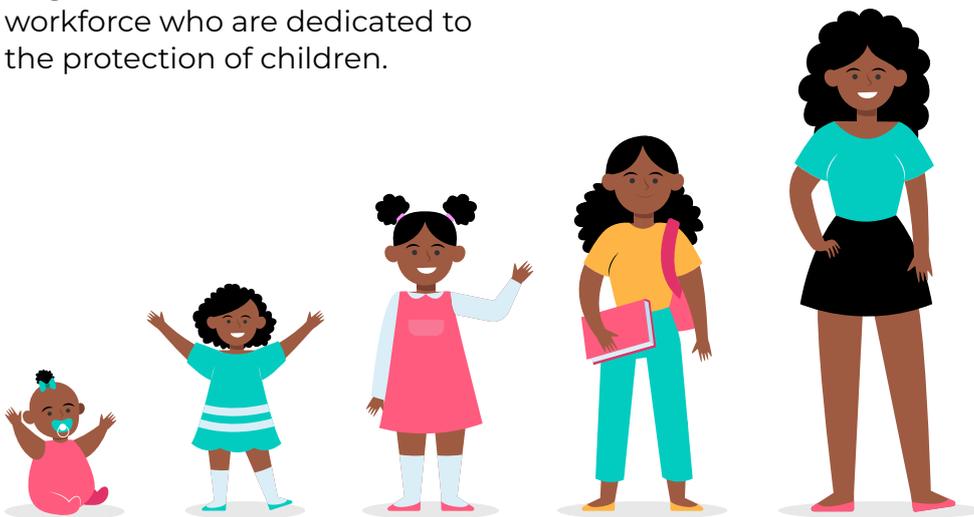
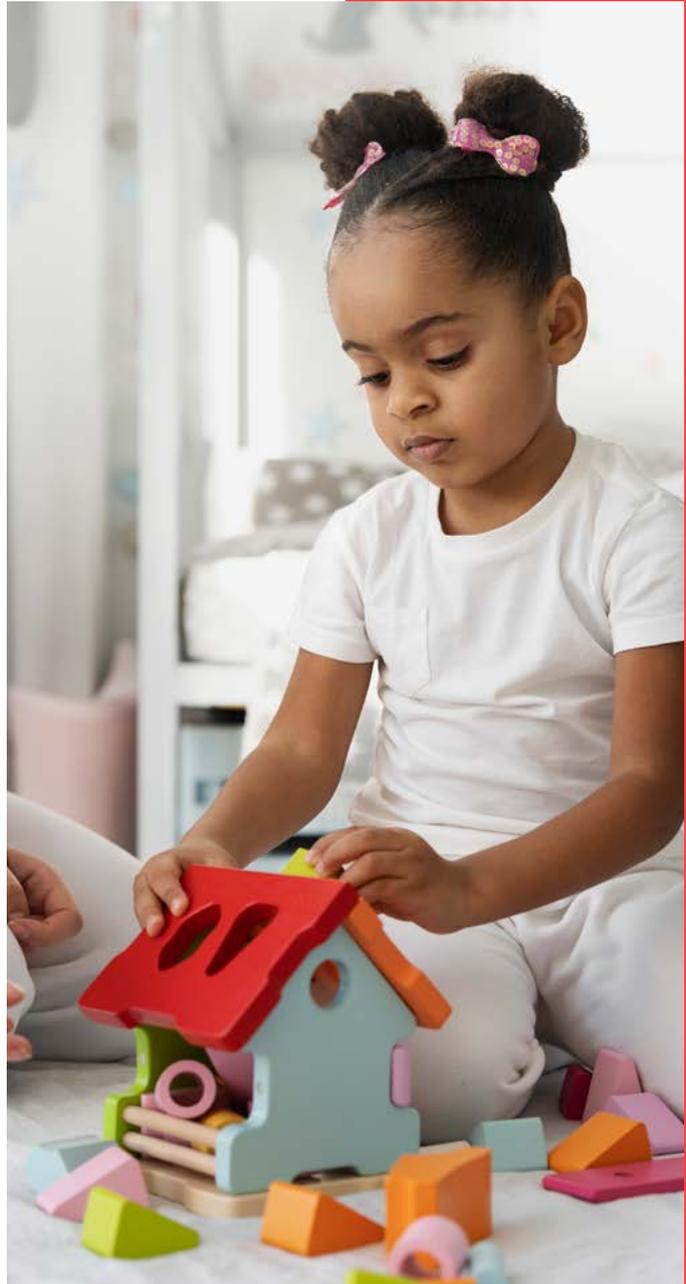
The actions that we will take	How we will measure our performance
<p>Involvement of children and young people in the design and delivery of all services across the Partnership.</p> <p>We will work to embed the use of an Equalities Impact Assessment to plan for the meaningful.</p>	<p>Awareness of the EqIA among relevant staff and data on the proportion of relevant policy decisions for which a has been completed.</p> <p>Evidence that pupil voice is impacting on improved service.</p>
<p>We will provide professional learning and awareness raising through a variety of approaches to ensure all staff across services are aware of the implications of the UNCRC in their own context.</p>	<p>Percentage of staff surveyed who are confident that they understand the implications of the UNCRC and how to give effect to Children’s Rights.</p>
<p>Further develop an inclusive approach to communication with all children and young people, to ensure that their rights are being considered and upheld.</p>	<p>Questionnaire through Pupil Forum Group – My Rights My Choices.</p> <p>TAC Feedback from Young People – overall qualitative next steps.</p>
<p>Continue to improve services for care experienced young people in collaboration with the CHAMPS Board.</p>	<p>Number and range of consultations with the Champs board has led to developments in service delivery through increased voice of our young people.</p>

Our Priorities

Keeping Children Safe

Context

All children in Scotland have the right to grow up protected from harm, abuse and neglect. In East Dunbartonshire, Keeping Children Safe has been a key strategic priority in all our Children's Services Plans. The Children (Scotland) Act 1995 outlines the legislative framework for Scotland's child protection system, covering parental responsibilities and rights and the duties and powers local public authorities have for supporting and promoting the safety and welfare of children. Our DCYPP ensures there is a strong collaborative approach to keeping children safe and all partners work together to ensure children are protected from harm from the earliest age. Our early intervention and support begins pre-birth and continues to adulthood, and involves both universal and targeted services. We have a skilled workforce who are dedicated to the protection of children.



The actions that we will take	How we will measure our performance
<p>We will work collaboratively to ensure our Child Protection Guidance is updated in line with the National Child Protection guidance 2020 and our workforce is trained on this new guidance.</p>	<p>Publication of the new Child Protection Guidance. Delivering training on the new guidance and monitoring numbers of those attending. Seeking evaluation of impact from those attending courses.</p>
<p>We will provide professional learning and awareness raising in line with our new Learning and Development Framework to ensure the multi-agency workforce are skilled in child protection. This includes, recognition, seeking support, neglect, missing persons/children, child trafficking.</p>	<p>Percentage of staff surveyed who are confident that they understand what they need to do if they suspect a child is at risk of harm and what supports may be available.</p>
<p>Further develop an inclusive approach to communication with all children and young people, to ensure that their voices are being listened to.</p>	<p>Qualitative feedback from children and young people on the effectiveness of our approach will be included in the Annual Reports. This will include data on the use of the</p> <ul style="list-style-type: none"> • Mind Of My Own App • Children's reports to Child Protection Planning Meetings • Continued promotion of the CP website and feedback surveys
<p>We will continue our improvement journey by implementing our CARH Inspection Action Plan.</p>	<p>The Annual Report will provide an update on the implementation of the CARH Action Plan which will also be governed by DCYPP.</p>
<p>The CPC sub-groups (MISE, Public Information, Learning and Development and Learning Review) will continue to ensure the CPC Business Plan is implemented.</p>	<p>The Annual Report will include an update on the implementation of the CPC Business Plan which will be overseen by CPC and governed by DCYPP.</p>



Our Priorities

Addressing the Cost-of-Living Crisis and Child Poverty

Context

Pre-Covid, there were significant differences in outcomes for the most and least disadvantaged children across Scotland. These equity gaps had narrowed in East Dunbartonshire for a range of measures before the pandemic, but evidence suggests that many have widened again as a result of the impact of Covid.

DCYPP works collectively to tackle poverty across our communities. The East Dunbartonshire Child Poverty Action Report provides a focus for our collective action to address the immediate impact of poverty on our families by:

- improving income from employment
- reducing barriers caused by the cost of living
- increasing income from social security and benefits in kind

The Children's Services Plan supports this work, with a focus on improving opportunities and life chances of children and young people living in poverty, by reducing the equity gap in outcomes for our most disadvantaged.

The East Dunbartonshire Child Poverty plan was developed by the Child Poverty Strategic group, which brings together key leads in relevant areas within the Council, HSCP and third sector partners.

The Child Poverty Strategic Group members undertook a self-evaluation of the group in May 2022. The self-evaluation covered four areas:

- Understanding Local Need
- Use of Policy Levers
- Understanding our Progress
- Ways of Working

Monitoring and evaluation of child poverty will be measured through the following actions:

The actions that we will take	How we will measure our performance
<p>Continue to develop strategies to support young people through the Child Poverty Action Plan.</p>	<p>Associated measures identified in the Child Poverty Action Plan which relate to children and young people.</p>
<p>Continue to implement whole family wellbeing measures to improve the attendance of children and young people facing disadvantage, enabling better attainment and achievement at school for them.</p>	<p>Uptake of free ELC for eligible two-year-olds</p> <p>Increase the percentage attendance of children living in SIMD Q1.</p> <p>Increase the percentage of P1/P4/P7/S3 children living in SIMD Q1 who are achieving the expected levels of Curriculum for Excellence.</p> <p>Health Visiting Staff supports to families through Healthier Wealthier Children.</p> <p>Associated measures identified in the Whole family Wellbeing Action Plan.</p> <p>Community activities for children with complex needs.</p>
<p>We will work together as a Children's Services Partnership and with wider partners, to improve the opportunities and post- school destinations of school leavers facing disadvantage.</p>	<p>We will increase the percentage of school leavers living in SIMD Q1 who enter a positive destination from school.</p> <p>Young people with additional needs with an identified positive post school destination.</p>
<p>Ensuring young people are not further disadvantaged by poverty including;</p> <ul style="list-style-type: none"> • Care Experienced • Young Carers • Families with children with ASN • Families in Recovery 	<p>House project – transition and through care and aftercare activity support and numbers of Care Leavers setting up their own homes.</p> <p>Access to pathways funding for young people who are care experienced.</p> <p>Number of identified young carers obtaining support.</p>

Measuring Our Progress

Quality Assurance Frameworks

A core function of our DCYPP is to fully implement Quality Assurance methodology to ensure there is a continuous improvement cycle throughout all our children's services. This includes measuring, assessing prevalence and monitoring. A key component to this is to listen to our key stakeholders involved in the development, monitoring and use of our services. Only then can we fully understand the impact of all our children's services, where and when to plan services and how to monitor and evaluate. We base this upon research and best practice and are engaged in both local and national forums which supports learning and improvement.

Our success will be monitored by DCYPP and reported in our ICSP Annual reports.

protectingpeopleeastdunbarton.org.uk/



Why Our Priorities Matter



Our Approach to Our Priorities

Whole Family Supports

There has always been a strong commitment to the provision of high-quality universal family support services in East Dunbartonshire, recognising that prevention and early intervention are essential. A number of family support services are established with the aim of ensuring our children have happy, healthy, safe family lives where they experience loving relationships and are able to reach their potential as responsible, respected citizens. GIRFEC runs through the core of all of our universal and targeted services. It is our plan to continue embedding this approach throughout all our priorities.

Mental Health and Wellbeing

East Dunbartonshire's Delivering For Children and Young People's Partnership has undertaken a wide-ranging review of the outcomes and experiences of children, young people and families. Additionally, following a Joint Inspection by the Care Inspectorate a report was published on the quality of services to protect children at risk of harm in April 2023. Whilst there were a number of areas of good practice recognised, there were also key themes identified for improvement.

- The need for a more strategic approach to advocacy for children and young people.
- The need to develop systematic approaches to embedding the voices of children and young people in our service improvement and delivery.
- Improvement of multi-agency chronologies.
- Continued development of community supports for children's mental health and wellbeing.
- Improve mechanisms for the analysis and evidence of better outcomes for children and young people.

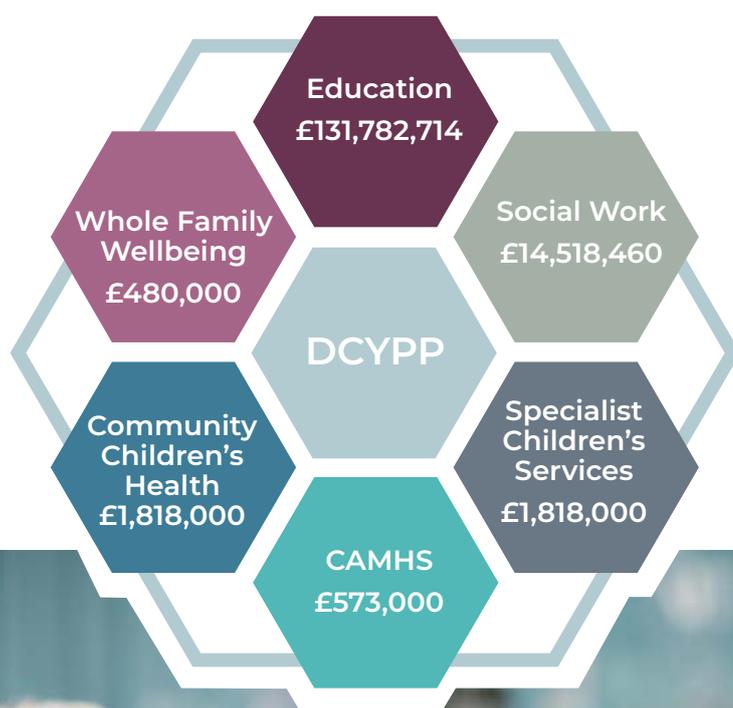
Additionally, our local consultations highlighted the need to:

- Continue to tackle child poverty
- Continue to embed the UNCRC

ICSP Financial Overview

Our Delivering For Children and Young People's Partnership is responsible for the governance and implantation of the Integrated Children's Services Plan. This is a multi-agency forum and all partners contribute finance or resource.

The following is a summary of the budget.



How Our Priorities Support National Policy

The Children & Young People Act 2014 underpinned by the United Nations on the Rights of the Child sets out a requirement to deliver services aimed at promoting, supporting and safeguarding the wellbeing of children, young people and their families. Children's rights have been enhanced by this legislation and local authorities are required to report on progress similar to the duties within the Child Poverty (Scotland) Act 2017. This requires local authorities to provide annual progress and planning reports against the national delivery plan.

The policy framework of Getting It Right For Every Child is now well embedded across our partnership, supported by key local policy frameworks such as the Getting in Right in East Dunbartonshire framework and the Family Wellbeing Pathway which promotes early and proportionate intervention to address wellbeing needs and concerns across the continuum of need – whether universal, additional or intensive.

The Independent Care review, commissioned in 2017, led to a root and branch review of Scotland's care system resulting in the publication of The Promise in 2020. The five foundations of the Promise are central to this Children's Services plan and weave across our priorities. They will help transformation of our systems, practice and culture, ensuring that:

Voice: children are listened to and meaningfully and appropriately involved in decision-making about their care.

Family: where children are safe in their families and feel loved they must stay there – and families must be given support together to nurture that love and overcome the difficulties they face.

Care: where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

People: children that we care for must be actively supported to develop relationships with people in the workforce and wider community, who in turn must be supported to be compassionate.

Scaffolding: children, families and the workforce must be supported by a system that is there when it is needed. The 'scaffolding' of help, support and accountability must be ready and responsive when it is required.

How Our Plan Will Promote Children's Rights

By Delivering the Promise we will promote:

Article 9. I have a right to live with a family who care for me.

Article 18. I have the right to be brought up by both parents, if possible.

Article 19. I have the right to be protected from being hurt or badly treated.

Article 20. I have the right to special protection and help if I can't live with my own family.

Article 21. I have the right to have the best care if I am adopted.

Article 22. If I am a refugee, I have the same rights as children born in that country.

Article 25. If I am not living with my family, people should keep checking I am safe and happy.

Article 39. I have the right to get help if I have been hurt, neglected or badly treated.



By Promoting Children's Rights we will promote:

Article 3 The best interests of children and young people should be thought about at all levels of society.

Article 5. The Government should respect the right of my family to help me know about my rights.

Article 12. Children and young people have the human right to have opinions and for these opinions to be heard and taken seriously.



By Supporting Wellbeing we will promote:

Article 24. I have the right to good quality health care, to clean water and good food.



By Closing the Equity Gap we will promote:

Article 1. Everyone under 18 has the rights the UNCRC talks about, no matter who they are.

Article 23. If I have a disability I have the right to special care and education.

Article 26. My family should get the money they need to help bring me up.

Article 27. I have the right to have a proper house, food and clothing.

Article 29. I have the right to an education which develops my personality, and which helps my mind, body and talents to be the best they can.



Further Information



Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation is the Scottish Government's standard approach to measuring relative levels of disadvantage across Scotland. It provides information about a range of resources and opportunities available to communities at a local level. These relate to income, employment, education, health, access to services, crime and housing.

SIMD is calculated for defined local, geographical areas called data zones. There are 6,976 datazones across Scotland.

Each of these datazones fall within five families, called quintiles, according to the overall level of multiple deprivation recorded by SIMD for that area. SIMD Quintile 1 (often abbreviated to SIMD Q1) refers to the most deprived areas, as measured by SIMD.

Further information can be found at:

www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/

United Nations on the Rights of the Child (UNCRC)

The United Nations Convention on the Rights of the Child (UNCRC) is the global "gold standard" for children's rights and sets out the fundamental rights of all children.

In Scotland, the UNCRC is already used to provide a framework to ensure that children's rights are considered whenever decisions are taken, and to help provide every child with a good start in life and a safe, healthy and happy childhood. It forms the basis of Scotland's national approach for supporting children, called Getting it right for every child (GIRFEC).

Further information can be found at:

www.gov.scot/policies/human-rights/childrens-rights/

Child Rights and Wellbeing Impact Assessment (CRWIA)

The Child Rights and Wellbeing Impact Assessment (CRWIA) is the approach that officials use to provide evidence that proper consideration has been given to the impact that any policy or strategy will have on children and young people up to the age of 18.

Further information can be found at:

www.gov.scot/collections/childrens-rights-and-wellbeing-impact-assessments-guidance/

GIRFEC

Scotland's national approach for supporting children, is called Getting it right for every child (GIRFEC). It supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

GIRFEC helps the different agencies, services and teams who form part of the East Dunbartonshire Children's Services Partnership work better together.

Further information can be found at:

www.gov.scot/policies/girfec/

The Promise

In 2017, the Scottish Government launched an Independent Review of Scotland's Care System (Children and Young People) to help Scotland deliver the 'world's best care system'.

The Promise is responsible for driving the work of change demanded by the findings of the Independent Care Review, following their publication in 2020. It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can #KeepThePromise it made to care experienced infants, children, young people, adults and their families - that every child grows up loved, safe and respected, and able to realise their full potential.

Further information can be found at:

thepromise.scot/



**the
promise**

APPENDIX 1: Actions and Outcomes Framework

Our ICSP Annual Reports will report updates on the measurements and impact. We will use qualitative and quantitative data and case studies to demonstrate this.

What we will do	How we will measure
We will work together to ensure early and effective intervention through integrated family support activity.	Number of families accessing early and effective interventions or support.
We will work together to support the principles and values of our House Project and Continuing Care, to ensure dynamic multi-agency planning for all children looked after away from home where permanence planning has not been concluded.	Balance of care KPI. Number of care leavers moving on to their own tenancies. Number of care experienced young people receiving Continuing Care support, Throughcare or Aftercare.
We will develop a routine questionnaire to gather feedback on family experience of Team Around the Child meetings, to evaluate their impact and value.	Analyse data received and adapt practice as a consequence.
We will work across agencies to improve school attendance and exclusion rates of looked after children, enabling better attainment and positive destination outcomes.	Compare and action supports for care experienced children regarding attainment, exclusions and positive destination statistics. Increase school attendance of Looked After Children and increase attendance at key decision-making meetings.
We will implement Better Hearings to ensure the child and young persons' voice is clear in the process of decision making.	We will monitor the number of young people attending Hearings who are receiving advocacy services.
We will implement our #KeepThePromise Plan	We will monitor the number of young people attending Hearings who are receiving advocacy services.
We will work collectively to support child development to give all children the best start in life.	Increase in exclusive breastfeeding at 6-8 weeks. Increase uptake in child immunisation programme. Increase registration with dental practitioners. Dental decay decrease - P1 – Quintile 1. Participation of supervised tooth brushing programme in educational establishments. Increased proportion of children starting Primary 1 who have a Healthy Weight. Children reaching developmental milestones starting P1 & SDQ analysis.
Further enhance our tiered approaches to family wellbeing.	Monitor numbers of families accessing perinatal mental health services, Non Violent Resistance training and Triple P & Fearless Parenthood training.

What we will do	How we will measure
<p>Continue to develop and deliver local training plan for all staff working within our children and young people services.</p>	<p>Continued increased numbers of staff attending multi agency training.</p> <p>Training includes:</p> <ul style="list-style-type: none"> • What's the Harm • Scottish Mental Health First Aid (Young People) • Safe Talk & ASIST – Suicide Prevention Training • LIAM – Let's Introduce Anxiety Management • RSHP – Relationships and Sexual Health Prevention • Substance Misuse Toolkit training • Trauma Informed Workforce training
<p>Continue to respond using a needs based approach to the wellbeing of children, young people and staff.</p>	<p>SHINE Health and Wellbeing questionnaires for all schools compared to the HBSC National Statistics September 2023.</p> <p>Youth Health Service Needs Assessment. SALSUS Data 2023.</p> <p>Increase the number of young people accessing the Sandyford Young Peoples Clinic.</p>
<p>Increased awareness of LGBTQ professional development for staff and associated supports offered to young people in schools.</p> <p>Review LGBT Scotland Charter to meet the needs of the local community.</p>	<p>Percentage of Schools achieving Bronze, Silver and Gold LGBTQ awards in schools.</p> <p>Achievement of HSCP Charter Award.</p> <p>Community Planning partner staff working with children and young people involved in awareness raising sessions for LGBTQ young people.</p>
<p>We will extend and enhance the range of services available to children and young people aged 5-26 to support their mental health.</p>	<p>Implement the Children's Mental Health and Wellbeing Framework</p> <p>Access to School and community Counselling services – report produced annually.</p> <p>CDRS – access to Compassionate Distressed Response Service.</p> <p>Develop an effective multi-agency referral pathways to specialist children's services through early intervention screening.</p>
<p>Collaborate to support children and young people to make informed choices regarding substance use as per the East Dunbartonshire Substance Use Prevention Action Plan 2022-25.</p>	<p>SALSUS Report 2023 and resulting action plan/measures.</p>

What we will do	How we will measure
<p>Involvement of children and young people in the design and delivery of all services across the Partnership. We will work to embed the use of an Equalities Impact Assessment to plan for meaningful improvement.</p>	<p>Awareness of the EqIA among relevant staff. Data on the proportion of relevant policy decisions for which a has been completed. Evidence that child's voice is impacting on improved service design.</p>
<p>We will provide professional learning and awareness raising through a variety of approaches to ensure all staff across services are aware of the implications of the UNCRC in their own context.</p>	<p>Percentage of staff surveyed who are confident that they understand the implications of the UNCRC and how to give effect to Children's Rights.</p>
<p>Further develop an inclusive approach to communication with all children and young people to ensure that their rights are being considered and upheld.</p>	<p>Questionnaire through Pupil Forum Group – My Rights My Choices. TAC Feedback from Young People – overall qualitative next steps.</p>
<p>Continue to improve services for care experienced young people in collaboration with the CHAMPS Board.</p>	<p>Number and range of consultations with the Champs board has led to developments in service delivery through increased voice of our young people.</p>
<p>We will work collaboratively to ensure our Child Protection Guidance is updated in line with the National Child Protection guidance 2021 and our workforce is trained on this new guidance.</p>	<p>Publication of the new Child Protection Guidance. Delivering training on the new guidance and monitoring numbers of those attending. Seeking evaluation of impact from those attending courses.</p>
<p>We will provide professional learning and awareness raising in line with our new Learning and Development Framework to ensure the multi-agency workforce are skilled in child protection. This includes, recognition, seeking support, neglect, missing persons/children an child trafficking.</p>	<p>Percentage of staff surveyed who are confident that they understand what they need to do if they suspect a child is at risk of harm and what supports may be available.</p>
<p>Further develop an inclusive approach to communication with all children and young people, to ensure that their voices are being listened to.</p>	<p>Qualitative feedback from children and young people on the effectiveness of our approach will be included in the Annual Reports. This will include data on the use of the Mind Of My Own App and Children's reports to Child Protection Planning Meetings. Continued promotion of the CP website and feedback surveys.</p>
<p>We will continue our improvement journey by implementing our CARH Inspection Action Plan.</p>	<p>The Annual Report will provide an update on the implementation of the CARH Action Plan which will also be governed by DCYPP.</p>
<p>The CPC sub-groups (MISE, Public Information, Learning and Development and Learning Review) will continue to ensure the CPC Business Plan is implemented.</p>	<p>The Annual Report will include an update on the implementation of the CPC Business Plan which will be overseen by CPC and governed by DCYPP.</p>

What we will do	How we will measure
Continue to develop strategies to support young people through the Child Poverty Action Plan	Associated measures identified in the Child Poverty Action Plan which relate to children and young people.
Continue to implement Whole Family wellbeing measures to improve the attendance of children and young people facing disadvantage, enabling better attainment and achievement for them.	<p>Uptake of free ELC for eligible two-year-olds.</p> <p>Increase the percentage attendance of children living in SIMD Q1.</p> <p>Increase the percentage of P1/P4/P7/S3 children living in SIMD Q1 who are achieving the expected levels of Curriculum for Excellence.</p> <p>Health Visiting Staff supports to families through Healthier Wealthier Children.</p> <p>Associated measures identified in the Whole family Wellbeing Action Plan for Session.</p> <p>Community activities for children with complex needs.</p>
We will work together as a Children's Services Partnership and with wider partners to improve the opportunities and post- school destinations of school leavers facing disadvantage.	<p>We will increase the percentage of school leavers living in SIMD Q1 who enter a positive destination from school.</p> <p>Young people with additional needs with an identified positive post school destination.</p>
<p>Ensuring young people are not further disadvantaged by poverty including;</p> <p>Care Experienced</p> <p>Young Carers</p> <p>Families with children with ASN</p> <p>Families in Recovery</p>	<p>House project – transition and through care and aftercare activity support and Numbers of Care Leavers setting up their own homes</p> <p>Access to pathways funding for young people who are care experienced.</p> <p>Number of identified young carers obtaining support</p>

LINKS TO KEY DOCUMENTS – Via the EDC Public Protection Website

protectingpeopleeastdunbarton.org.uk/



Other formats and translation

This document can be provided in large print, Braille or in audio format and can be translated into other community languages.

Please contact the Council on 0300 123 4510

اس متن کو برائے درخواست میں تبدیل کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

اس متن کو بڑے پرنٹ، برایل یا آڈیو فارمیٹ میں فراہم کیا جاسکتا ہے۔ اگر آپ کو اس کی ضرورت ہے، تو براہ کرم 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੈਗ ਫੋਨ ਟੈਕਸਟ ਆਰਜ਼ੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth orbh. Cuiribh foin gu 0300 123 4510

अनुवाद करने पर यह दस्तावेज़ हिन्दी में आसानी से लिया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/11

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

SUBJECT TITLE: HSCP QUARTER 1 PERFORMANCE REPORT
2023 - 2024

1.0 PURPOSE

The purpose of this report is to inform the HSCP Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities and national health and wellbeing outcomes, for the period April to June 2023 (Quarter 1).

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report; and
- 2.2 Consider the contents of the Quarter 1 Performance Report 2023 - 2024 at **Appendix 1**.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Quarter 1 Performance Report 2023-24 at **Appendix 1** contains a range of information, most of which is available and complete for the full reporting period.
- 3.2** There are routine delays with the publication of some data, particularly with validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, Greater Glasgow and Clyde Health Board's own hospital-derived activity data has been included. These are presented in a way that also permits summary comparison of our performance against targets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides accurate proxy data while waiting for published national figures.
- 3.3** The HSCP Board is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national health and wellbeing outcomes and the HSCP strategic priorities.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
1. Empowering People
 2. Empowering Communities
 3. Prevention and Early Intervention
 4. Public Protection
 5. Supporting Carers and Families
 6. Improving Mental Health and Recovery
 7. Post-pandemic Renewal
 8. Maximising Operational Integration
- 4.2** Frontline Service to Customers – None.
- 4.3** Workforce (including any significant resource implications) – None
- 4.4** Legal Implications – None.
- 4.5** Financial Implications – None.
- 4.6** Procurement – None.
- 4.7** ICT – None.
- 4.8** Corporate Assets – None.
- 4.9** Equalities Implications – None
- 4.10** Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.

6.3 **NHS GREATER GLASGOW & CLYDE** – The report includes indicators and measures of quality and performance relating to services provided by NHS Greater and Clyde, under Direction of the HSCP Board.

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

7.0 **POLICY CHECKLIST**

7.1 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.

8.0 **APPENDICES**

8.1 **Appendix 1** – HSCP Quarter 1 Performance Report 2023 - 2024

SECTION 1

Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data are set out in defined sections in accordance with where the data are sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant; for example, good performance in social or health care service targets can contribute to improved performance elsewhere across the whole system.

Each indicator is reported individually. Charts and tables are provided to display targets, trend data, and where available, improvement trajectories. A situational analysis is provided to describe activity over the reporting period, and improvement actions are provided for all indicators that are below target.

Covid-19 Pandemic Impact:

The Covid-19 pandemic continues to impact on a number of the performance metrics covering 2023-24, particularly during the winter period, with staff absence, the diversion of health and social care resources to support higher demand.

The HSCP has business continuity plans in place to guide the delivery of essential services. Covid-19 Recovery and Transition Plans are also in place which guide service recovery through and out of the pandemic. During ongoing response planning we will be working across service areas in collaboration with partner organisations, service users and the wider community to maintain and re-establish service provision to meet the needs of our residents.

The sections contained within this report are as listed and described below.

Section 2: Performance summary

This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3: Health & Social Care Delivery Plan

The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4: Social Care Core Indicators

This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5: NHS Local Delivery Plan (LDP) Indicators

LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance

This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance

This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance

Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section .

SECTION 2 Performance Summary

This section of the quarterly report ranks each of the performance indicators and measures that feature in the report against a red, amber and green (RAG) rating, reflecting activity against targets and improvement plans.

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance.

We have re-introduced the pre-Covid summary RAG rating (below), but caution should continue to be applied to interpretation. Full information on the impacts on performance is set out for each individual measure within the report.

-  Positive Performance (on target) improving
-  Positive Performance (on target) declining
-  Negative Performance (off target) improving
-  Negative Performance (off target) declining

Positive Performance (on target & maintaining/improving)

3.4	Number of Accident and Emergency attendances (all ages)
4.1	Number of homecare hours per 1,000 population 65+
4.2	Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home
4.3	Percentage of service users (65+yrs) meeting 6wk target
4.5	% of Adult Protection cases where timescales are met
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
5.4	Total number of Alcohol Brief Interventions (ABIs) delivered
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.2	% of Initial Child Protection Planning Meetings taken place within Child Protection National Guidance
6.3	% of first Child Protection review conferences taking place within 6 months of registration
6.5	% of first Looked After and Accommodated Children (LAAC) reviews taking place within 4 weeks of accommodation

6.6	% of children receiving 27-30 months assessment
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	% of Criminal Justice Social Work reports submitted to court on time
7.3	Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

 **Positive Performance (on target but declining)**

4.6	Adult Social Work: Service User Personal Outcomes
5.2	% of people waiting <18 weeks for psychological therapies

 **Negative Performance (below target but maintaining/improving)**

3.2	Number of unscheduled hospital bed days
-----	---

 **Negative Performance (below target and declining)**

3.1	Number of unplanned acute emergency admissions
3.3	Quarterly Number of Delayed Discharge Bed Days
5.1	Percentage of People Waiting <3wks for Drug & Alcohol Treatment
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
6.4	% of children being Looked After in the community
8.5 / 8.6	NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target (EDC sickness absence data is unavailable)

SECTION 3

Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period (minimum 95% complete).

- 3.1 Emergency admissions
- 3.2 Unscheduled hospital bed days; acute specialities
- 3.3 Delayed Discharges
- 3.4 Accident & Emergency Attendances

3.1 Emergency Admissions

Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

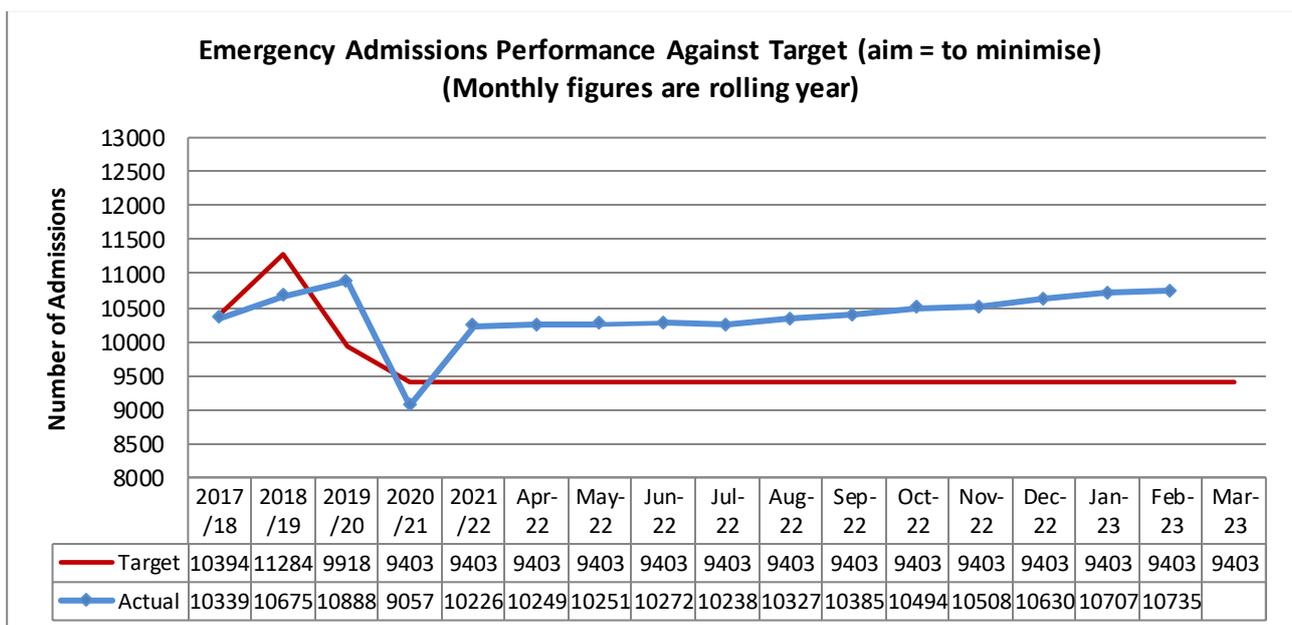
Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Target (2022-23)
2,675	2,665	2,765	Full Q4 not available	Full Q1 not available	2,351

*Based on availability of complete data for quarter at time of report – subject to update.

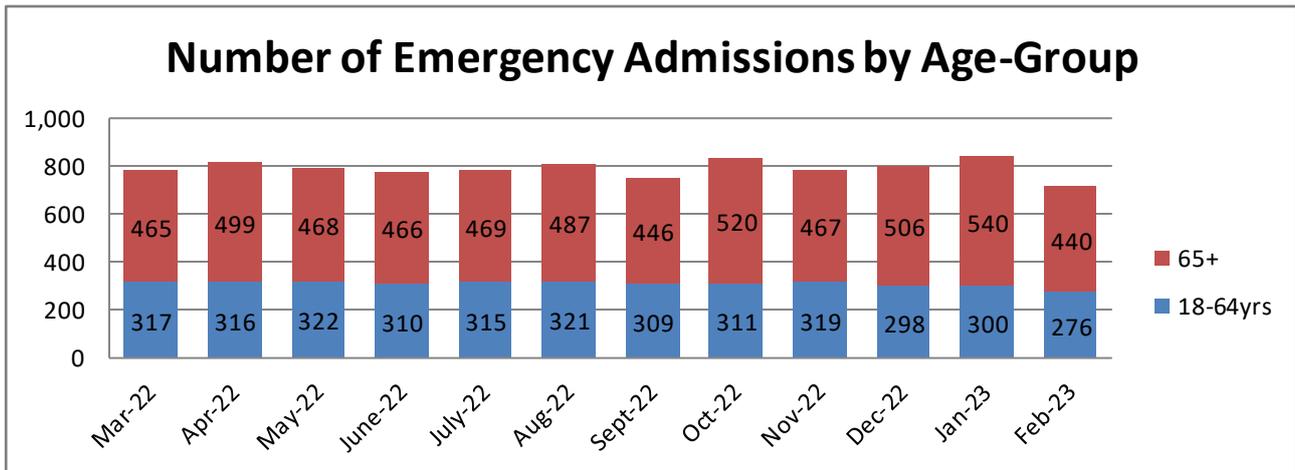
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.1a: Rolling Year Number of Unplanned Emergency Admissions*



*Based on availability of complete data for quarter at time of report – subject to update

Figure 3.1b: Unplanned Emergency Admissions by Age Group



Situational Analysis:

The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, and how much of a burden of disease is potentially being experienced by our residents.

Since the start of 2021-22, emergency admissions have shown a steady increase, with the HSCP not meeting target for admissions since May 2021.

Improvement Actions:

The HSCP continues to deliver on our local Unscheduled Care plan in partnership with the acute sector. Improvement activity is focused on the continued development of the Home First Response Service at the Queen Elizabeth University Hospital (QEUH) with corresponding expanded and enhanced community based rehabilitation services, providing rapid assessment to assist in the prevention of admission and expedite discharge from acute services. Two Frailty Practitioners have also been recruited to the HSCP and work in collaboration with Frailty Practitioners situated in the emergency departments at the QEUH and the Royal Infirmary (GRI). Work is ongoing to develop a community frailty pathway across GGC. The HSCP continues to expand falls prevention work in care homes and is increasing access to advanced clinical decision making in community services through our Advanced Practitioner cohort. Key to this work will be to ensure that behind these trends, people are receiving effective diagnosis and treatment.

3.2 Unscheduled hospital bed days; acute specialities

Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.
 Aim = to minimise

Table 3.2: Quarterly number of Unscheduled Hospital Bed Days (all ages)

Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Quarterly Target (2022-23)
23,095	24,793	25,499	Full Q4 not available	Full Q1 not available	20,181

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.2a: Rolling year number of Unscheduled Hospital Bed Days

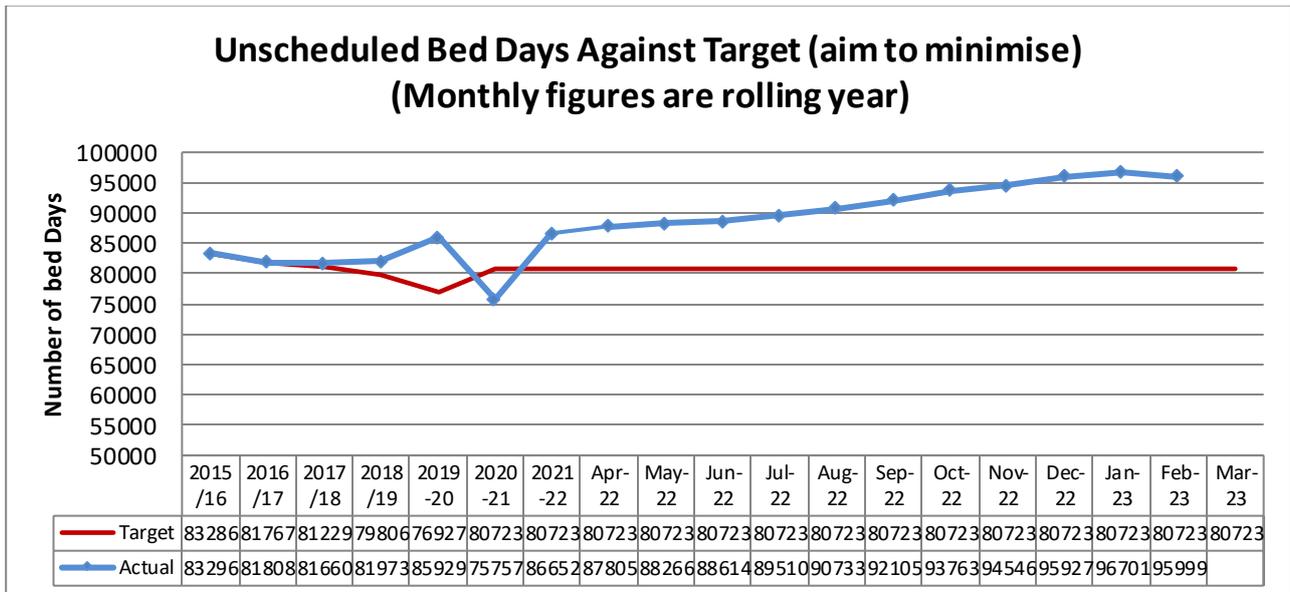
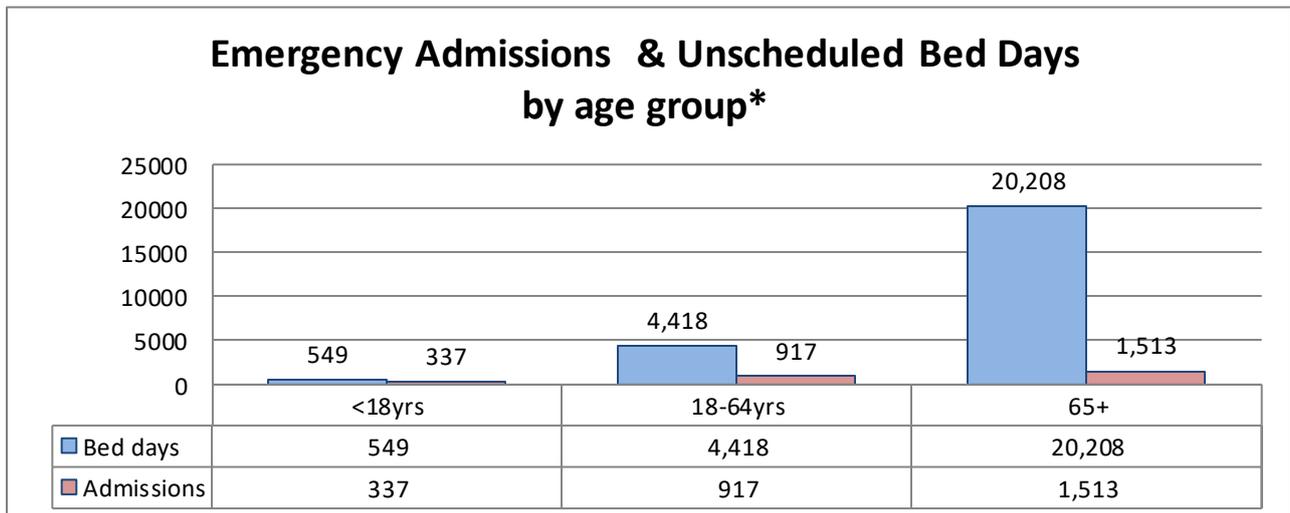


Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (Nov 22 to Jan 23, >=95% complete)

Situational Analysis:

This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a illustrates what was a challenging trend away from the target trajectory over the years to 2019-20, the short term impact of the pandemic significantly reversed this trend during 2020-21. The “bounce-back” during 2021-22 which has been sustained into quarter 4 of 2022-23, has taken emergency bed days back to

above pre-Covid levels and significantly off-target. This is linked to the increasing complexity and frailty of people from East Dunbartonshire admitted as an emergency, and the impact of their experience during the pandemic on their suitability/safety for immediate discharge home.

Improvement Actions:

As in normal circumstances, our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. This continues to be an important component of managing hospital capacity. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside further proactive work to support people currently in our services who are at greatest risk of admission via activity such as falls prevention, polypharmacy management and anticipatory care planning. As referenced above, new developments are being progressed to support the turnaround of patients who present to emergency departments who can be supported towards a planned rather than emergency episode of care by tailoring community support at home, or to provide this as soon after an avoidable admission as possible.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily.
 Aim = to minimise

Table 3.3: Quarterly Number of Delayed Discharge Bed Days (18+)*

Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Quarterly Target (2022-23)
1,989	1,813	1,618	2,187	Full Q1 not available	1,210

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.3a: Rolling year number of Delayed Discharge Bed Days (18+)

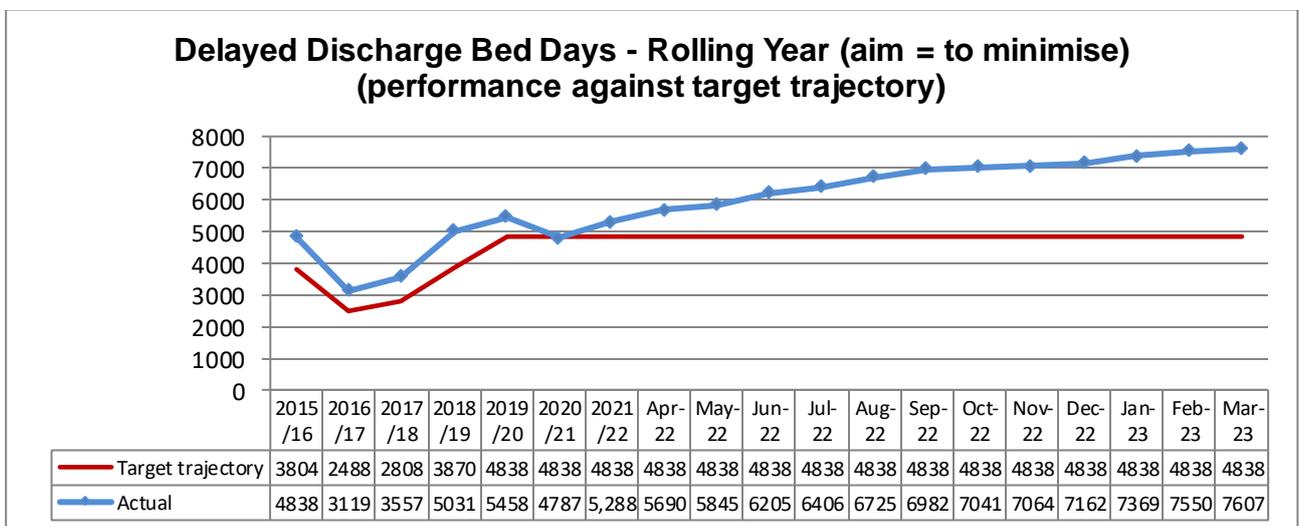
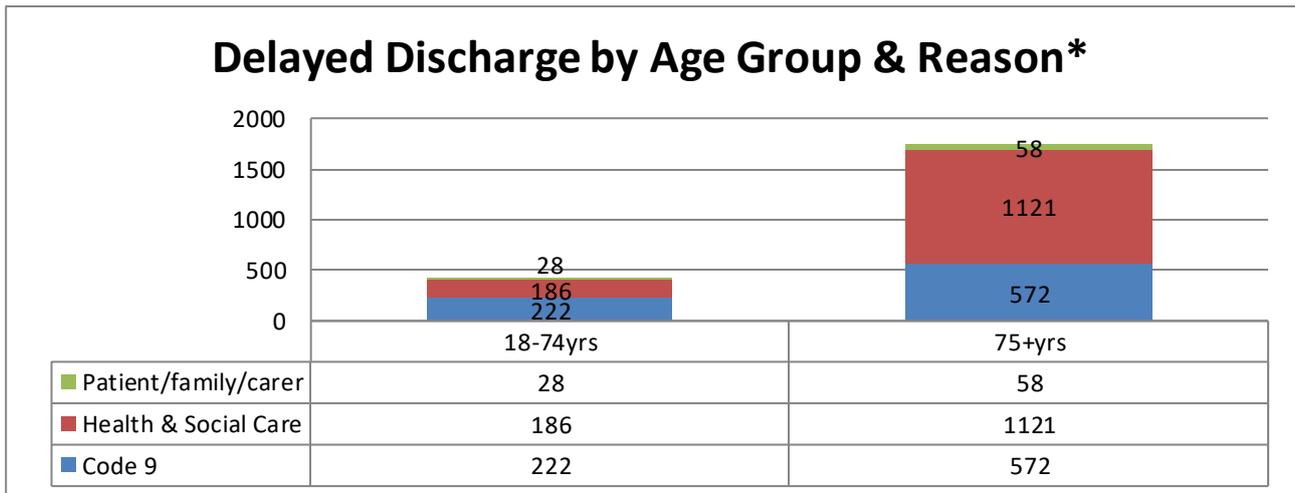


Figure 3.3b: Number of Delayed Discharges by Age and Reason



*Based on most recent complete 3 month data period (Jan to March 2023)

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and “de-habilitation” that can occur while an inpatient, and allows hospital resources to be used for people in need of clinical care. National data is only available to March 2023, but figure 3.3a illustrates the very challenging circumstances that continue to be experienced nationwide in relation to patients delayed in their discharge. The HSCP continues to be confident and can evidence significant efforts in relation to delayed discharges. There is a challenge regarding complex cases (particularly where patients are subject to Adults with Incapacity legislation), and also in securing both care at home and the emotionally charged nature of choosing to place a loved one in long term care, when a return to home is not possible.

Improvement Actions:

Use of electronic operational activity “dashboards” continues to enable local oversight of community patients who have been admitted to hospital so that a response can be made quickly, prior to these patients being deemed fit for discharge. The HSCP can also see patients who have been admitted who are not currently known to us, again allowing early intervention. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate admission avoidance and discharge facilitation work (including discharge to assess). Attempts to expand the care at home component of the service have met workforce challenges, where recruitment has not been fruitful. The HSCP works closely with care homes and continuously develops our Care Homes Support team, and has attempted to increase our use of interim placement in line with Scottish Government expectations and recent funding. Acceptance of a move to interim care remain at the choice of the individual and their family, however, and cannot be mandated by the HSCP.

3.4 Accident & Emergency Attendances

Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

Table 3.4 Quarterly Number A&E Attendances (all ages)*

Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Quarterly Target (2022-23)
6,441	6,961	7,059	6,736	Full Q1 not available	6,740

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.4a: Rolling year number of A&E Attendances

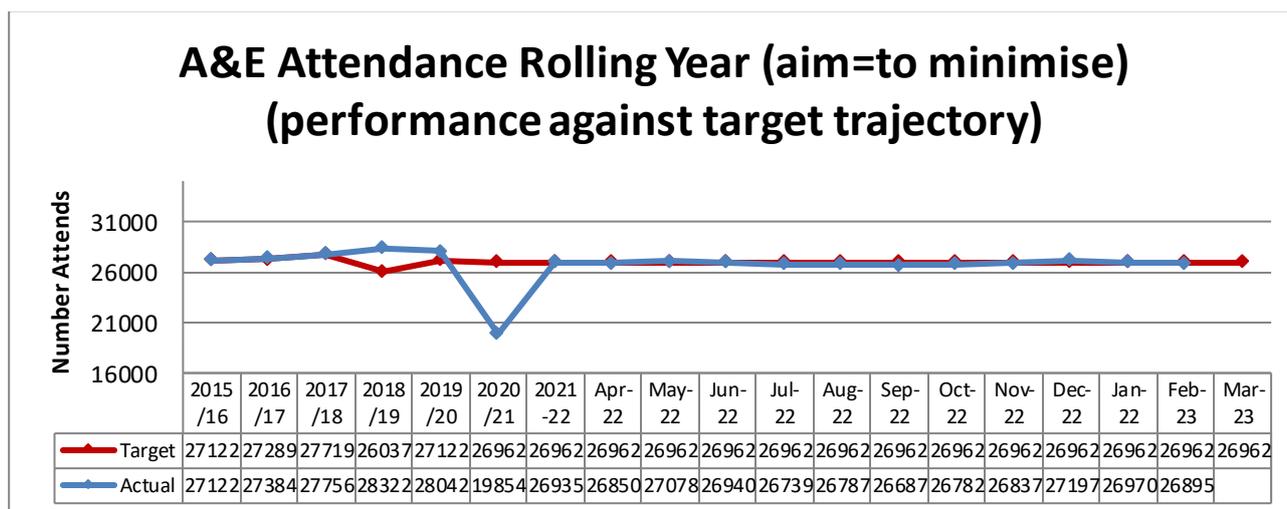
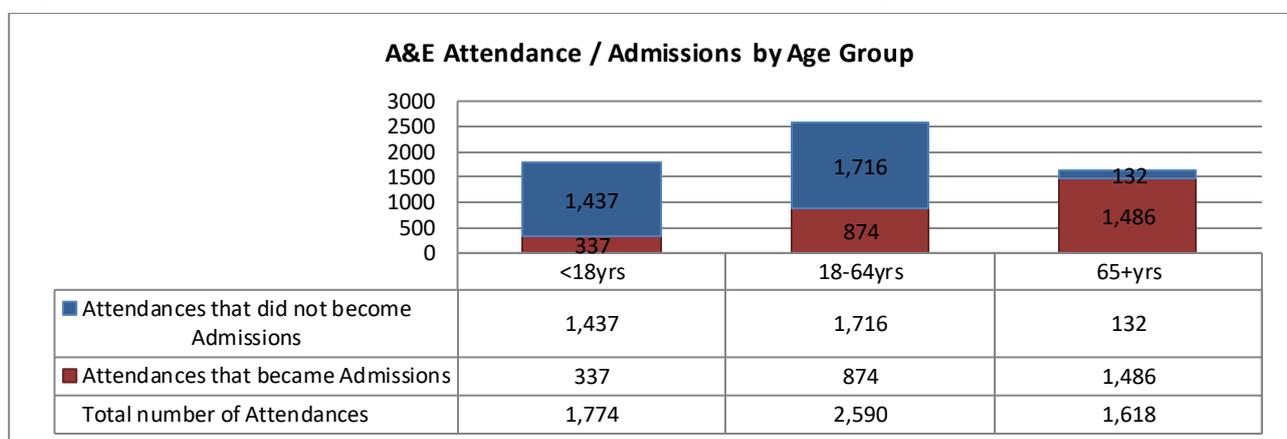


Figure 3.4b: A&E Attendances Admitted to Hospital by Age Group



*Based on most recent complete 3 month data period, Dec 2022 to Feb 2023 (>=95% data completeness)

Situational Analysis:

East Dunbartonshire has the second lowest level of emergency department attendances, per 1,000 population, across Greater Glasgow and Clyde. These comparatively lower emergency attendance levels by area have been consistent with the HSCP recording the lowest rate of attendance in GGC in June 2023. Attendances are on-target for 2022-23, to date.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged, suggesting that a significant number of those in the younger age-groups attending A&E could have had their needs met in the community or via self-care. In order

to address this on a national level “Right Care, Right Place” is now operating across Scotland. Scotland’s new approach to urgent care has those with non-life threatening conditions who would usually visit an emergency department first, asked to call NHS 24 day or night on 111 through the NHS Board’s Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

Improvement Actions:

From an HSCP perspective we continue to progress all developments supporting the transformation of patient access to the right advice and support from the appropriate professional and/or alternative community resources. Additionally, as referenced above, we are improving our response to people attending hospital following emergency conveyance or self-presentation – initially at the Queen Elizabeth University Hospital with plans to expand to the Glasgow Royal Infirmary through the Home First response service and our pre-existing local services.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is February or March 2023 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more recent figures. The table compares our performance for the reporting year to date against target and against other HSCP’s in Greater Glasgow and Clyde.

East Dunbartonshire HSCP Unscheduled Care (NHSGGC data sources) Data Summary: Q1 April to June 2023

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	4,615	4,919	Green	1
Emergency Admissions (18+)	2,347	2,351	Green	3
Unscheduled bed days (18+)	24,345	20,181	Red	4
Delayed discharge bed days (all ages)	1,674	806	Red	4

* RAG rating used:

Green: equal to or ahead of target (ahead of target is ‘positive’)

Amber: off-target by less than 10% (off-target is ‘negative’)

Red: off target by 10% or more

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

SECTION 4

Social Care Core Indicators

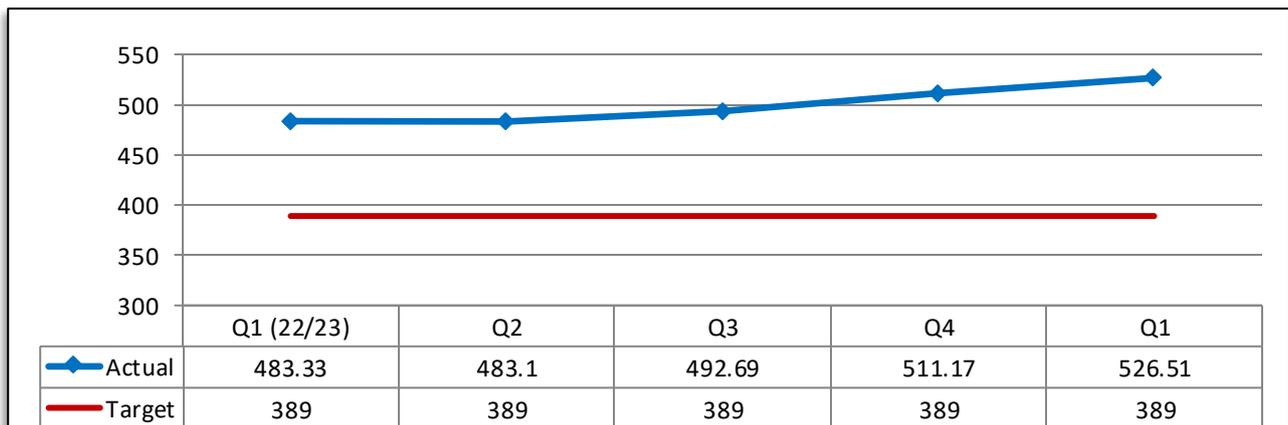
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the Health and Social Care Annual Delivery Plan and HSCP Unscheduled Care Plan.

- 4.1 Homecare hours per 1,000 population aged 65+yrs
- 4.2 People aged 65+yrs with intensive needs receiving care at home
- 4.3 Community assessment to service delivery timescale
- 4.4 Care home placements
- 4.5 Adult Protection inquiry to intervention timescales

4.1 Homecare hours per 1,000 population aged 65+yrs

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care.
 Aim = to maximise in comparison to support in institutional settings

Figure 4.1: No. of Homecare Hours per 1,000 population 65+ (IHSC-89-LPI-6)



Situational Analysis:

This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1,000 population over 65 has steadily increased in recent quarters and continues to be ahead of target in quarter 1 of 2023-24. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level of need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ are in receipt of at least one social/personal care at home service.

Improvement Action:

Care at home is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in

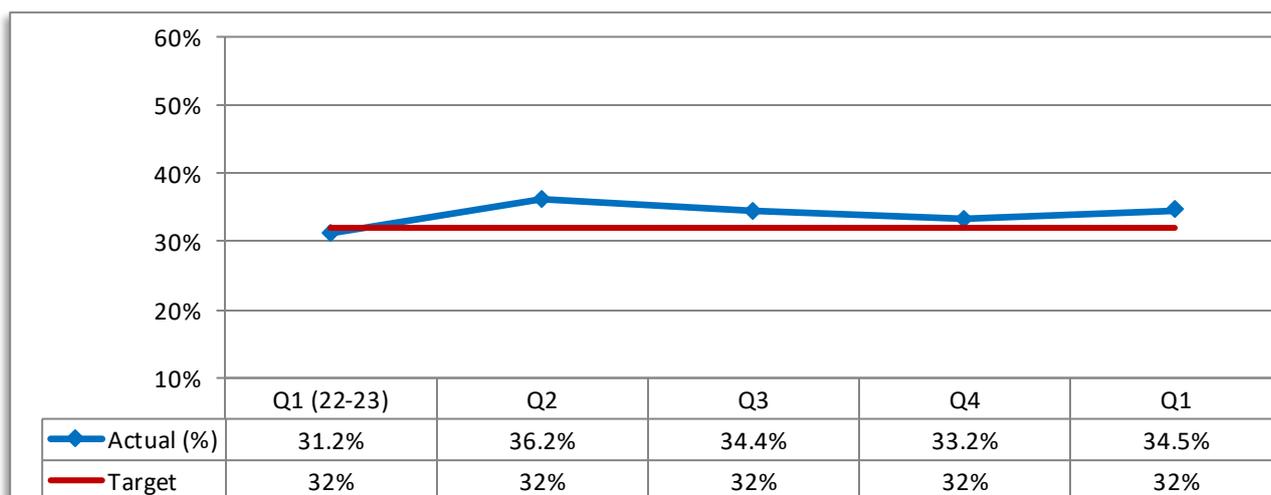
their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

The service continues to experience a sustained demand for service from customers who are presenting with more complex needs or whose needs have escalated or significantly changed, resulting in enhancements to the care package provided, and some customers have experienced a delay in their care package starting which is atypical in the East Dunbartonshire system. This illustrates the capacity pressures described throughout this report, and which are being actively managed by the service

4.2 People Aged 65+yrs with Intensive Needs Receiving Care at Home

Rationale: As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important. This target assures that home care and support is available for people, particularly those with high levels of care needs.
 Aim = to maximise.

Figure 4.2a: Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise) (HSCP-SOL-SW3)



Situational Analysis:

This indicator is above target for quarter 1, 2023-24. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a historic measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible. Traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using “just enough” support rather than creating over-dependency.

Improvement Action:

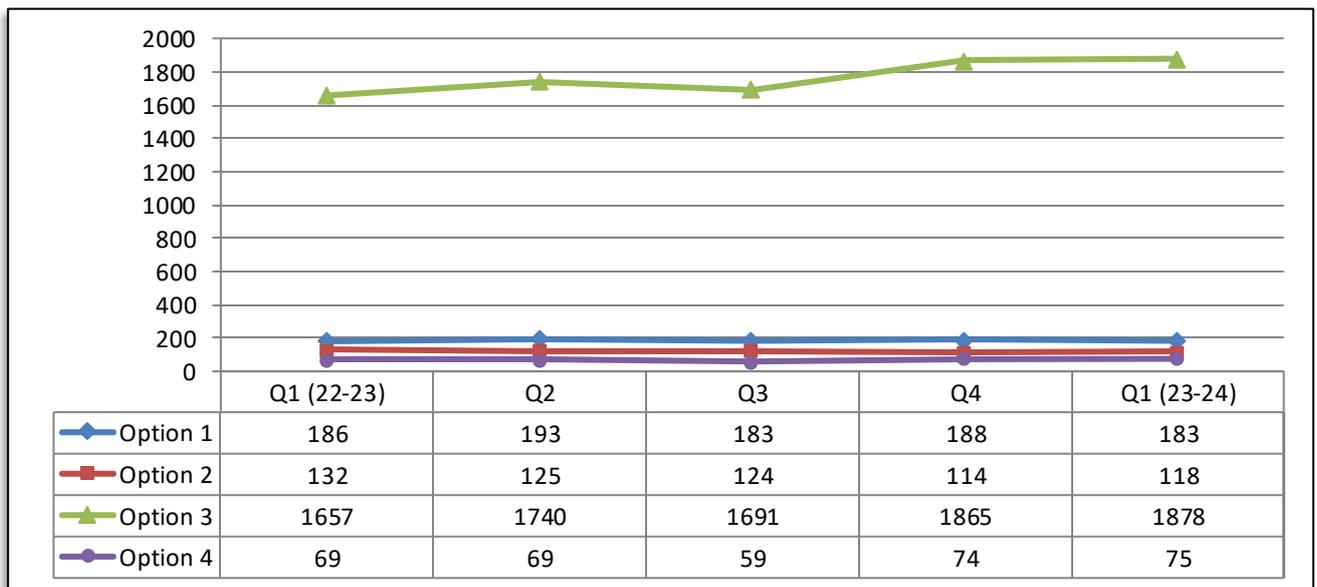
Our intention is to maintain good, balanced performance in this area, addressing capacity challenges and maximising rehabilitation and reablement opportunities wherever possible for customers. The HSCP continue to experience challenges in meeting all demand for care at home services in house and through our commissioned provider partners. Workforce pressures remain the most common reason for capacity shortages. The

service continue to meet excellent performance standards in undertaking reviews to ensure that optimum levels of care are provided, reducing packages where appropriate thus enabling care to be freed up for others. The in-house service continues to operate with very high levels of overtime use due to a sustained 10-12% vacancy factor particularly in relation to reablement and response carer cohorts.

4.2b Systems supporting Care at Home

Rationale: The following indicators contribute partly to support the previous indicators. They are important in improving the balance of care and assisting people to remain independent in their own homes, but do not have specific targets.

4.2b (i): Number of people taking up SDS options



Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Note that if service users choose more than one support option (as per option 4), they will also be added to the total of each option that applies.

This quarter has seen an increase in all but one of the options. There was a slight decrease in the number of service users choosing option 1, which is the option most impacted by the national recruitment and retention issue for social care staff.

Option 1 – The service user receives a direct payment and arranges their own support

Option 2 – The service user decides and the HSCP arranges support

Option 3 – After discussing with the service user, the HSCP decides and arranges support

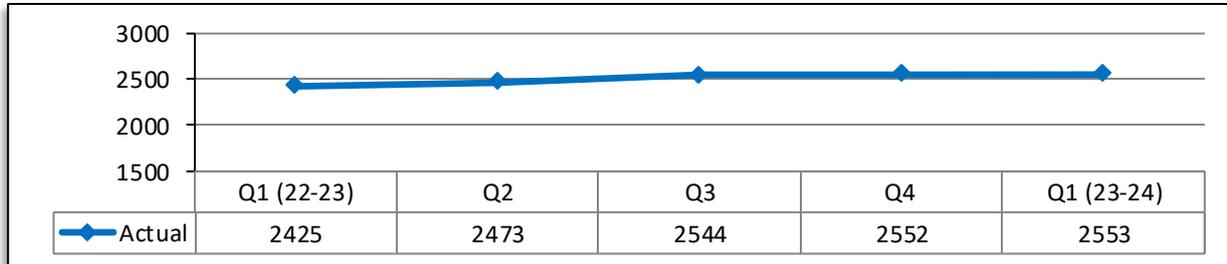
Option 4 – The service user uses a mixture of options 1-3.

Improvement Action:

We will continue to ensure that we provide Self Directed Support training to Social Work and Health practitioners to instil confidence and knowledge about the options amongst the

workforce. We will also continue to work in partnership with the Third Sector to raise awareness about self-directed support to local communities, customers and carers to ensure that the benefits associated with each option are fully explained and recognised.

4.2b (ii): People Aged 75+yrs with a Telecare Package (aim to maximise)



Situational Analysis:

There continues to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

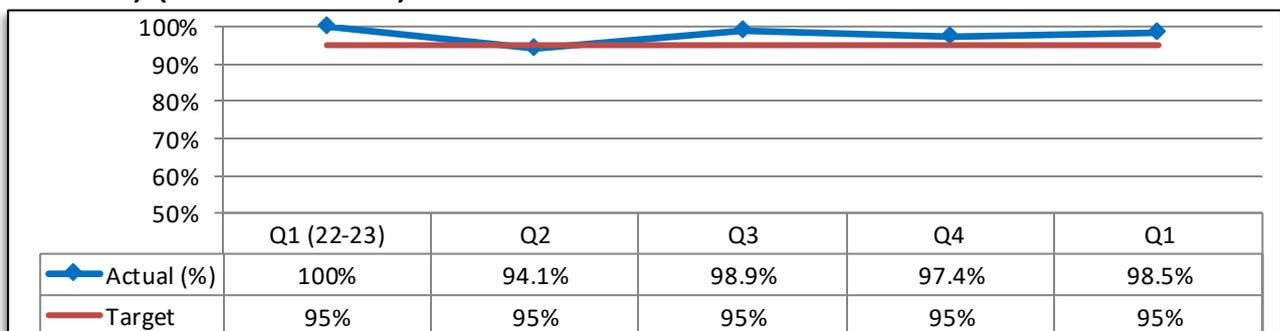
Improvement Action:

We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. The specification for a shared alarm receiving solution across all 32 local authorities is in the final stages, which includes a shared data set for monitoring and reporting. We are now installing new digitally enabled devices within the authority, in line with the impending shared alarm receiving solution. This is awaiting final sign-off before transitioning to it.

4.3 Community Care Assessment to Service Delivery Timescale

Rationale The HSCP has a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users.
 Aim = to maximise.

Figure 4.3: Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise) (HSCP-06-BIP-6)



Situational Analysis:

The HSCP generally reports consistently high levels of compliance against this indicator. Indeed, many people receive services well within the 6 week target from the completion of

their community care assessment. A rare dip below target was experienced in Q2 of 2022-23, but this has been remedied in each of the quarters since then.

Improvement Action:

The focus is to continue to deliver high levels of performance in this area.

4.4 Care Home Placements

Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement. Aim = monitor care home placement numbers/maintain baseline

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot) (HCP-14-LPI-6)

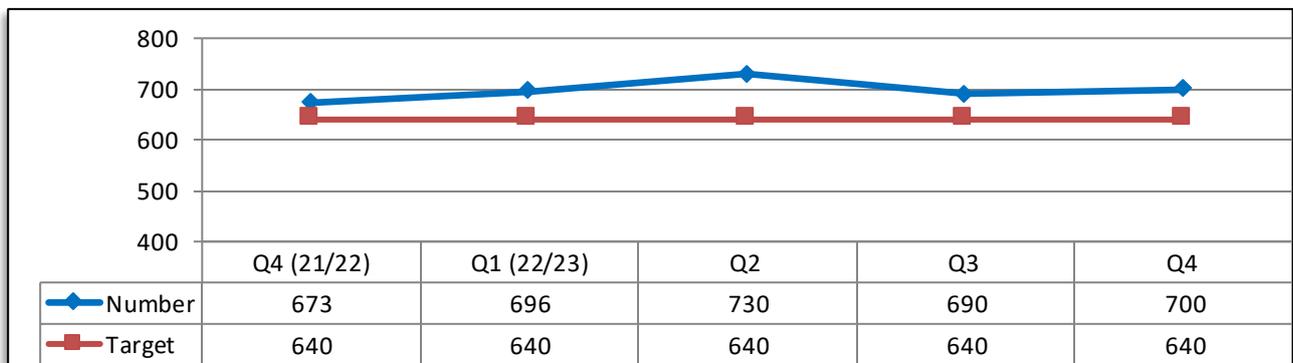
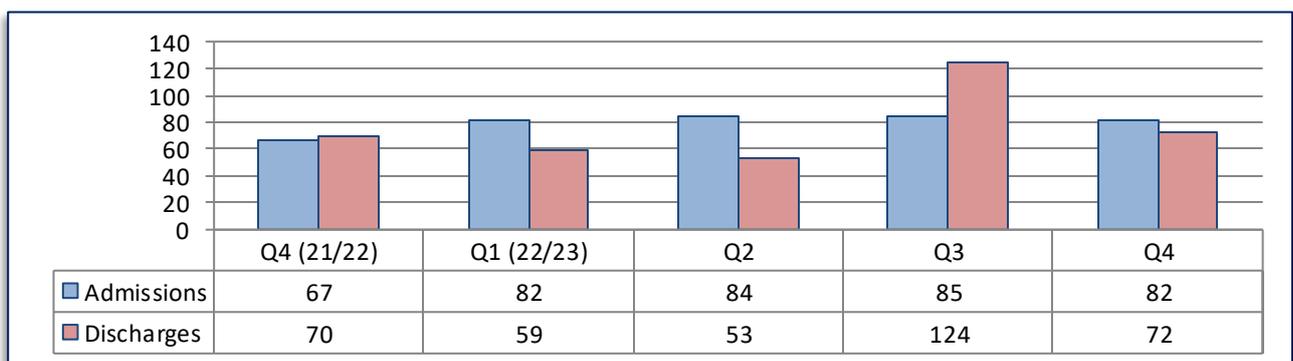


Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) (HCP-13-LPI-6 & HSCP-AS-LPI-1)



Situational Analysis:

Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of placements in long term care. Increases in care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors and we have experienced an increase in cases where long term care need is indicated.

The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to January to March 2023.

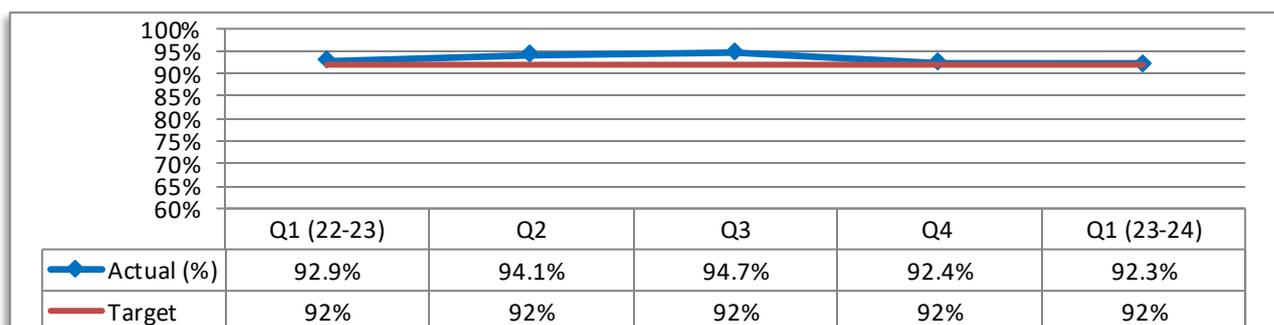
Improvement Action:

Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, of long term care decision-making. Intensive support and assurance work is being provided by the HSCP to care homes in the area, enhanced by the input of our integrated care homes support team.

4.5 Adult Support & Protection Inquiry to Intervention Timescales

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures the speed with which sequential ASP actions are taken against timescales laid out in local social work procedures. Aim = to maximise.

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise) (HSCP-05-BIP-6)



Situational Analysis:

Quarter 1 continued to see above target performance despite continuing high levels of demand and fluctuating pressures on workforce capacity. Business continuity measures continue to be applied as and when required.

Improvement Action:

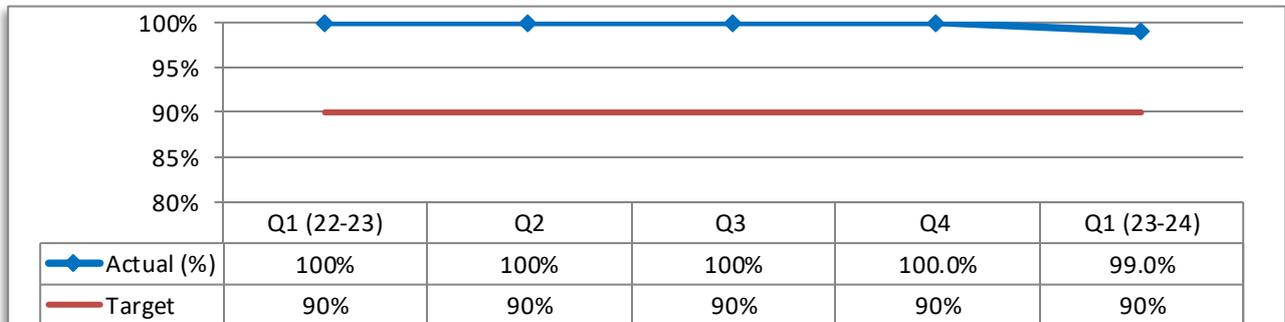
Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible.

4.6 Adult Social Work: Service User Personal Outcomes

Rationale: When preparing a support plan, social workers agree with service users the personal outcomes that and care and support should be aiming to meet. As a minimum, these should be designed to reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life outcomes. When services are reviewed (at least annually), social workers consider with service users the extent to

which these personal outcomes have been fully or partially met, or not met. This measure reports on the extent to which personal outcomes have been fully or partially met, with data on all reviews being collated for the period. Aim = to maximise.

Figure 4.6 Percentage of adults in receipt of services who have had their personal outcomes fully or partially met (Aim = to maximise) (HSCP-BIP-10)



Situational Analysis:

Quarter 1 has reported strong performance again for this indicator, at 99%, well above the target of 90%.

Improvement Action:

The aim is that social work assessment and support management remains focused and specific on improving agreed outcomes for the people we support. This data is also produced at a team level, to permit examination at a more granular level on how effectively support is being targeted towards measurably reducing risks and also improving quality of life by maximising the potential benefits of informal as well as formal supports options.

SECTION 5

Local Delivery Plan (Health) Standards

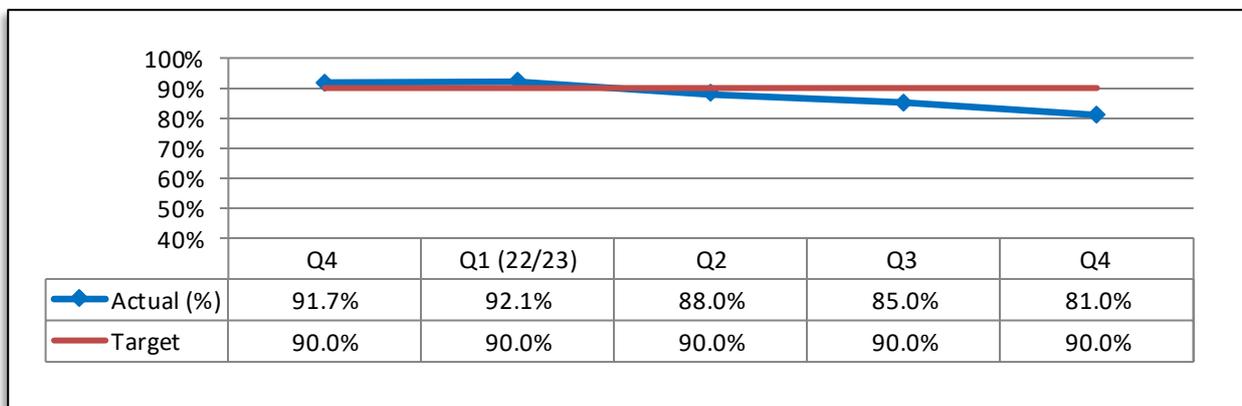
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

- 5.1 Drugs & Alcohol Treatment Waiting Times
- 5.2 Psychological Therapies Waiting Times
- 5.3 Dementia Post Diagnostic Support
- 5.4 Alcohol Brief Interventions
- 5.5 Smoking Cessation
- 5.6 Child & Adolescent Mental Health Services Waiting Times

5.1 Drugs & Alcohol Treatment Waiting Times

Rationale: The 3 weeks from referral received to appropriate drug or alcohol treatment target was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in supporting people to recover from drug and alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where they are needed.

Figure 5.1: Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



Situational Analysis:

2023-24 quarter 1 waiting time performance data had not been published at the time of preparing this report, so the most recent data relates to January – March 2023. Performance was below target for the 3rd quarter in a row and has seen a steady decrease over the past 12 months.

Improvement Action:

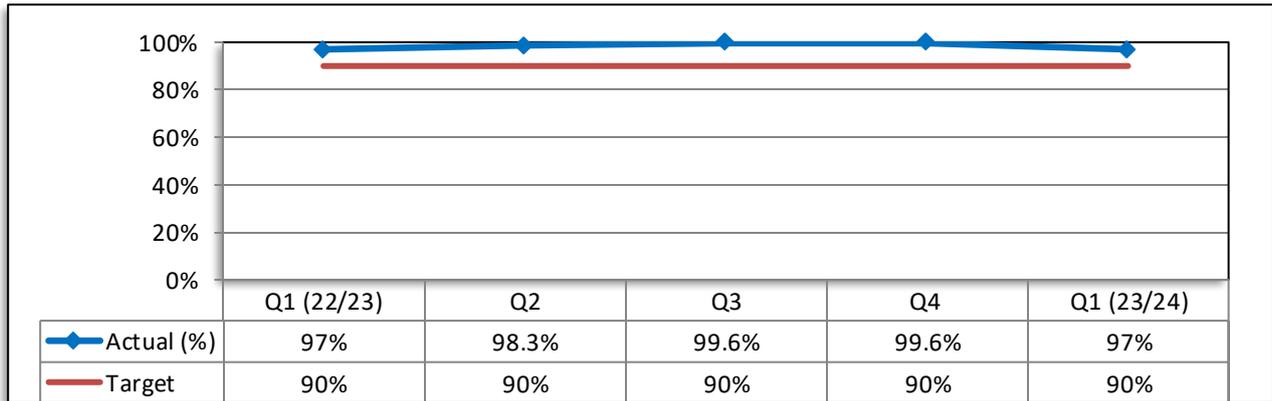
The team will continue to work to improve performance in this area. Additional resources have been secured to support the team administer the DAISy database. There is increasing pressure on ADRS who are seeing rises in referrals and open cases and have experienced a number of staff vacancies and sickness which is resulting in increased

caseloads. The Alcohol and Drug Partnership (ADP) is currently looking to increase capacity within the ADP support team and within the ADRS.

5.2 Psychological Therapies Waiting Times

Rationale: Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.

Figure 5.2: Percentage of People Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



Situational Analysis:

This data brings together performance across the Community, Primary and Older People’s Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past year.

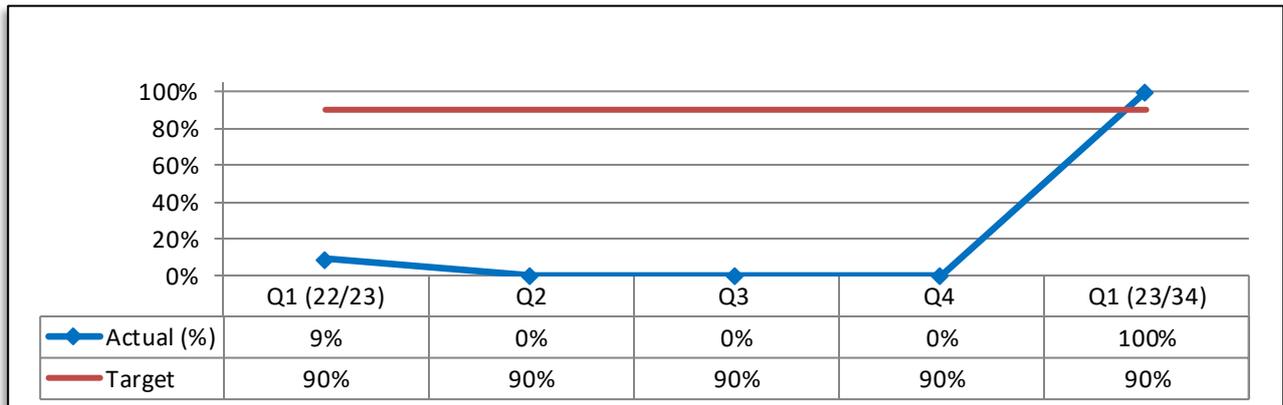
Improvement Action:

The mental health teams have learned from the pandemic and continue to offer support in a variety of ways, including maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including anticipatory care planning.

Figure 5.3: Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)



Situational Analysis:

This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. In the early part of 2021-22, the service was operating almost at target levels, but was severely impacted later in the year by non-Covid related staffing issues, which persisted into the first half of quarter 4 in 2022-23. The implementation of the service review has now been full embedded and the success of the restructure can be clearly seen in quarter 1 of 2023-24, with all patients being seen within 12 weeks of being diagnosed.

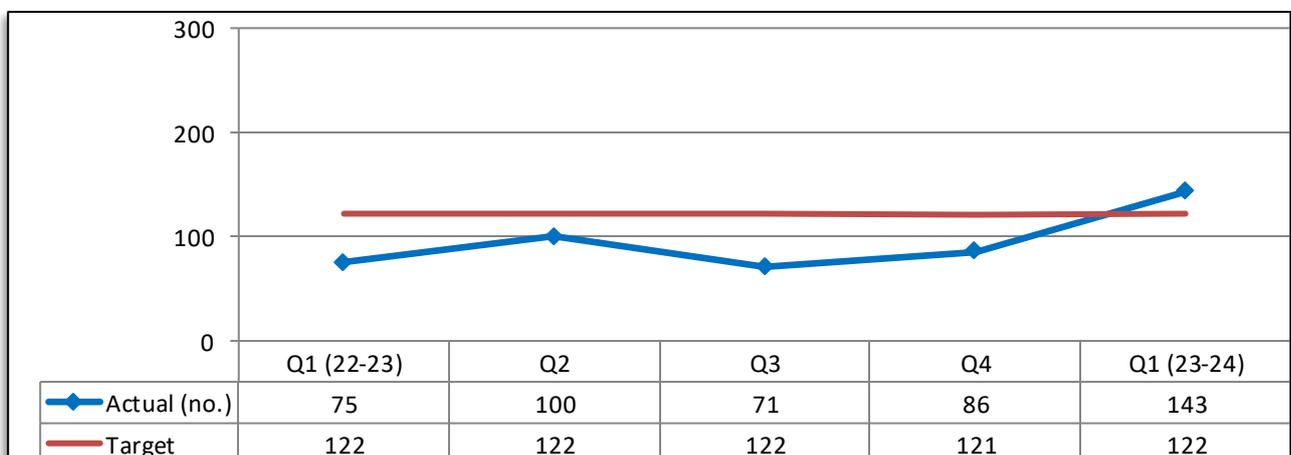
Improvement Action:

Work will be focused on sustaining good performance in this area.

5.4 Alcohol Brief Interventions (ABIs)

Rationale: To sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal. This standard helps tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Latest data suggests that alcohol-related hospital admissions have quadrupled since the early 1980s and mortality has doubled.

Figure 5.4: Total number of ABIs delivered (aim = to maximise)



Situational Analysis:

Fig 5.4 shows that the delivery of ABIs was above target for the first quarter of 2023-24 after being below target throughout 2022-23, due to the continued impact of Covid-19 restrictions on these therapeutic interventions.

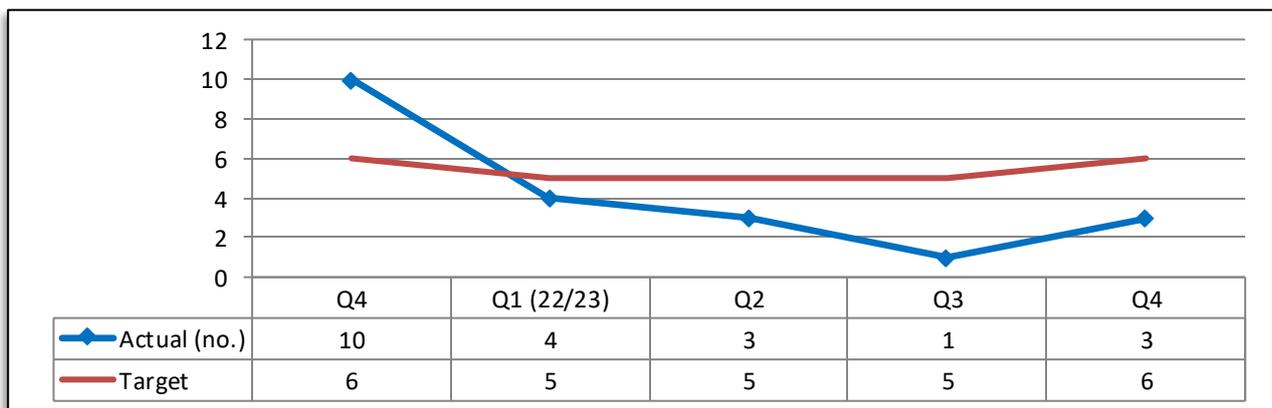
Improvement Action:

Recovery plans continue to be used to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital technology and rebuilding capacity within GP surgeries.

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking, still recognised as one of the biggest leading causes of preventable ill health and premature death. Smoking continues to be a key factor in health inequalities, estimated to be attributable to in the region of 8,260 deaths per year and many hospital admissions.

Figure 5.5: Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim = to maximise)



Situational Analysis:

Targets for smoking cessation are set centrally by NHSGGC. Data reporting is generally three months behind, so Fig 5.5 shows the most recent data available. After exceeding targets throughout 2021/22, performance in 2022/23 was below target each quarter. The service continues to face difficulties due to the continued lack of availability of some nicotine replacement therapy products, and significant capacity constraints experienced across community pharmacy and the wider service.

Improvement Action:

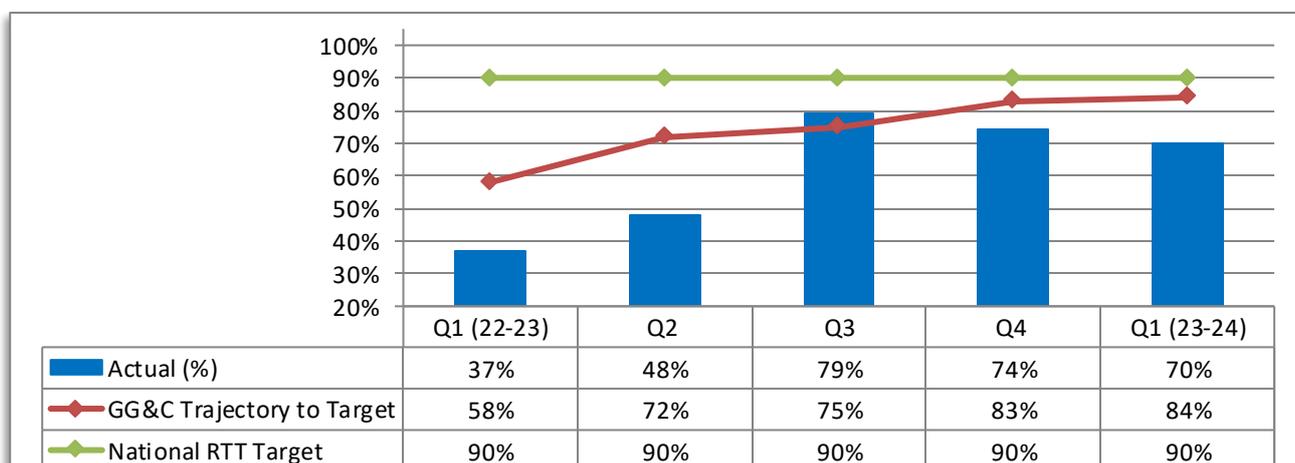
To support reinstatement of face-to-face service delivery, the Quit Your Way teams have been liaising with key partners and stakeholders to scope potential venues, and to raise the profile of QYW Cessation Services. Efforts continue to identify suitable NHS and community venues, but this has been challenging. Public Health Pharmacy have recommenced pharmacy training sessions to increase capacity and efficiency, and have also introduced an additional nicotine replacement therapy to the suite of options available,

in place of products that remain unavailable. A blended approach to service delivery continues at this time.

5.6 Child & Adolescent Mental Health Services (CAMHS) Waiting Times

Rationale: 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

Figure 5.6: Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



Situational analysis:

NHSGGC Children & Adolescent Mental Health Services (CAMHS) aims to prioritise improvement in the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Long-term and ongoing increases in demand, and increases in complexity of cases since the pandemic have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible. At the end of quarter 1 in East Dunbartonshire, 86% of children on the waiting list were waiting for less than 18 weeks. While 70% of children seen (or otherwise discharged from the waiting list), had waited less than 18 weeks.

It is a positive sign that the proportion of children waiting less than 18 weeks has been maintained around 86% since October 2022. Currently, services are focusing on ensuring those children who have waited longest are seen. Once this has been completed, the shape of the waiting list indicates the RTT will improve. It should also be highlighted that the total number of children seen or discharged from the waiting list month on month increased over the last year (For 2021/22 Q2 – 83, Q3 – 139, Q4 – 171, 2022/23 Q1 – 260, Q2 – 194, Q3 – 217, Q4 – 112, 2023/24 Q1 – 140). These improvements are a consequence of increased staffing associated with the Mental Health Recovery and Renewal funding.

Improvement Actions:

The following improvement actions are in progress to address demand on the service:

- Focus on waiting list and RTT targets continues. First treatment appointment activity levels are being maintained, as the number of children waiting has reduced and NHSGGC Board reaches the national RTT target. Activity will now shift to providing return appointments.
- CAMHS Mental Health Recovery and Renewal Programme Board continues to meet to oversee plans to utilise Phase 1 funding to improve waiting times in CAMHS, deliver the full revised CAMHS service specification, and increase the transition timescales up to age range 25 years for targeted groups. Workforce planning and recruitment for Phase 1 of MHRR funds ongoing.
- CAMHS Waiting List Initiative Group meet bimonthly to monitor performance of the improvement plan for waiting lists.
- From 1st August 2023, the MHRR Programme Board and CAMHS WLI Group will become the CAMHS Planning & Performance Group.
- Comprehensive review of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial. The letter to families has been amended with an invite to call and book an appointment, with choice of when and how families would like to be seen.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- The learning and development plan has been refreshed to include implementation of the finalised standardised care bundles for CAMHS to ensure evidence based programmes are adopted and that new staff are well inducted and developed.
- Refresh of CAPA to improve through put and to move to a full booking position where children are allocated a case manager and next appointment at onset of treatment.
- Ongoing use of NearMe and remote/digital group options, to increase numbers of children seen and clinical capacity. A Clinical Psychologist has been appointed to lead on the delivery of digital groups, which will improve uptake, and ensure children, young people and families are appropriately identified for this form of treatment.
- An increased focus on the “did not attend” DNA rate for choice appointments, with an audit of actions undertaken to identify any weakness in the appointing process. Triage calls added to operational guidance to engage with families ahead of first appointments. SMS text checked and delivered, and option to cancel appointments via SMS text is being explored.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people.
- Single management structure implemented, this will provide greater flexibility across the system

Agreed Trajectory until March 2024

The targets for 2023/24 are included in the table below. Please note that this trajectory is for NHS GGC CAMHS and not specific to East Dunbartonshire. Specialist Children’s Services leadership and CAMHS management closely monitoring this and aim to keep the service on track to maintain the recent return to achieving the national RTT target.

Figure 5.6a National & Revised NHSGGC Targets for CAMHS

CAMHS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% NHSGGC CAMHS patients seen <=18 weeks	81.3%	88.9%	92.3%									
NHSGGC Projection/Target	84.0%	83.0%	84.0%	86.0%	88.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
National RTT Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

SECTION 6

Children's Services Performance

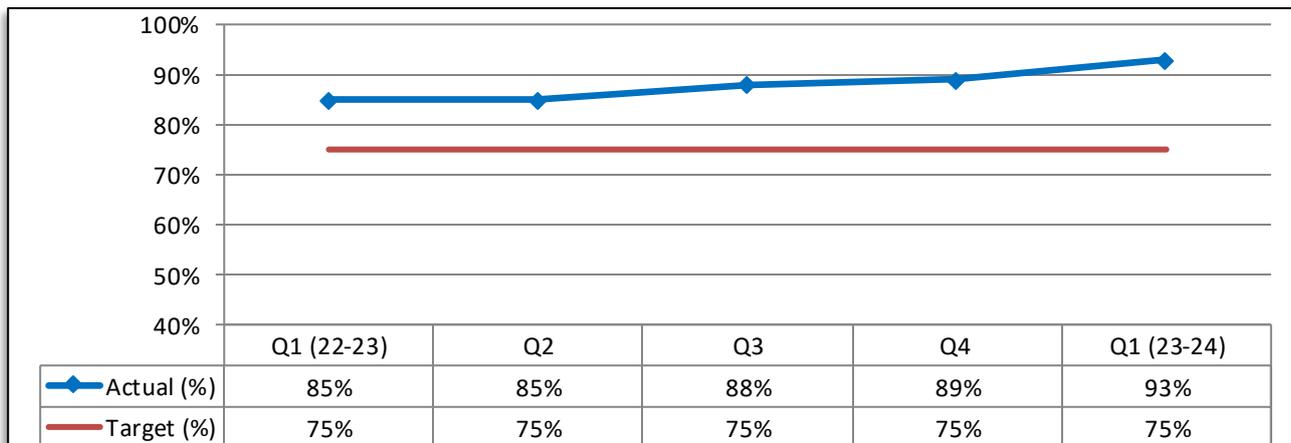
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- 6.1 Child Care Integrated Assessments for Scottish Children Reported Administration timescales
- 6.2 Initial Child Protection Case Conferences timescales
- 6.3 First Child Protection review conferences timescales
- 6.4 Balance of care for Looked After Children
- 6.5 First Looked After & Accommodated reviews timescales
- 6.6 Children receiving 27-30 month Assessment

6.1 Child Care Integrated Assessments (ICA) for Scottish Children Reporters Administration (SCRA) Timescales

Rationale: This is a national target that is reported to (SCRA) and Scottish Government in accordance with time intervals. Aim = to maximise

Figure 6.1: Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise) (HSCP-01-BIP-3)



Situational Analysis:

Quarter 1 demonstrates continued performance above target, with 14 out of 15 ICA reports submitted to SCRA arrived within the target timescale.

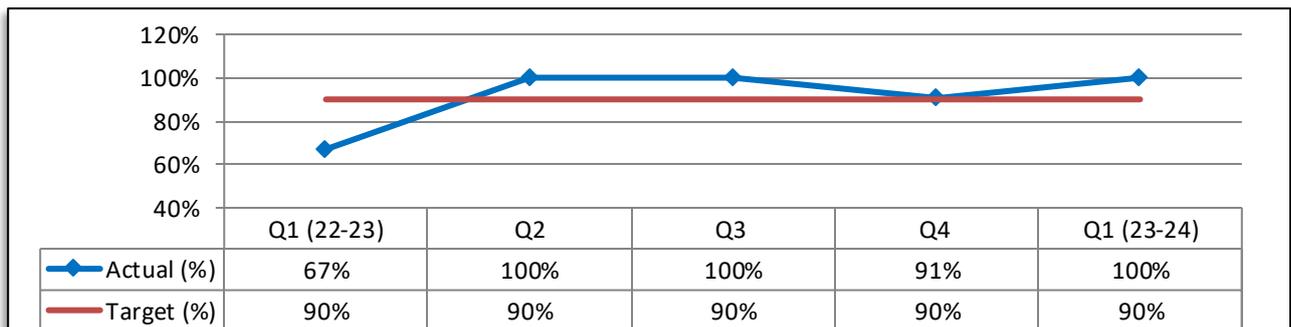
Improvement Action:

Maintain good performance.

6.2 Percentage of Initial Child Protection Planning Meetings taking place within Child Protection National Guidance target timescales (previously referred to as Initial Child Protection Case Conferences)

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.2: Percentage of Initial Child Protection Planning Meetings taking place within 28 days of concern being raised, as per Child Protection National Guidance. (aim = to maximise) (HSCP-94-LPI-3)



Situational Analysis:

Performance in Quarter 1 is above target at 100% compliance, with 9 Initial Child Protection Planning Meetings held within the target timescale during this period.

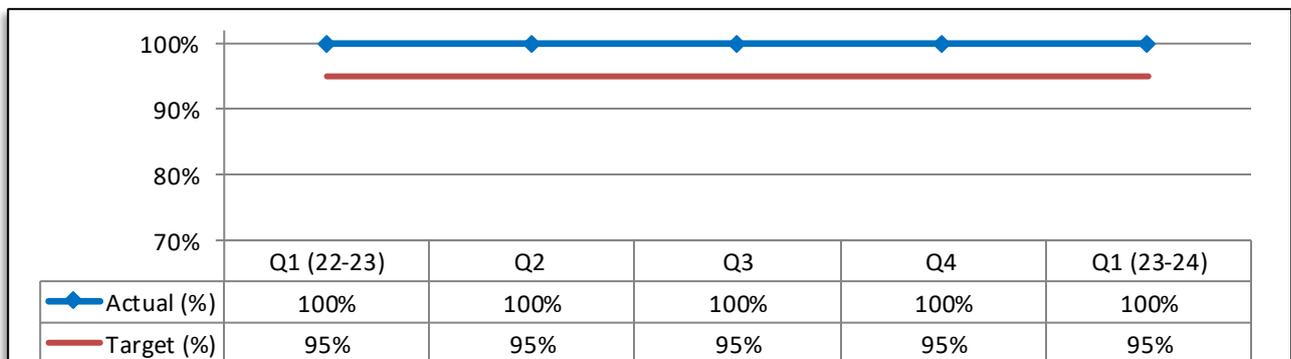
Improvement Action:

To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

Figure 6.3: Percentage of first review conferences taking place within 6 months of registration (aim = to maximise) (HSCP-02-BIP-3)



Situational Analysis:

Performance in Quarter 1 continues to be above target at 100%, with all 12 Child Protection Reviews held within the target timescale during this period.

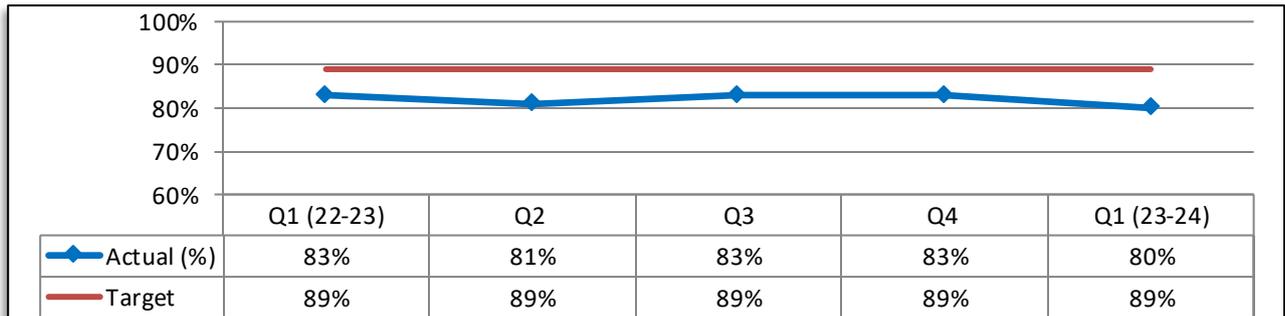
Improvement Action:

Service and Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies. Aim = to maximise

Figure 6.4: Percentage of Children being Looked After in the Community (aim = to maximise) (HSCP-SOL-CHN9)



Situational Analysis:

Performance in Quarter 1 has declined slightly from the previous quarter and continues to remain off-target. During this period, there was a significant decrease in community placements and a slight increase in residential placements, leading to a shift in the balance of care. The overall number of Looked After Children has decreased by 10% from the same period last year, with a reduction of 17 community placements.

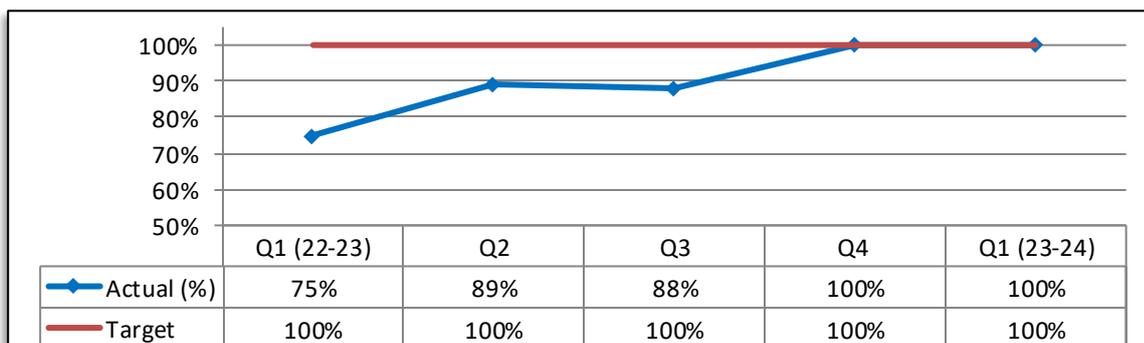
Improvement Action:

Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

Rationale: This is a local standard reflecting best practice and reported to the Corporate Parenting Board

Figure 6.5: Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise) (HSCP-04-BIP-3)



Situational Analysis:

Performance in Quarter 1 is on target and has improved from the year end figure. All LAAC Reviews held during the quarter took place within the target timescale.

Improvement Action:

To maintain high levels of performance.

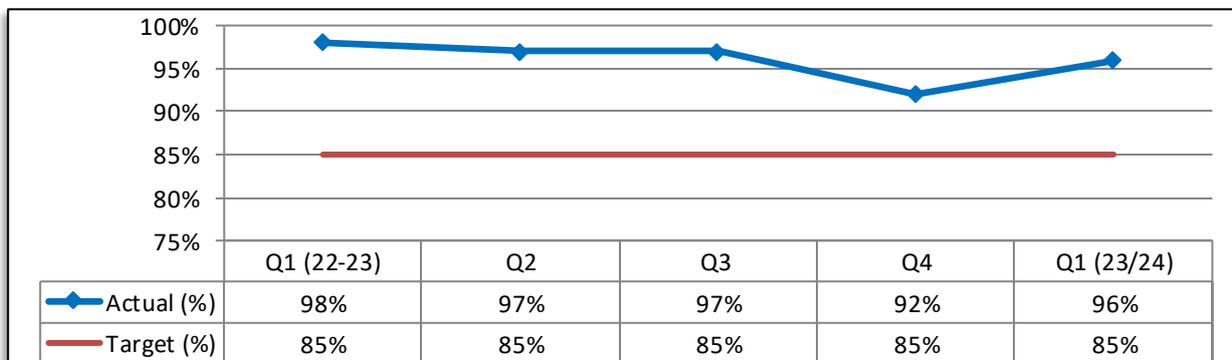
6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.

Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children’s needs should be met in time for them to benefit from universal nursery provision at the age of 3.

The Scottish Government target is for at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

Figure 6.6: Percentage of Children receiving 27-30 month assessment (aim = to maximise)



Situational Analysis:

This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Quarter 1 performance continues to be above target performance.

Improvement Action:

Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required.

SECTION 7 Criminal Justice Performance

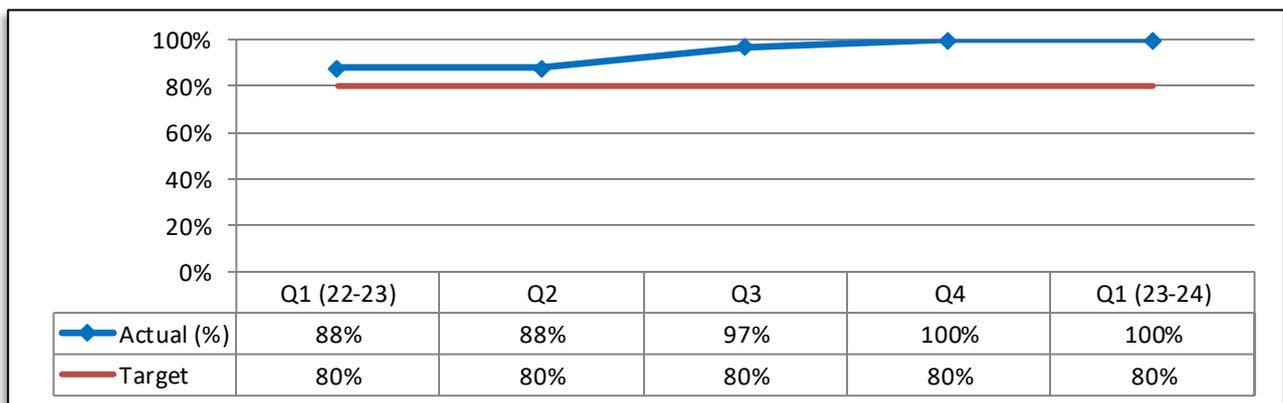
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

- 7.1** Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
- 7.2** Percentage of CJSW reports submitted to Court by due date
- 7.3** Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

7.1 Percentage of Individuals Beginning a Work Placement within 7 Days of Receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise) (HSCP-08-BIP-6)



Situational Analysis:

23 people were due to begin work placements during Quarter 1 and all of these started within timescale.

There is a challenge with full compliance on this performance metric, because service users may be unable to commence due to a further conviction, ill health with GP note, employment contract clashing with immediate start or if they are subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service.

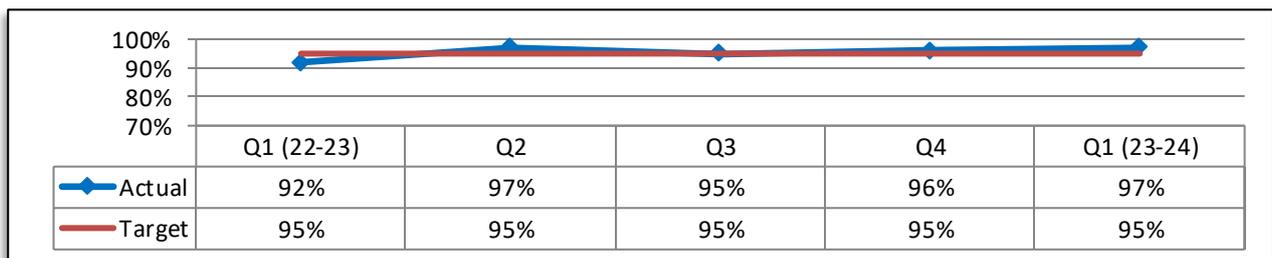
Improvement Action: To maintain good performance.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2: Percentage of CJSW reports submitted to Court by due date (aim = to maximise) (HSCP-07-BIP-6)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



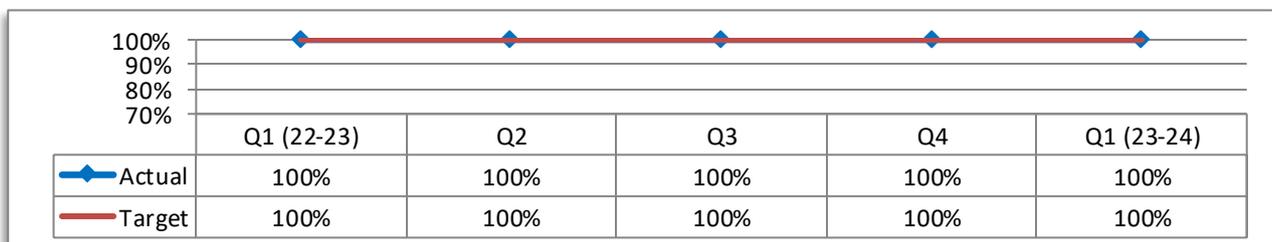
Situational Analysis: Performance in Quarter 1 has improved and is above target. 68 reports were submitted to Court and 66 were submitted within the target timescale.

Improvement Action: Monitor and improve performance.

7.3 Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Rationale: National Outcomes & Standards (2010) places responsibility on Criminal justice service to provide a fast, fair and flexible service ensuring the offenders have an allocated criminal justice worker within 24 hours of the Court imposing the community sentence.

Figure 7.3: Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise) (HSCP-CS-LPI-3)



Situational Analysis: Performance continues to be on target with all 125 requests allocated within the target timescale.

Improvement Action: The service will continue to maximise performance levels.

SECTION 8

Corporate Performance

- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

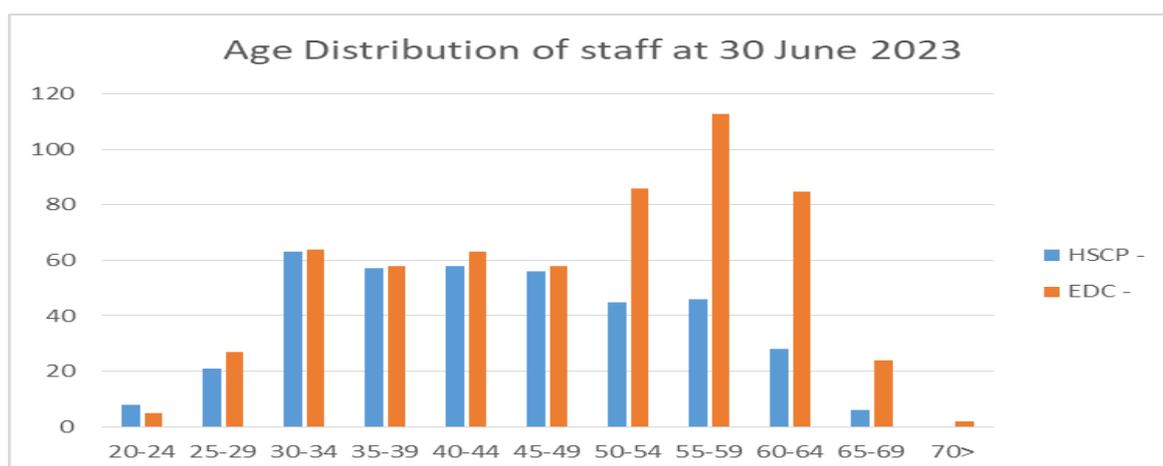
8.1 Workforce Demographics

Employer	Headcount				WTE			
	Jun 22	Sept 22	Dec 22	Jun-23	Jun 22	Sept 22	Dec 22	Jun-23
NHSGGC	370	368	375	388	313.23	311.68	321.7	331.21
EDC	616	607	598	585	527.18	520.3	512.78	504.36
Total	986	975	973	973	840.41	831.98	834.48	835.57

The picture for the NHS workforce within the HSCP shows an increase overall since June 2022 of 18 staff, with an overall increase of 17.98 WTE staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours. The overall workforce within EDC has declined, with 31 less staff and a reduction of 22.82 WTE staffing over the same period. Overall as an HSCP, whilst we have 13 less staff, our WTE has only decreased by 4.84.

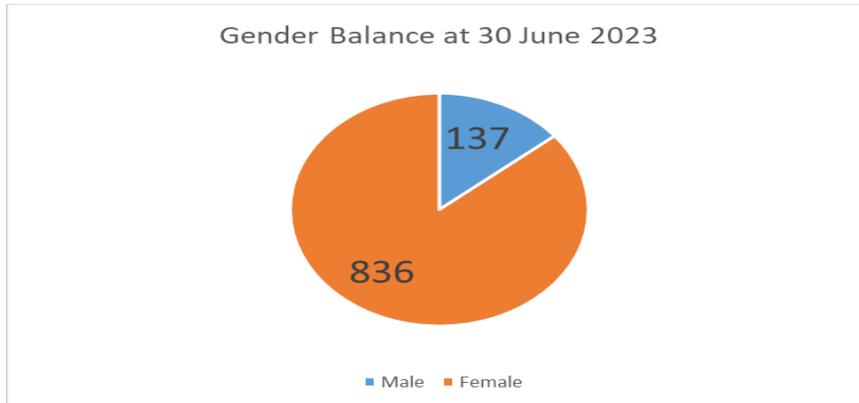
8.2 HSCP Staff by Age profile

The age profile shows that the majority of staff remain aged over 50yrs and that we have a very low number of staff less than 25 yrs. of age (13). This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.



8.3 Gender Profile

The gender ratio of female to male employed staff has remained constant since the 4th Quarter of 2021-22, with 86% of staff being female.



8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within HSCP has been decreasing amongst NHS staff since November 2022.

EDC has faced system issues for absence reporting and cannot currently provide monthly figures for percentage absence. Work days lost per full time equivalent has been provided up to Q4:

Quarter	EDC - WDL per FTE
Q4 21-22	4.67
Q1 22-23	4.69
Q2 22-23	5.37
Q3 22-23	6.53
Q4 22-23	5.96
Average	5.44

Sickness / Absence %		
Month	EDC	NHSGGC
Jul 22	unavailable	5.49
Aug 22	unavailable	4.6
Sep 22	unavailable	6.68
Oct-22	unavailable	6.42
Nov-22	unavailable	6.95
Dec-22	unavailable	6.62
Jan-23	unavailable	6.47
Feb-23	unavailable	5.25
Mar-23	unavailable	5.23
April 23	unavailable	4.8
May 23	unavailable	5.27
June 23	unavailable	5.14
Average		5.74

There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

All absence is managed in line with policy.

8.5 KSF / PDP / PDR

KSF Activity	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Actual %	55	57	60	57	61	61	61	62	61	60	58	54
Target %	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Work continues to promote the KSF conversation and ensure that staff wellbeing is a key component of the conversation.

8.6 Performance Development Review (PDR)*

Quarter	% recorded*	Target %
Q2 (22-23)	18.06	75
Q3	19.30	80
Q4	Unavailable	Unavailable
Q1 (23-24)	Unavailable	Unavailable

PDR (Performance Development Review) is East Dunbartonshire Council's process for reviewing staff performance and aligning their learning and development to service objectives.

Covid-19 impacted the number of PDRs undertaken within East Dunbartonshire Council with new ways of working requiring managers to adapt processes. Managers are encouraged to complete and upload PDRs as soon as possible to ensure ongoing work is captured.

* With the focus being on maintaining key service delivery PDR may have not been carried out or recorded as usual. Where formal PDRs have not been completed managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14TH SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/12

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000

SUBJECT TITLE: FINANCIAL PERFORMANCE BUDGET 2023/24 – MONTH 4

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial performance of the partnership's budget as at month 4 of 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1** Note the projected outturn position is reporting a deficit on budget of £2.275m as at month 4 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provides a deficit on budget of ££1.465m.
- 2.2** Note that the Chief Officer and her management team are working on actions to mitigate cost pressures in the current year
- 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 on the achievement of the approved savings plan for 2023/24 as detailed in (**Appendix 3**).
- 2.6** Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4**).
- 2.7** Note the summary of directions set out within (**Appendix 5**)

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 **BACKGROUND/MAIN ISSUES**

3.1 **Budget 2023/24**

The budget for East Dunbartonshire HSCP was approved by the IJB on the 23rd March 2023. This provided a total net budget for the year of £234.962m (including £38.382m related to the set aside budget). This included £3.894m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2023 which has increased the annual budget for 23/24 to £253.753m (an increase of £18.791m). A breakdown of these adjustments are included as **Appendix 1**. These adjustments relate to additional policy funding from SG (non-recurring-seeking to mainline as recurring), anticipated policy funding (yet to be confirmed) and other non-social work budgets delegated to the HSCP.

3.3 **Partnership Performance Summary**

The overall partnership position is showing a projected year end overspend on directly managed partnership budgets of £2.275m, adjusting for balances planned to be taken from earmarked reserves of £0.810m, provides a projected overspend on budget of £1.465m for the financial year 2023/24. It is early in the financial year and projections are based on current assumptions on costs, demands and staffing levels and expectations on funding from SG (yet to be confirmed) to support the pay uplifts for both health and social care staff as well as a number of policy areas where costs are being incurred on a recurring basis. There is therefore significant uncertainty at this stage in the financial year and risks to the projected financial position.

3.4 A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2023/24 (£000)	Projected Actual Expenditure 2023/24 £000	Projected Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 4 (£000)	Previously Reported Variance (£000)	Movement from last period
East Dunbartonshire Council	74,149	76,596	(2,448)	550	(1,898)	0	(1,898)
NHS GG&C	179,604	179,431	173	260	433	0	433
TOTAL	253,753	256,028	(2,275)	810	(1,465)	0	(1,465)

3.5 This shows an underlying projected year end overspend on Social Work services and delegated housing functions of £1.898m and a projected underspend on community health services of £0.433m. In summary, the main areas which account for the variance relate to:

- Social work payroll pressures within in-house homecare service due to increasing demand and complexity of client group, use of agency staff within LD residential units and mental health officer cover and challenging turnover savings. These are offset to some extent through delays in recruitment and turnover in relation to community health staff.
- There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children.

- Prescribing pressures experienced in the previous financial year continue with price increases and demand pressures in this area. This is being offset by underspends across other NHS budgets currently with an earmarked reserve available if needed to mitigate these pressures.
- Achievement of the budget savings programme for 23/24 is creating some pressures on budget.

3.6 There is no further funding from SG to support Covid-19 related expenditure, therefore this is now incorporated within mainline budgets.

3.7 The planned use of reserves at this point in the financial year relate largely to the smoothing reserve for the savings programme approved as part of the budget setting in March 2023.

3.8 Financial Performance – Care Group Breakdown

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

Care Group Analysis	Annual Budget 2023/24 (£000)	Projected Actual Expenditure 2023/24 (£000)	Projected Year End Variance 2023/24 (£000)	Planned Reserves Adjustment (£000)	Projected Operational Variance Mth 4 (£000)
Strategic & Resources	4,550	4,695	(145)	74	(71)
Community Health & Care Services	60,586	60,308	278	329	606
Mental Health, Learning Disability, Addictions & Health Improvement	30,832	31,874	(1,043)	407	(635)
Children & Criminal Justice Services	17,425	18,155	(730)	0	(730)
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,544	1,403	141	0	141
FHS - GMS / Other	33,161	33,161	0	0	0
FHS - Prescribing	21,541	22,318	(777)	0	(777)
Oral Health - hosted	11,915	11,915	0	0	0
Specialist Children - hosted	33,817	33,817	0	0	0
Set Aside	38,382	38,382	0	0	0
Net Expenditure	253,753	256,027	(2,275)	810	(1,465)

3.9 The main variances to budget during the financial year relate to:

- Community Health and Care Services – Older People / Physical Disability (underspend of £0.606m) – there are pressures relating to in house homecare staffing budgets (use of overtime and continued displaced staff) and a resumption of care home placements to more normalised assumptions offset by projected underspends across supported living and daycare budgets for older people. There are also underspends on NHS staffing budgets in this area due to staffing vacancies held within elderly MH service in expectation of a transfer of service to North Lanarkshire HSCP, delays and difficulties in recruitment and continuing care funding which is delivering an overall underspend in this care group area.
- Mental Health, Learning Disability, Addiction Services (£0.635m overspend) – there are significant pressures related to SW staffing budgets due to continued use of agency staff to fill mental health officer posts where there have been difficulties in recruitment – a proposal is being developed to mitigate the use of agency in this area. There is also use of agency within John Street and Pineview contributing to staffing pressures. There are challenging savings targets in this area related to a review of supported accommodation and daycare where the planned use of

smoothing reserves will mitigate pressures as these plans are progressed. Overall pressures are being further mitigated through delays in recruitment and turnover of staff with community health services.

- Children and Criminal Justice Services (£0.730m overspend) – there are anticipated pressures on SW payroll budgets related to use of agency staff within Lowmoss Prison service and challenging turnover savings. This will be monitored as the year progresses given the continuing recruitment and retention challenges across Children’s services, particularly in relation to the community support team and frontline social workers with an expectation that turnover savings will be fully delivered in year, as with previous years. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate these children – a proposal is in development to address the needs in this area. This is mitigated somewhat by reductions in external fostering as children move onto positive destinations.
- Other Non-Social Work Services delegated to HSCP (underspend of £0.141m) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, fleet provision, sheltered housing and planning & commissioning support. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate and the Corporate Directorate – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport. There has been underspends in previous years across the care and repair service and private sector housing grants which are expected to materialise as the year progresses given the delays in progressing recruitment to this service and delays in the awarding of grants.

Care Group Analysis	Annual Budget 2023/24 £000	Full Year Spend £000	Full Year Variance
Private Sector Housing Grants	331	331	-
Care & Repair	244	244	-
Care of Gardens*	90	90	-
Fleet*	593	452	141
Sheltered Housing	-	-	-
Planning & Commissioning	286	286	-
Net Expenditure	1,544	1,403	141

- Prescribing (overspend of £0.777m) – pressures in relation to price and volume increases across a range of medicines have been reported throughout the previous financial year which has resulted in a continued adverse variance in this area. A number of initiatives are in development to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. Prices across the market will continue due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C. This is currently being offset by underspends related to payroll and other budgets across NHS delegated

services and the HSCP has set aside a reserve to manage in year prescribing pressures which can be called on if overall pressures continue.

- Hosted Services - Oral Health and Specialist Children's Services (breakeven at this stage) – confirmation of SG funding in these areas is awaited which will determine the anticipated financial performance on these budgets for the year.

3.10 The consolidated position for the HSCP is set out in **Appendix 2**.

3.11 Savings Programme 2023/24

There is a programme of service redesign and transformation which was approved as part of the Budget 2023/24, progress and assumptions against this programme are set out in **Appendix 3**. This provides that of the overall planned savings of £3.894m, it is expected that the HSCP will achieve £3.164m, a shortfall of £0.731m. There was a smoothing reserve created of £0.594m for those areas considered at higher risk and where implementation and achievement was expected to commence in 2023/24. This will continue to be monitored and action taken to maximise the savings to be achieved in year. The under achievement of planned savings is contributing to the projected pressure on budget.

3.12 Partnership Reserves

As at the 1st April 2023, the HSCP had a general (contingency) reserves balance of £4.371m. If the overspend position remains and there is a need to utilise reserves in year to deliver a balanced budget, then as things stand there would be a reduction in the HSCP contingency reserves of £1.465m leaving a balance of £2.906m. There will be a number of other considerations prior to the use of reserves as set out below.

3.13 In addition, the HSCP had earmarked reserves of £15.691m which are available to deliver on specific strategic priorities. It is expected, at this stage that there will be a net reduction in earmarked reserves of £0.810m related in the main to anticipated drawdown of the smoothing reserves to manage the delivery of savings during 2023/24 as well as use of the Adult Winter Planning monies to manage pressures in relation to care at home services and community equipment pressures. This will leave a balance of £14.881m at this stage in the year, albeit it is expected that there will be use of a number of other reserve balances as the year progresses in relation to SG policy delivery and use of transformation to lever in programmes which will deliver efficiencies and savings into future years.

3.14 The overall level of partnership reserves is expected to reduce from £20.062m to £17.878m based on the financial performance to date. The detail of reserves and expected in year movements is set out in **Appendix 4**.

3.15 Budget Management / Financial Recovery

The East Dunbartonshire Integration Scheme 2018 provides that:

'The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan does not succeed, the first resort should be to the IJB reserves, where available, in line with the IJB's Reserves policy. The Parties may consider as a last resort making additional funds

available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and IJB. If the revised plan cannot be agreed by the Parties, or is not approved by the IJB, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme. '

3.16 The SMT are working on actions to mitigate cost pressures in year and maximise the delivery of the savings programme for 2023/24 including challenging staff turnover savings.

3.17 The IJB may be asked to approve a recovery plan at a future date in the event that cost containing measures and the challenging savings programme are not delivering a balanced budget position.

3.18 Financial Risks

As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue throughout the year. The most significant risks to be managed during 2023/24 are:

- **Pay Uplifts**

Pay negotiations have concluded for health staff, having agreed an average 6.5% uplift. The financial allocations have yet to be made to HSCPs from the health board and discussions are ongoing with the SG on understanding the financial envelope available to support the totality of costs associated with the pay uplift. This includes aspects associated with some policy areas which sit with HSCPs such as PCIP, ADP and Action 15. There is a risk that elements of this may not be fully funded.

Pay negotiations continue in respect of local authority staff with an offer of a 5% uplift from the 1st April 2023 with a further %age uplift based on spinal column point (lower graded staff receiving a higher %age uplift) averaging at a further 1%. This has not been accepted and further discussions are expected through COSLA which may see industrial action across the country if the offer is not improved. For the HSCP, staffing projections are based on the budgeted assumptions of 2% and while there may be some additional funding from SG (an additional £155m indicated by SG for local authorities of which a share would be expected to HSCPs) there will likely be a shortfall as this is not expected to fully fund the pay uplift.

- The cost of living crisis and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2023/24. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This will include national contracts and frameworks being negotiated through SXL.
- Delivery of a recurring savings programme identified as part of the budget process for 2023/24. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. 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 with funding within earmarked reserves to mitigate potential funding of these pressures.

- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children
- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and allocations for 2023/24 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. This is expected to continue into future years.
- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.
- 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.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The financial performance reflects an underlying overspend on budget of £1.465m for the financial year 2023/24. This will potentially reduce the general reserve balances and compromise compliance with the HSCP Reserves Policy to provide a contingency to manage in year pressures and support ongoing

financial sustainability. There may be a requirement to consider a recovery plan for the HSCP in the event that cost containing measures and delivery of the savings programme for 2023/24 does not deliver a balanced budget.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of recurring budget pressures and challenging savings targets may be compromised. In order to maintain the reserves position, the HSCP will require to continue to focus on transformational change and service redesign going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 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 3.18.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **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.

6.3 **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.

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

7.0 **POLICY CHECKLIST**

7.1 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.

8.0 **APPENDICES**

8.1 Appendix 1 – Budget Reconciliation 2023/24

8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 4

8.3 Appendix 2a – NHS Financial Performance at Month 4

8.4 Appendix 2b – Social Work Financial Performance as at Period 4

8.5 Appendix 3 – HSCP Savings Update 23/24

8.6 Appendix 4 – HSCP Reserves Position 2023/24

8.7 Appendix 5 – Directions Template

East Dunbartonshire HSCP

Consolidated Budget Reconciliation 2023/24

APPENDIX 1

2023/24	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 23rd March 2023	123,354	73,226	196,580
Set Aside approved at HSCP Board on 24th March 2022	38,382		38,382
TOTAL Budget Approved	161,736	73,226	234,962
Rollover Budget Adjustment	17		17
Period 4 Budget Adjustments			
Disabled Adaptations / Care & Repair - Other Non SW Services		575	575
Attainment fund from Education service		20	20
Contribution to LAC posts from Education		42	42
Contribution to Planning & Commissioning Posts		286	286
23.24 Uplift in Budget Approved not yet received	(1,162)		(1,162)
ADP	814		814
Winter Funding - Band 2-4	650		650
Specialist Children - Stem Cell Psychology post	76		76
Specialist Children - Management Accountant	52		52
Oral Health - Movements	(10)		(10)
Primary Care Improvement Funding	3,160		3,160
Prescribing tariff swap	(288)		(288)
Pay Uplift - 23.24 One Off Payment	878		878
Health Visiting - Training	42		42
Health Improvement	0		0
Apremilast	35		35
Anticipated Funding Adjustments to 2023/24 Budget	166,000	74,149	240,149
School Nursing	192		192
District Nursing	207		207
Dental Bundle	4,821		4,821
Winter Funding - MDT	816		816

Childsmile - DHSW & Extended Fluoride Varnish Programme	685		685
Dementia	65		65
23.24 Uplift including additional pay uplift	3,618		3,618
22.23 Additional pay uplift	2,192		2,192
Action 15	593		593
PCIF Balance Retained by SG	185		185
ADP Balance Retained by SG	172		172
Chief Nurse	57		57
Anticipated 2023/24 Budget	179,604	74,149	253,753

	179,604	74,149	18,791
-	0.10	0.42	

Period to the 31st July 2023

Care Group Analysis	Annual Budget 2023/24 £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	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age		
Strategic & Resources	4,550	1,608	1,365	243	4,695	(145)	74	0	(71)	-1.55%	(145)	(71)
Older People & Adult Community Services	55,217	16,254	15,897	357	54,954	263	329	0	592	1.07%	263	592
Physical Disability	5,368	1,663	1,435	228	5,354	14	0	0	14	0.27%	14	14
Learning Disability	23,368	6,765	6,865	(100)	24,668	(1,299)	407	0	(892)	-3.82%	(1,299)	(892)
Mental Health	5,066	1,550	1,433	117	4,771	295	0	0	295	5.83%	295	295
Addictions	1,833	470	489	(19)	1,898	(65)	0	0	(65)	-3.56%	(65)	(65)
Planning & Health Improvement	565	215	206	9	537	28	0	0	28	4.94%	28	28
Childrens Services	16,925	5,571	5,316	255	17,417	(492)	0	0	(492)	-2.91%	(492)	(492)
Criminal Justice Services	501	197	299	(102)	739	(238)	0	0	(238)	-47.54%	(238)	(238)
Other Non Social Work Services	1,544	463	283	180	1,403	141	0	0	141	9.15%	141	141
Family Health Services	33,161	10,979	10,979	0	33,161	0	0	0	0	0.00%	0	0
Prescribing	21,541	7,181	7,440	(259)	22,318	(777)	0	0	(777)	-3.61%	(777)	(777)
Oral Health Services	11,915	4,048	3,945	103	11,915	0	0	0	0	0.00%	0	0
Specialist Childrens Services	33,817	13,957	13,676	281	33,817	0	0	0	0	0	0	0
Set Aside	38,382	12,794	12,794	0	38,382	0	0	0	0	0.00%	0	0
Covid Expenditure	0	0	0	0	0	0	0	0	0	#DIV/0!	0	0
Net Expenditure	253,753	83,715	82,422	1,293	256,027	(2,275)	810	0	(1,465)	-0.58%	(2,275)	(1,465)

Subjective Analysis	Annual Budget 2023/24 £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 (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age		
Employee Costs	102,381	36,504	36,068	437	103,450	(1,070)	25	0	(1,044)	-1.02%	(1,070)	(1,044)
Property Costs	385	128	206	(77)	630	(245)	0	0	(245)	-63.63%	(245)	(245)
Supplies and Services	4,931	375	195	180	4,857	74	7	0	81	1.65%	74	81
Third Party Payments (care providers)	67,569	20,054	19,345	710	67,872	(303)	407	0	104	0.15%	(303)	104
Transport & Plant	728	241	226	15	732	(4)	0	0	(4)	-0.59%	(4)	(4)
Administrative Costs	3,754	1,205	813	392	3,451	303	81	0	383	10.21%	303	383
Family Health Services	33,998	11,282	11,297	(16)	33,998	0	0	0	0	0.00%	0	0
Prescribing	21,541	7,181	7,440	(259)	22,318	(777)	0	0	(777)	-3.61%	(777)	(777)
Other	(50)	(17)	0	(17)	0	(50)	0	0	(50)	100.00%	(50)	(50)
Resource Transfer	18,763	6,255	6,254	0	18,763	1	1	0	0	0.00%	1	0
Set Aside	38,382	12,794	12,794	0	38,382	0	0	0	0	0.00%	0	0
Gross Expenditure	292,381	96,003	94,637	1,365	294,454	(2,073)	520	0	(1,552)	-0.53%	(2,071)	(1,552)
Income	(38,628)	(12,288)	(12,215)	(72)	(38,425)	(204)	290	0	86	-0.22%	(204)	86
Net Expenditure	253,753	83,715	82,422	1,293	256,029	(2,275)	810	0	(1,465)	-0.58%	(2,275)	(1,466)

Care Group Analysis	Annual Budget 2023/24 £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 (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	20,360	6,662	6,593	70	20,351	9			9	0.04%
Older People & Adult Community Services	12,436	4,197	3,928	269	11,829	607	260		867	6.97%
Learning Disability	745	254	248	6	729	16			16	2.18%
Mental Health	2,330	779	722	58	2,157	173			173	7.44%
Addictions	1,284	256	243	13	1,244	40			40	3.11%
Planning & Health Improvement	565	215	206	9	537	28			28	4.94%
Childrens Services	3,071	1,065	1,004	61	2,994	77			77	2.50%
Family Health Services	33,161	10,979	10,979	0	33,161	0			0	0.00%
Prescribing	21,541	7,181	7,440	(259)	22,318	(777)			(777)	-3.61%
Oral Health Services	11,915	4,048	3,945	103	11,915	0			0	0.00%
Specialist Childrens Services	33,817	13,957	13,676	281	33,817	0			0	0.00%
Set Aside	38,382	12,794	12,794	0	38,382	0			0	0.00%
Covid Expenditure	0	0	0	0	0	0			0	#DIV/0!
Net Expenditure	179,604	62,387	61,777	610	179,432	172	260	0	432	0.24%

Includes EDN SLT

Subjective Analysis	Annual Budget 2023/24 £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 (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	76,840	28,405	27,854	551	76,082	758			758	0.99%
Property Costs	372	124	206	(82)	617	(245)			(245)	-65.90%
Supplies and Services	3,223	(192)	(215)	23	3,123	100			100	3.10%
Third Party Payments (care providers)	470	168	31	137	94	376			376	79.94%
Transport & Plant	0	0	0	0	0	0			0	#DIV/0!
Administrative Costs	2,675	908	635	273	2,405	270			270	10.11%
Family Health Services	33,998	11,282	11,297	(16)	33,998	0			0	0.00%
Prescribing	21,541	7,181	7,440	(259)	22,318	(777)			(777)	-3.61%
Other	(50)	(17)	0	(17)	0	(50)			(50)	100.00%
Resource Transfer	18,763	6,255	6,254	0	18,763	0			0	0.00%
Set Aside	38,382	12,794	12,794	0	38,382	0			0	0.00%
Gross Expenditure	196,214	66,907	66,297	610	195,782	432	0	0	432	0.22%
Income	(16,610)	(4,520)	(4,520)	0	(16,350)	(260)	260		(0)	0.00%
Net Expenditure	179,604	62,387	61,777	610	179,432	172	260	0	432	0.24%

o/s savings SCS

Period to the 31st July 2023

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,810)	(5,054)	(5,228)	173	(15,656)	(153)	74		(79)	0.50%
Older People & Adult Community Services	42,782	12,057	11,969	88	43,126	(344)	69		(276)	-0.64%
Physical Disability	5,368	1,663	1,435	228	5,354	14	0		14	0.27%
Learning Disability	22,624	6,512	6,617	(106)	23,939	(1,316)	407		(909)	-4.02%
Mental Health	2,736	770	711	59	2,614	122	0		122	4.45%
Addictions	549	214	246	(32)	654	(105)	0		(105)	-19.15%
Childrens Services	13,854	4,506	4,312	194	14,423	(569)	0		(569)	-4.11%
Criminal Justice Services	501	197	299	(102)	739	(238)	0		(238)	-47.54%
Other Non Social Work Services	1,544	463	283	180	1,403	141	0		141	9.15%
Covid Expenditure	0	0	0	0	0	0	0		0	#DIV/0!
Net Expenditure	74,149	21,328	20,645	683	76,596	(2,448)	550	0	(1,898)	-2.56%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	25,541	8,099	8,213	(114)	27,368	(1,828)	25		(1,803)	-7.06%
Property Costs	13	4	0	4	13	0			0	0.00%
Supplies and Services	1,707	567	410	157	1,733	(26)	7		(19)	-1.10%
Third Party Payments (care providers)	67,099	19,887	19,314	573	67,778	(679)	407		(272)	-0.40%
Transport & Plant	728	241	226	15	732	(4)			(4)	-0.59%
Administrative Costs	1,079	297	178	119	1,046	32	81		113	10.46%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	0	0	0	0	0	0			0	#DIV/0!
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	96,167	29,096	28,340	755	98,671	(2,504)	520	0	(1,985)	-2.06%
Income	(22,018)	(7,768)	(7,696)	(72)	(22,075)	57	30		87	-0.39%
Net Expenditure	74,149	21,328	20,645	683	76,596	(2,448)	550	0	(1,898)	-2.56%

Covid - amount to be returned added to ATD, Forecast and Reserves out figures

Workstream	Action	Lead	Full Year Savings Target 23/24	Actual Savings Anticipated 23/24	Savings Un Achieved 23/24	Smoothing Reserve 23/24
	Community Health & Care					
Policy	Development of a Charging Policy for Telecare	Derrick				30,000
Service Change	Review of Older People Day Supports	Derrick	30,000			
Service Change	Health Improvement Redesign	Derrick			30,000	
			-			
Efficiency	Demographic Growth	Derrick	50,000	50,000		
Service Change	Review of Continuing Care	Derrick	1,043,746	1,043,746	-	
Service Change	Review of PDS funding from Carers	Derrick	277,000	277,000	-	
			1,470,746			
	Mental Health, Learning Disability & Addictions			1,400,746	-	
					30,000	
Efficiency	Impact of New Investment on Mainstream budgets	David	136,000		-	
				136,000		
Efficiency	Increased turnover due to delays / difficulties in recruitment	David			-	
Service Change	Cessation of review Team function	David	250,000	250,000		
			101,415			
Service Change	Review of Pineview / move to 2 bedded unit	David	338,356			
	Review of Suuported Accommodation / Support Living			148,356	190,000	
Efficiency	Budgets for Adult Services in line with Fair Access policy and access to resources	David	407,000			
Service Change	New Allander Daycare oppourtunities	David	190,900		407,000	

190,900

-

Service Change	Review of Voluntary Sector / MH / Addictions Commissioning	David				73,921
	<u>Childrens Services</u>		3,458,671			
				826,671	30,000 627,000	
Service Change	Continuance of House Project model	Claire	500,000			
	<u>Strategic & Resources</u>					
			500,000	500,000 500,000	-	
Efficiency	Review of Planning & Commissioning funding	Jean			-	
			157,000		-	
Efficiency	Management Efficiencies	Jean		83,079	73,921	
			313,000			
Total Savings Programme 23/24			470,000 3,894,417	313,000 3,163,496	73,921 730,921	510,921

HSCP RESERVES (Appendix 4)	Balance at 31 March 2023 £000	Planned Reserve Use 2023/24 £000	Anticipated Balance on Reserves 33 March 2024 £000
HSCP Transformation	(1,100)		(1,100)
HSCP Accommodation Redesign	(3,000)		(3,000)
HSCP Smoothing Reserve	(594)	511	(83)
HSCP Digital Redesign	(500)		(500)
Apropriate Adults	(24)		(24)
Review Team	(72)		(72)
Children's MH & Wellbeing Programme	0		0
Children's MH & Emotional Wellbeing - Covid	(0)		(0)
Scottish Govt. Funding - SDS	(76)		(76)
SG - Integrated Care / Delayed Discharge Funding	(282)		(282)
Oral Health	(2,575)		(2,575)
Infant Feeding	(61)		(61)
CHW Henry Programme	(15)		(15)
SG - GP Out of Hours	(39)		(39)
SG - Primary Care Improvement	(316)		(316)
SG – Action 15 Mental Health	(145)		(145)
SG – Alcohol & Drugs Partnership	(1,240)		(1,240)
SG – Technology Enabled Care	(11)		(11)
GP Premises	(229)		(229)
PC Support	(27)		(27)
Prescribing	(1,185)		(1,185)
Covid	0		0
Community Living Charge	(341)		(341)
Psychological Therapies	(60)		(60)
District Nursing	(93)		(93)
Chief Nurse	(102)		(102)
Health & Wellbeing	(40)		(40)
Specialist Children - SLT	0		0
Woodland Garden Project	(7)		(7)
National Trauma Training	(81)		(81)
Adult Winter Planning Funding	(2,503)	299	(2,204)
Mental Health Recovery & Renewal	(119)		(119)
Learning Disability	(37)		(37)
Community Link Workers	(267)		(267)
Telecare Fire Safety	(20)		(20)
Whole Family Wellbeing	(7)		(7)
Care Experienced Attainment	(20)		(20)
Unaccompanied Asylum Seeking Children	(22)		(22)
LAC Posts - Education Contribution	(40)		(40)
Dementia	(114)		(114)
Wellbeing	(72)		(72)
Premises	0		0
MH Estate Funding	(255)		(255)
Total Earmarked	(15,691)	810	(14,881)
Contingency	(4,371)	1,465	(2,906)
General Fund - Total Reserves	(20,062)	2,275	(17,787)

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	140923 - 12 Agenda Item Number 12
2	Report Title	Financial Performance Budget 2023/24 – Month 4
3	Date direction issued by Integration Joint Board	14 th September 2023
4	14 th September 2023	14 th September 2023
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 230323 - 06
7	Functions covered by direction	Budget 2023/24 – 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 2022 - 25, 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 £179.604m and East Dunbartonshire Council is £74.149m 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 2023/24.
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	Reviewed for IJB – budget 2023/24 monitoring reports will supersede this direction planned for 16 th November 2023.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14TH SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/13

CONTACT OFFICER: CAROLYN FITZPATRICK, HSCP LEAD
PHARMACIST, CHAIR OF CLINICAL CARE
GOVERNANCE GROUP

SUBJECT TITLE: CLINICAL & CARE GOVERNANCE ANNUAL
REPORT 2022 - 2023

1.0 PURPOSE

- 1.1 The purpose of this report is to share the Annual Clinical and Care Governance Report for period April 2022– March 2023.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Clinical and Care Governance Annual Report.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes highlight:

a) The Annual report provides a highlight of activities undertaken within the HSCP services, and hosted services; relating to service development/improvements. The report focuses on seven main areas:

- Client Centred Services,
- Developing and Applying the Knowledge Base for Professional Practice
- Safe and Reliable Services,
- Enhancing Clinical Effectiveness,
- Quality Assurance & Accreditation (Including Inspections of Commissioned services)
- Supporting & Developing Practitioners
- Information, Communication & Co-ordination

b) The report summarises the incidents reported and complaints received by the HSCP and hosted services, detailing the top 5 categories for each. Additionally the Significant Adverse Event responses are outlined. The incidents and complaints information has supported the choice of presentations delivered to the Clinical & Care Governance Group throughout the year; offering professional advisors the opportunity to scrutinise the response, and receive assurance from heads of service / service managers.

c) The 'Key Inspections & Reviews' notes the completion of actions following the 2019 strategic planning effectiveness inspection. Additionally a summary of the Drug Related Deaths in Scotland 2020 is included, with particular focus on East Dunbartonshire and the local response plan.

d) The report provides six case studies; focusing on:

- The contributions of care experienced young people to the Champions Board
- Connect –ED which promoted healthy aging and independence
- The new Attention Deficit Hyperactivity Disorder Assessment clinic on a Saturday
- The feedback from children, young people and families using the Community Paediatric Physiotherapy Service
- The engagement work carried out by the Disability Nursing Team
- Positive feedback from the parent of a child using the OT services

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **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.

6.3 **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.

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

7.0 POLICY CHECKLIST

7.1 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.

8.0 APPENDICES

8.1 **Appendix 1** – East Dunbartonshire HSCP Annual Clinical & Care Governance Report 2022-2023.

Annual Clinical & Care Governance Report

April 2022 - March 2023

Report by: Carolyn Fitzpatrick, Lead for Clinical
Pharmacy & Prescribing Interim & Chair of the Clinical
and Care Governance Group



Table of Contents

Introduction	1
Client Centered Services	4
Developing and Applying the Knowledge Base for Professional Practice.....	6
Safe & Reliable Services.....	7
Enhancing Clinical Effectiveness.....	11
Quality Assurance & Accreditation.....	13
Information, Communication & Co-ordination.....	14
Covid-19 Specific Responses.....	14
Incident Reporting.....	14
Complaints.....	17
Key Successes / Case Studies 2022-2023.....	19
Conclusion.....	20

Introduction

East Dunbartonshire Health and Social Care Partnership (ED HSCP) was formed in 2015 and covers the geographical boundary of East Dunbartonshire with an estimated total population of 108,900 as of June 2021¹.

The Governance within East Dunbartonshire Health and Social Care Partnership is overseen through a bimonthly meeting of the Clinical and Care Governance Group (CCGG), chaired during this period by the Clinical Director (CD), Dr Paul Treon left post in January 2023. The Chair of the Group was then temporarily taken up by Carolyn Fitzpatrick, Lead for Clinical Pharmacy & Prescribing. The membership of the group includes Chief Nurse (CN), Chief Officer (CO), Chief Social Work Officer (CSWO), Lead Pharmacist, Lead Allied Health Professional (AHP), Heads of Service (HoS), and Relevant Service Managers. The CCGG relates to both the HSCP core services (including those delivered by commissioned providers) and hosted services; these are the Oral Health Directorate (OHD) and Specialist Children's Services (SCS). East Dunbartonshire Health and Social Care Partnership is represented at the Primary Care & Community services Clinical Governance Forum; and also reports to the East Dunbartonshire Integration Joint Board (IJB).

Each year an annual report reflecting on the clinical & care governance group (CCGG) of the HSCP and the progress it has made in improving the quality of care is produced. The report is structured around the six main domains set out in the National Quality Strategy:

- Client Centred Services,
- Developing and Applying the Knowledge Base for Professional Practice
- Safe and Reliable Services,
- Enhancing Clinical Effectiveness,
- Quality Assurance & Accreditation (Including Inspections of commissioned services)
- Supporting & Developing Practitioners
- Information, Communication & Co-ordination

This report will describe the main governance framework and demonstrate our work to improve the quality of care in our HSCP through a small selection of the activities and interventions. It is important to note that there is substantially more activity at personal, team, and service level arising from our collective commitment to provide a high quality of care. This report can only reflect a small selection so is illustrative rather than comprehensive.

This reporting period covers the activity within the HSCP during the NHS recovery plan from the COVID-19 global pandemic; during which services have had to continue to adapt to enable a return to greater normality for services.

¹ [East Dunbartonshire Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

1. Client-Centred Services

Teams within the HSCP strive to deliver excellence in patient and service user safety, they seek to continuously review and improve on service delivery with safety in mind. Below are some examples of how teams have employed Quality Improvement (QI) skills, individual and team training, and educational workshops. They also demonstrate how teams worked collaboratively both locally and nationally; between community and secondary care; and with Health Improvement Scotland (HIS) to deliver improvements.

- 1.1. The Promise Steering Group has implemented its action plan designed to improve outcomes for looked after children. This ensures that East Dunbartonshire HSCP is compliant with The Promise and its key principles are being embedded: (i) listening to children and young people, (ii) relationships, (iii) quality of care, (iv) sibling contact.
- 1.2. Primary Care Mental Health Team offer a survey to all patients on discharge from the service. This can be completed via QR code, paper or via survey monkey. The survey is extracted roughly after 50 patients have completed and the team review the feedback. An action plan is compiled for any suggestion for improvement. Overall, the feedback is very positive and the comments of patients experience is very powerful.
- 1.3. March 2023 saw the opening of the new purpose-built Allander Day Service for adults with learning and intellectual disabilities. This new space is co-located with the new Allander Leisure Centre, which offers reciprocal access arrangements, progressive activity-based therapies and extensive accessible resources. The new centre is founded on the principles of a community based approach to service delivery.

New initiatives have been developed to support employment / employability, community participation and volunteering established to enhance personalised support options and to promote choice, community integration and independence.

- 1.4. During 2022/23, the co-location of health and social work children and families staff was successfully established, resulting in improved communication, collaboration and relationship building.
- 1.5. In response to the Mental Welfare commission Report "Authority to Discharge" and its recommendations, the HSCP developed and fully implemented an action plan during 2022/23. Our Adults with Incapacity Procedures were reviewed jointly with legal services and updated to reflect additional safeguards and considerations relating to 'deprivation of liberty'. Leadership sessions and revised training sessions were delivered and rolled out to all relevant HSCP staff. Further work to embed these updated procedures is planned for 2023/24 involving other staff groups including clinical team leads.
- 1.6. The HSCP has sought to develop and implement a model of community led support locally based on best practice, which seeks to reduce waiting lists and divert people away from statutory services to use informal community resources and self-care. This is built on empowerment and enablement principles and we will expand this in 2023/24.
- 1.7. A series of community drop-in sessions have been piloted to support healthy ageing and independent living. The programme is currently being evaluated to consider development of future delivery options.
- 1.8. SCS Joint work with Partners in Advocacy has been ongoing to encourage and support more young people to utilise this service. They have an active presence in our induction programme to ensure all staff are aware of the service and the importance of advocacy services to elicit the views of the young people. Referrals continue to be received

primarily from Mental Health Officer, but there continues to be variance in the source of referral, with care managers and ward nurses featuring. More recently referrals to advocacy were for female patients, however this mapped onto the referral pattern across the unit. Advocacy is an inclusive service and will work with all young people referred. Advocacy use adapted approaches to support communication from young people in Skye House who present with neurodiversity. This approach has ensured that where possible, the views of a young person can be considered during Mental Health Tribunals even when young people feel they cannot attend. Advocacy services continue to work creatively to engage young people; drop in sessions, group and individual options are all provided. They support Skye House staff to elicit views of the young people over a number of issues pertinent to their inpatient stay. They will be an important partner to support the view of the young person when intensive psychiatric services are being developed.

- 1.9. The East Dunbartonshire HSCP District Nursing service underwent a service redesign extending core hours from 0830-1630 to 0830-2200. Following a successful test of change, full implementation commenced in September 2022. The objective of the change was to improve patient outcomes for those living within East Dunbartonshire which has been achieved in a number of ways. Average volume of visits per month between the hours of 1700-2200 is 230, with unscheduled care accounting for 32%. This pre-existing workload was previously aligned to Glasgow City HSCP OOH service. The principal advantage in managing those visits in house is a significant reduction in the wait time for patients requiring DN intervention. The previous model required Glasgow DNs to travel greater distances, negatively impacting on patient facing time and delay in care crossing over to the overnight DN service.

The new service enables an efficient distribution of work which in turn allows the opportunity to focus on person centred care. Continuity of care is embedded through effective communication between the East Dunbartonshire DN service and Homecare who act as SPOA during evening hours. The service redesign also aligns to the transforming nursing roles agenda as DNs are more confident utilising their advanced clinical skills with patients known to their service. Management skills are also developing as the locality model employed requires DNs to create larger off duties and have awareness of staff skills and abilities across the HSCP as opposed to their single base. Patients on DN caseloads have further benefited from an in-house evening service as areas for improvement are easily identifiable. For example, catheter faults account for a proportion of unscheduled call outs. With our own DNs attending these call outs, frequent flyers are identified, and troubleshooting is initiated at an earlier stage.

This has been a major change for our DN workforce with some feeling apprehensive before implementation. Contributing to the improvement in patient care, particularly those at end of life through faster provision of symptom management and support, resonates with our staff and motivates engagement.

- 1.10. ADRS continue to provide person centred care through the implementation of the Medication Assisted Treatment Standards (MAT), ensuring individuals have access to same day prescribing, are supported to remain in the services for as long as necessary, have access to different choices of OST and harm reduction interventions. This service is provided Monday to Friday during office hours, with support from Turning Point Scotland for out of hours up to 10pm and weekends.

1.11. The Drug Treatment and Testing Order service (DTTO) has commenced across East Dunbartonshire via the new DTTO nurse; work is ongoing to develop the service further to include access to IEP (injecting equipment provision) and health checks.

2. Developing and Applying the Knowledge Base for Professional Practice

2.1. The Enjoy Your Baby Group continues to run in partnership with Health Visiting Service and Primary Care Mental Health Team. It is an evidence-based programme for the management of stress, anxiety and depression for parents experiencing mild to moderate mental health challenges, during this period. The programme promotes early intervention, reducing the risk of deterioration using a recovery-based model of person-centred care, taking account of the parent's needs and that of their infant, partner and family.

2.2. During 2022/23, the School Nursing Service delivered Lets Introduce Anxiety Management (LIAM) interventions as part of the development of enhanced support options. This was very successful, with a waiting list now in place due to demand.

2.3. Adults with Incapacity Procedures have been updated and supported with joint training.

2.4. Following critical feedback of gaps in services for families of neurodiverse children, East CAMHS have invited two families to join and be members of the Strategic Development Implementation Group (across SCS). This is a recent development as a result of service user engagement and will be evaluated in the coming months.

2.5. The Care Home Support Team was established in July 2021; a multi-disciplinary team comprising of Care Home Liaison Nurses (CHLNs), Social Workers (SW) and Social Work Assistants (SWA), Care Home Liaison Community Psychiatric Nurses (CHLCPNs), Dietetics, Pharmacy, CAPA (Care About Physical Activity team) and Commissioning Officers. The aim of the team is to provide support and education to care homes across East Dunbartonshire and ensure resident safety, wellbeing and enablement. In line with guidance from Scottish Government the team provides oversight and assurance to ensure that residents are receiving high quality care. A number of QI projects have been commenced/ continued since the team was established including:

- Adult Support and Protection awareness sessions have been provided by SW to six care homes including separate sessions for care home managers and nursing staff, which was jointly delivered with the HSCPs Adult Support and Protection (ASP) Coordinator. The process of reporting of ASP referrals and incidents has been streamlined to include a designated mailbox, enhanced ASP guidance for care home residents and the introduction of a monthly performance return.
- The CHLNs continue to promote anticipatory care planning in care homes by ensuring information is uploaded on clinical portal, which can be accessed by GPs, ambulance and other health staff, which contributes to a reduction in unscheduled hospital admissions and timely discharge from hospital. The nurse team lead has been working with the Care Home Collaborative to develop training packages and improve

clinical pathways for care home staff and residents including co-facilitation of training on recognition of the deteriorating patient.

- The CHST Pharmacy Technician with input from community pharmacy has piloted a polypharmacy review project in one of the local care homes and has developed an audit tool to support homes with medication management.
- The CHLCPNs have co-facilitated Stress and Distress training for care home staff in partnership with the Care Home Collaborative
- The team manager, in partnership, with Carer's Link established a Relatives Forum for relatives/ carers of relatives in care homes in Sep 2022. The Forum is held on a quarterly basis with an emphasis on education and peer to peer support.
- The Commissioning team have developed a risk assessment for care homes, which focuses on financial viability, occupancy, staffing, compliance, quality of care/ ASP issues and environmental concerns
- A tripartite approach to the assurance process has been established (SW/ Health/ Commissioning) to streamline and improve the quality of the assurance visits
- The team created a CHST 'directory' to outline the purpose of the team and pathways to access support, which has been shared with care home managers, GPs and external health teams.

3. Safe & Reliable Services

3.1. East Dunbartonshire HSCP ensures the highest quality standards in identifying and responding to actual and potential social work public protection concerns through the implementation this year of:

- 'Safe and Together' model which is designed to support victims of Domestic Violence and keep children safe and together with the protective parent;
- The implementation of the Violence and Sex Offenders register (VISOR) and associated procedures
- Updating and implementing the new Child Protection Guidelines;
- Establishment of the Public Protection Leadership Group;
- Justice Services have increased delivery of Moving Forward Making Changes to treatment programme for sex offenders, to reduce risk to the public.

3.2. LD & CMHT – Physical Health checks in line with physical health policy/clozapine guidelines.

3.3. Winter Preparedness Funding (WPF) was utilised by the Public Dental Service to tackle issues relating to lack of access to General Dental Services, the increasing number of paediatric referrals, and for improving access to domiciliary care for the frail elderly population, both in their own and care homes. In particular the funding was used to:

- Establish a clinic at Pollok Health Centre to assess and treat children who were unable to access routine dental care within General Dental Practice

- Set up an occasional care/emergency clinic in Greenock due to the high level of de-registrations of patients from NHS dental practices within the Inverclyde area and no practices registering new NHS patients in this area
- Two clinical teams were established to provide dental care to those patients who required routine domiciliary care but did not need input from the Special Care Team
- Set up a clinic at the Emergency Dental Treatment Centre (EDTC) to offer a single course of dental treatment to those unregistered patients who presented at the EDTC or out of hours service who required a course of treatment to secure oral health but were unable to register with a GDP due to access issues.

3.4. Delivery of year 2 of Children's House Project: The purpose of the House Project is to improve outcomes for Care Experienced Young People moving on from care placements. There was a 100% success rate this year with 7 young people moving into their new homes. This was underpinned by strengthened links with the council's housing services to increase appropriate housing offers for care experienced young people.

3.5. Over recent years there has been an increasing drive from Scottish Government for services to use outcome measures, and submit data derived from their use. From January 2020 this became part of the new Child and Adolescent Patient National Dataset (CAPTND). There are many potential benefits to children and families, clinicians, and services of collecting, analysing, and reflecting on outcomes data. Examples include ensuring service users' views are heard, monitoring progress over the duration of treatment, reflecting on clinical practice and local ways of working, or potentially assessing clinical effectiveness at a service level. An Implementation Group was formed to take forward recommendations, however, this paused at the start of the pandemic. There have been national discussions on a common outcome measure to use as part of CAPTND. The roll-out of this is still pending.

3.6. The NHS GGC complex needs protocol, coordination plan and associated health Lead professional was set for full implementation on the 17th April 2023 with evaluation plan under development. A Learn pro module to support the communication launch is in final stages. This service development will help keep children safe and well supported through transitions in and out of inpatient care.

4. Enhancing Clinical Effectiveness

4.1. During 2022/23, the Oral Health Directorate have continued work on deflecting children away from General Anaesthetic (GA) dental extractions. This has been achieved through waiting list revalidation, establishing senior triage, and by offering alternative treatment modalities, wherever appropriate. These include Inhalation Sedation, Cognitive Behavioural Therapy (CBT), atraumatic local anaesthetic and management of decay in primary teeth using Silver Diamine Fluoride. This has reduced pressures on GA services and provided better outcomes for patients and families.

4.2. A wide range of actions were undertaken during 2022-23 to improve mental health services and support for children and young people, including:

- Implementation of the Children's Mental Health and wellbeing framework;

- Improvements to Tier 1 and Tier 2 mental health and wellbeing services for children, young people and families, by developing a Compassionate Distress Response Service and the extension of school counselling and nurture approaches in schools;
- Extension of Lifelink counselling to those aged 16+ who are no longer in Education or care experienced.

4.3. Children and Adolescent Mental Health Services (CAMHS) improved its performance against waiting times targets during 2022-23. By the end of 2022/23, 91.9% of children waiting for treatment had been waiting less than 18 weeks. This exceeds the 90% referral to treatment (RTT) target and is an improvement from the start of the year where only 60.4% met the target. By the end of 2022/23, only two children were waiting over 40 weeks which is a reduction from 117 children at the start of the year. The service plans for further workforce expansion, in line with Scottish Government recommendations

4.4. ADRS Team have recently established a Twice weekly pabrinex Clinic (multivitamin injections)

4.5. ICAMHS now offer a return home visit to families the week after the meal time support has ended in response to this feedback.

Within the service, the team looked at its capacity to be flexible with meal time support times whilst maintaining the level of service to Tier 3 CAMHS. The follow up return appointment also improved the service links with Connect-Eating Disorders & CAMHS who continue to provide care following Meal Time Support. ICAMHS would also use this opportunity to complete the end of service questionnaire to further improve and develop what they provide to young people and their families.

4.6. Two projects have been initiated by the CAPA team in line with the National Improvement Programme for Physical Activity Projects within two local Care Homes. Each project aimed to improve the amount of physical activities offered to residents and support Care Home Staff in delivering activities based on the resident's interests and needs. Both have been a success and have encouraged residents to be more active, particularly male residents who had not previously been showing an interest in taking part in activities. These activities support the reduction and prevention of falls and improves the mental health of residents.

A new Care Home Activity Coordinators Peer Support Group has also been set up to enable Care Home staff to share ideas about what has worked well within their Care Homes in relation to increasing the physical activity of residents.

4.7. The CAPA team have been delivering awareness raising and training sessions to Care Home staff about the Falls Pathway. This approach supports good decision after a resident has fallen and provides staff with professional advice about alternatives to hospital attendance and potential admission.

4.8. CCAAT is a robust audit tool measuring the quality of district nursing work. Data is collated from nursing documentation, observing patient visits and gathering feedback. The tool incorporates key quality indicators resulting in an overall compliance score. A RAG system guides the need for required action from the score and timescales for review to monitor progress.

Since implementation in August 2022, East Dunbartonshire DN service have maintained an overall gold category (91-100%) rating for monthly audits. The tool is highly valued by both clinical and management staff and now underpins feedback, induction and staff development.

A category within CCAAT is pressure ulcer incidence and compliance. Information provided from the tool reflected the theme within the board wide microstrategy safety cross reports that East Dunbartonshire were an ongoing outlier of reported pressure ulcers, exceeding all other HSCPs figures. Governance methods are well established assuring that staff adhered to the pressure ulcer prevention policy. An analysis report was also undertaking snapshotting a month of high incidence. This report proved the theory that East Dunbartonshire's figures mainly linked to appropriate reporting, care and governance; patient frailty and age; and non-concordance with pressure relieving advice.

Compliance figures and productive relationships between DNs and Homecare became the catalyst for East Dunbartonshire leading a test of change on the community adapted pressure ulcer risk assessment tool currently used in acute. This tool requires a collaborative and consistent approach to risk assessment and early identification involving the patient, families, DNs and Homecare.

4.9. The role of District Nurse Advanced Nurse practitioner (DN ANP) was introduced in East Dunbartonshire in 2021. The focus of this role is to respond to patients on a District Nursing caseload with acute illness, deterioration and/or complex palliative care symptom control. The DN ANP resource is available 7 days a week across East Dunbartonshire and has improved patient outcomes by providing timeous access to face to face clinical assessment of acute presentations, anticipatory care planning, management of complex palliative and end of life care needs, and subsequent prevention of avoidable hospital admission.

The impact of this role is noticeable across all adult HSCP services, contributing to leadership in implementing MDT locality meetings, promoting and embedding ACP's with support and training to wider teams when required, supporting the development of the new Frailty practitioner role through clinical supervision and professional leadership and contributing to the unscheduled care agenda with OOH provision.

The DN ANP role has also supported the transformation of District Nursing services through clinical supervision for staff undertaking advanced clinical assessment, independent prescribing during DNSPQ training, and through formal and informal teaching sessions with all members of the DN team.

4.10. The Turning Point non-fatal overdose service will continue until the 31st of March 2024 to allow for a full and comprehensive tender process to be undertaken. The tender is a multi-ADP tender, across East Dunbartonshire, West Dunbartonshire, East Renfrewshire, and Inverclyde. The Turning Point 'Mobile Harm Reduction Unit' commenced in May 2023, providing a range of harm reduction support such as the WAND initiative. Both services link directly to the MAT Standards, particularly MAT 3 and MAT 4.

5. Quality Assurance & Accreditation (Including Inspections of Commissioned services)

To ensure services are providing the highest quality of care, the CCGG monitor all inspections carried out by the Care Inspectorate (CI) for all registered services in our area. Following inspection, the CI will grade various dimensions including quality of care & support to quality of management and leadership. If a service is graded 3 or below, CCGG will review and look at the potential to provide support to sustain a high level of service for service users.

- 5.1. During 2022 to 2023 the partnership received a joint inspection of Services for Children and young people at Risk of Harm. The outcome was published on 18th April 2023 and is available on the Care Inspectorate website². Based on the inspection feedback an action plan was developed will go to the HSCP IJB for approval mid-2023. It is proposed that Delivering for Children and Young People Partnership (DCYPP) will oversee delivery of the Action Plan, which will also be discussed regularly with East Dunbartonshire's Care Inspectorate link Strategic Inspector.
- 5.2. The HSCP Health Visiting Team received UNICEF Gold 4 Year Revalidation in 2022-23. This award reflects standards designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support their health and development. However, ongoing resourcing issues in 2022-23 affected the Health Visiting team from fully implementing the Universal Health Visiting Pathway.
- 5.3. As part of the HSCPs performance improvement programme we completed a further focussed/targeted self-evaluation and audit of our Adults with Incapacity practice which was identified as a requirement in response to the Mental Welfare Commission's 2021 report 'Authority to Discharge'. In common with previous audits there was a weighting of one third towards Adult Support and Protection/Risk Management cases to ensure that our practice in this area addressed work under the three main acts: Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007.

The audit focus was primarily upon Social Work practice with aspects of integrated and partnership focussed work also examined. Twenty case files were selected for audit where there was an open allocation over 2021-22 and where there was a CareFirst category of legislation under the Adults with Incapacity (Scotland) Act 2000. The audit of our practice across Adults with Incapacity highlighted several key strengths and areas for development. There was evidence of strong assessment and risk assessment-based practice and strengths particularly in engagement and participation of adults and their carers.

The audit provided a good level of assurance that there is knowledgeable and appropriate application of the legislation, and powers under the Adults with Incapacity (Scotland) Act 2000 and related legislation. Areas for development include continued improvement of recording, consistent provision of Advocacy services and completion of Adult Carer Support Plans. Earlier intervention and anticipatory care were also highlighted as both a service and system wide area for improvement and development.

²

extension://elhekieabhbkmcefcobjddigicaadp/https://www.careinspectorate.com/images/East_Dunbartonshire_joint_report_children_at_risk_of_harm.pdf

In response a draft improvement action plan will be developed with relevant service managers which will be reported on within HSCP SMT and Clinical & Care Governance Meeting.

5.4. The Care at Home Service had an unannounced inspection in June 2022. This indicated that there was recognised continuous improvement of the service. Care at Home had previously been subject to a full unannounced inspection in 2021 and of 10 areas scrutinised at that time had achieved 8 grades of Good and 2 grades of Adequate. The June 2022 inspection focused on 7 areas and the service achieved 5 Very Good Grades, a Good and an Adequate. The Adequate grade was in relation to 11 reviews, out of 470, being outstanding at the period of the previous quality assurance report; which in itself coincided with the Covid Omicron spike. The service received one requirement from this inspection – the need to be up to date with Statutory reviews and one area of improvement, which related to improving the template the service was using to record complaints and accidents/incidents. Both of these areas were actioned. The complaints and incident templates were expanded shortly after the inspection to include an outcome focus and the Care at Home service review officers were utilised to maintain all reviews going forward from the point of inspection, supporting Supervisors to keep on top of reviews in each locality.

5.5. The Diabetes Specialist Nursing service have recently introduced a “How are we doing?” patient experience survey for all patients attending the service to gain valuable feedback about how effective the service is and identify any areas requiring improvement. Since the introduction of the survey in April, the team have received a 90% return rate with all feedback overwhelmingly positive. The results show that 100% of service users agree or strongly agree that the Diabetes Specialist Nursing service gave them the help they needed, when they needed it and how they wanted it. All individual comments given in the questionnaires demonstrate this positive experience with common themes including:

“It is a great personalised service.”

“All the staff give a first class service.”

“The team are knowledgeable, pleasant and helpful.”

“The team are always available and respond quickly when I phone.”

5.6. The report on Drug-Related Deaths in Scotland in 2021 was published in July 2022, by the National Records of Scotland (NRS). In Scotland in 2021 there were 1,330 Drug-related deaths, a decrease of 0.7% and a slight reduction on the previous number of deaths ever recorded. In NHS GG&C there were 427 drug-related deaths, this was a 3.8% decrease from 2020.

In East Dunbartonshire there were 16 drug-related deaths in 2021 representing a 14% increase on the previous year, again the highest reported since 2010. Average drug related deaths in East Dunbartonshire across a five-year reporting period from 2000 indicates that the average DDR rate increased to 11.3 for 2017 – 2021 from 9.5 between 2016 - 2020 (five-year average).

The 2021 report indicates that in East Dunbartonshire those aged between 35- 44 had the highest level of drug-related deaths at 28.2 per 100,000 population, with ages 25 – 34 as the second highest at 25.8 per 100,000 population.

Across Greater Glasgow and Clyde male deaths continue to outnumber female deaths 2:1, in 2021 there were several changes to the sub-populations. There was a decrease

in deaths in males over 35 for the first time since 2013 (1.6%), however as is also evident from Figure 5 above, male deaths under 35 have decreased by 35.0%. There was a year-to-year increase of 18.5% in females over 35 which is the highest rate since 2015. In contrast there was a decrease in female deaths under 35 (35%).

Work continues through the drug-related deaths action plan to identify areas of improvement across the Alcohol and Drug Partnership, ADRS, Mental Health and Community Justice Services. Implementation of the ten Medication Assisted Treatment (MAT) Standards also supports the improvement of services based on choice and person centeredness.

6. Supporting & Developing Practitioners

- 6.1. The Youth Justice Team have had an increase in staff training in AIM3 which is a dynamic assessment model that helps practitioners to assess harmful sexual behaviours. This has supported more diversion reports from practitioners able to manage risks within the community.
- 6.2. The Social Work Justice Team implemented new diversion guidance and extended diversion to ensure individual needs are met at the earliest opportunity, to enable people to desist from further crime.
- 6.3. Following a successful pilot involving a training programme for Health Visiting Nursery Nurses (HV NNs) in Inverclyde the new targeted pathway of support from universal services, for children under 36months who are showing a delay in their language acquisition, has been rolled out to all HV teams in the locality. Speech and Language Therapy (SLT) are supporting regular ongoing professional reflections for the HV NNs to provide governance, increase confidence and help review any potential issues. HV and SLT are working in partnership to continue to support these young children and families at the most appropriate level of service. Consideration has been given to those children and families who would benefit most from this support and alternatives are being sought for other groups via the ND pathway. Similar tests of change and implementation are mirrored across all areas of GGC with the specific aim of increasing outcomes for young children and delivering right care at right time when it is identified through the universal pathways.
- 6.4. NHSGGC Allied Health Professionals (AHP) Learning and Development Strategic Framework for 2023 -2028 was launched in Jan 2023. The Framework has been designed to support all Allied Health Professional staff in NHSGGC access educational opportunities at all levels of practice across the career framework, from Health Care Support Worker to Advanced and Consultant level of practice. The framework highlights that all staff will have equal access to ongoing learning, training and development within their role, and recognises that AHP capabilities are required of all staff across the four pillars of practice – clinical practice, facilitating learning, leadership, and evidence, research and development (including service improvement). The framework was developed by Professional and Service Leads following an AHP staff communication exercise, is underpinned by the four pillars of practice and aligned with local and national policy drivers. It has been developed so that it is accessible, easy to understand and is key to supporting AHPs taking ownership of their learning and development. The framework is a live resource to support meaningful role and career conversations. The

continued learning opportunities for the AHP workforce is of vital importance, in consolidating the services they deliver today, and ensuring teams are enabled to deliver the services and roles they aspire to in the future.

7. Information, Communication & Co-ordination

- 7.1. New Public Protection website launched, providing more intuitive and accessible information and advice. In 2022/23, a new Public Protection website was launched, which makes information more accessible and user-friendly.
- 7.2. During 2022/23, the co-location of health and social work children and families staff was successfully established, resulting in improved communication, collaboration and relationship building.
- 7.3. The child care Integrated Comprehensive Assessment (ICA) cannot be completed and authorised for the Scottish Children's Reporter if the Child/Parents view is not recorded. In response to this, the Children and Families team have introduced the Mind of My Own App, which enables children and young people to communicate their views, experiences and feelings to a trusted adult in a safe digital space. This supports practitioner in understanding the child or young person, enables them to respond quickly to them and evidences their views.
- 7.4. eMAR is an Electronic Medicine Administration Record software which is an alternative to the paper based Medicine Administration Record (MAR) sheets used for managing medication administration. The HSCP Care at Home team are currently piloting eMAR through their scheduling system, with a small number of clients who are receiving prescribed creams in conjunction with the District Nursing Service. This enables the Care at Home Carers to apply the prescribed cream based on the scheduling and dosages entered by the District Nurses. The hope is that the eMAR system can be rolled out to a great number of customers for a wider number of prescribed medications in the future.
- 7.5. AskSARA is a self-help website which gives impartial expert advice and information on products and equipment to help make daily living easier for older and disabled people. The HSCP continues to promote and raise awareness of the AskSARA service. There has been a 33% increase in activity from last year.

8. Covid-19 Specific Responses

- 8.1. Include information on the recover from the covid-19 pandemic, resumption to normal services, approaches to backlogs.

8.2.

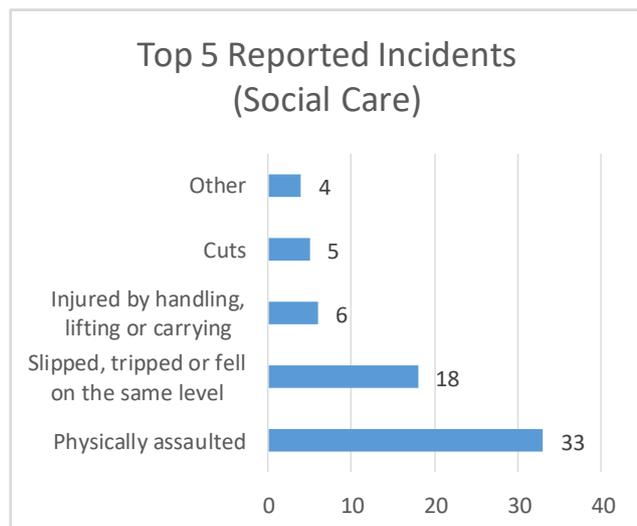
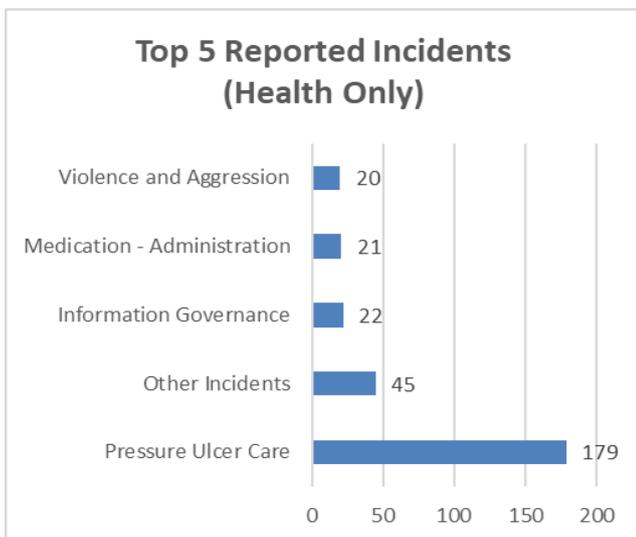
9. Incident Reporting

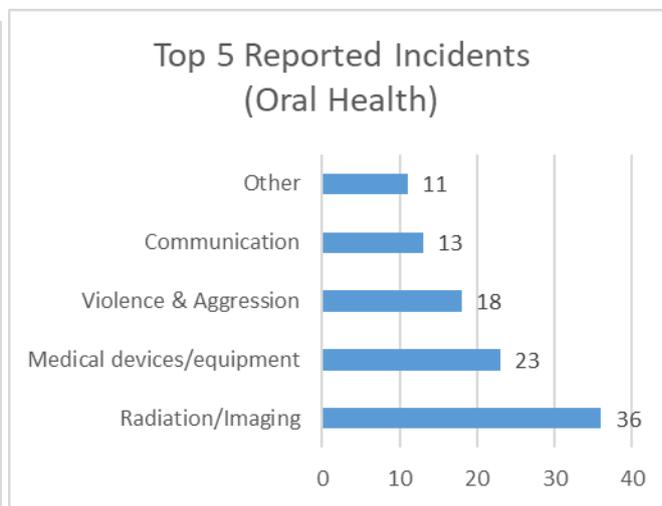
- 9.1. The reporting of incidents forms part of the Risk Management Strategy and is recognised as a means of improving the quality of patient care and minimising risk. The open reporting of even minor incidents allows weaknesses to be identified in the system, customs and practices to be changed and retraining of staff where necessary. All incidents, whether they involve patients/service users, relatives, visitors, staff, contractors, volunteers or the general public are reported. Due to the size and structure of the organisation, incidents are generally reported through two main streams with non-clinical incidents reviewed by a Health and Safety group; and clinical incidents reviewed by clinically focused groups.

9.2. During this reporting period, as reported through the Datix Incident Recording System and EDC Incident Reporting system, there were a total of:

- 376 incidents relating to East Dunbartonshire health services, this is an increase of 24% from the previous year. The top 5 incident categories accounted for 76% of the overall total number of reported. Pressure Ulcer Care remains the highest category reported.
- 87 incidents relating to East Dunbartonshire HSCP Social Care reported through EDC incident reporting system. This is an increase of 21% from the previous year.
- 1572 incidents were reported relating to Specialist Children’s Services an increase of 37.29% from the previous year.
- 155 incidents relating to the Primary Care element of the Oral Health Directorate, an increase of 2.6% increase from the previous year. This number is in keeping with incidents reported in the periods prior to the pandemic. Work continues to manage system issues contributing to Radiation/Imaging reported incidents.

9.3. The charts below show a breakdown of the top 5 reported incidents for the HSCP and hosted services:





9.4. During the reporting period the CCGG have received presentations addressing common incident themes to ensure robust review. This has resulted in incidents common across teams being addressed at high level offering an additional level of scrutiny by and assurance to the CCGG. In addition learning has been facilitated across HSCP services. 'Pressure Ulcers' and Self-Harm suicide were identified as themes to focus on over the reporting period.

9.5. The NHSGG&C Management of Significant Adverse Events (SAEs) Policy describes an SAE as a potentially avoidable untoward event; either related to a serious patient impact or a perceived risk of serious harm to others (e.g. a near-miss). A single briefing note for rapid communication is used.

9.6. In line with local SAE protocols, the briefing note system is in place separate to the electronic incident reporting system (i.e. Datix) which supports rapid communication to senior staff. This briefing note will confirm the decision of whether the incident requires escalation to Significant Adverse Event Review (SAER). The purpose of such a review is to determine whether there are learning points or improvements for the service and wider organisation.

9.7. As detailed in the Management of SAEs Policy, SAERs should be completed within three months of the incident occurring (or the Service becoming aware); any learning from the review should be shared and actions allocated with clear timescales for completion. These actions are monitored via governance structures to ensure that timescales are met and intended improvements are implemented.

9.8. NHS GG&C has also introduced a standardised process for obtaining feedback from patient and/or families who have been involved in a SAER.

9.9. 5 significant adverse events (SAEs) occurred across East Dunbartonshire HSCP between April 2022 and March 2023. 1 of these SAERs has since closed with the remaining 4 currently in-progress.

9.10. The 5 SAERs identified above were commissioned by the following Services:

Service	Specialty	SAERs
Health & Community Care		-
Mental Health Services	Community Mental Health	2

Oral Health	Public Dental Service	1
Specialist Children's Services	Hosted CAMHS	2

9.11. Of the 5 SAEs that occurred during this timeframe 1 SAER has since concluded. The table below provides the review conclusion code of this SAER.

Code	Definition	SAERs
1	Appropriate care: well planned and delivered	
2	Issues identified but they did not contribute to the event	
3	Issues identified which may have caused or contributed to the event	1
4	Issues identified that directly related to the cause of the event	

9.12. 1 SAERs that occurred during 2022/23 met the threshold for reporting as organisational Duty of Candour. The SAER met the key elements of the Duty of Candour Policy – the patient's family received an apology; they were informed of the review and asked to contribute. The SAER report was then shared with the family once the review was complete.

10. Complaints

10.1. East Dunbartonshire HSCP aims to provide the highest quality services possible through the delivery of safe, effective and person-centred care. Whilst the vast majority of service users have a good experience, we do not underestimate the emotional, and sometimes physical, impact on service users and families who have a less positive experience. It is therefore essential that we produce open, honest and empathetic responses to complaints consistently across the partnership. Our complaints policies and procedures help us to listen effectively to what people are telling us about our services, and to act with purpose on what we hear. It enables us to put things right when things go wrong, and to learn and take action so that the same problems do not happen again.

10.2. East Dunbartonshire HSCP and hosted services received a total of 85 complaints. A breakdown for each service is shown above.

Service	Complaints 2022/2023	Complaints 2021/2022
Health (EDHSCP Board Complaints)	14	12
Social Care	46	43
*Oral Health Directorate	3	8

(Primary Care)		
*Specialist Children's Services	22	13

***numbers are for GGC as hosted services**

The number of complaints received, in comparison to the previous year, show just below a 12% increase overall. However there was an increase in complaints to: Health of 16%; Social Care of 7%; 69% Specialist Children's Services and Oral Health seen a decrease of 62.5%;

10.3. Of the complaints shown in the above table, the following outcomes were determined.

	Upheld		Not upheld	Withdrawn	Consent not received/*Out with time limit	Resolved
	Fully	Partially				
Health	4	4	5	1	0	0
Social Care	6	19	18	0	0	3
OHD	0	1	1	1	0	0
SCS	1	6	14	0	0	0

10.4. Recommendations of "fully upheld" and "partially upheld" complaints in health related complaints are reviewed by the CCGG to ensure appropriate action is taken.

10.5. Social Care complaints, inclusive of those raised about social work and in house social care services, are also reviewed at the CCGG. All Social Care complaints are reported via the Complaints Management System (CMS). Out with the number, stage, area and outcome of complaint, the system is unable to provide further information in

relation to lessons learned and actions taken. The complaints department are currently in discussions to see if the system can be updated to include this information. This will then be monitored at CCGG and mirror the health complaints process.

10.6. The Clinical Care Governance Group meeting bring complaints presentations to the group. In the period of 2022 to 2023 joint learning was facilitated using CMHT/JDLT/PCMHT complaints.

11. Key Successes / Case Studies from 2022-2023

- 11.1. The HSCP and Health Board Award Ceremonies recognised care experienced young people's contribution through the Champions' Board
- 11.2. Connect-ED was an initiative piloted during 2022/23 to promote healthy aging and independence. It delivered a range of health and wellbeing information and support from the HSCP, the Council and local third sector services. During the 6-month programme, 59 people were supported on issues including Power of Attorney and wills advice, provided by our Age Scotland partner. Others were provided with information on social clubs, walking groups and enquired about volunteering opportunities. It is also notable that all organisations who took part in the programme reported increased referrals and established new networks.
- 11.3. During 2022/23 a new ADHD assessment clinic was established on a Saturday to enable people to attend out with working or school hours. This is proving popular with clinic attendance rates at 100%.
- 11.4. In October 2022, the Community Paediatric Physiotherapy service emphasised a focus on gathering feedback from children, young people and families based on their experience of the service. Electronic Experience of Service Questionnaires (ESQ) were offered to patients recently discharged from the service. A total of 57 responses were received covering patients from ages 1 – 18. Feedback was very positive with the majority of multiple choice questions being answered as 'certainly true' in relation to their experience. Quantitative feedback from 42 respondents was also provided.

From the October project, there was little development need as feedback was so positive and the service will continue to deliver the same level of service which has received such good feedback. Earlier in the year, a similar project was completed in March. From this run of questionnaires, the Physiotherapy team looked at improving resources and the profile of ESQs to increase submissions outwith clinic localities. The service also discussed their pre-appointment information leaflets and agreed that they should be updated to improve understanding and expectations of physiotherapy management.

- 11.5. There has been ongoing engagement work carried out by the Disability Nursing team and one highlight is in relation to a video segment created for the Nurse of the Year Award in the Scottish Health Awards 2022 for Brenda Kirk, Disability Clinical Nurse Specialist and Team Leader in Renfrewshire. SCS submitted and video clip however the event organisers requested a parent also be interviewed. This was arranged and excellent feedback about the difference that a Disability Nurse can make to the

assessment and diagnosis of a child with complex needs and neurodiversity was provided. Further, the parent highlighted that the support with longer term with sleep, behaviour, family support and finance, respite and education and general involvement over the years with the service has supported her child and the family with diagnosis and ongoing needs and interventions. It was a lovely testimony and the film was shown on the night.

- 11.6. Very positive feedback has been received from a parent of a child known to OT services. The parent commented that, 'you have really made a difference to mine and my child's life and I greatly appreciate it'. For this particular child, the OT team started to work with the school to help teachers understand sensory preferences and to make changes in that setting for that child. Further, joint working with the local housing provider to help them understand changes required to the home to best support the young person's sensory and safety needs was carried out. Coaching with the parent to help them understand their child's differences and strategies which they could employ to help was also worked on. Prior to OT involvement, the parent felt that they were getting nowhere with no one listening and they felt that with the help of the OT, this was key in life getting better for them.

12. Conclusion

- 12.1. This is intended as a highlight report to give an overview of the extensive activity taking place within the HSCP and hosted services on a daily basis. CCGG arrangements will continue to evolve in line with the NHS recovery plan 2021-2026 to ensure that the residents of East Dunbartonshire continue to be delivered a high level of service; which is safe, evidence based and person centred. The partnership will continue to use a range of tools to aid service review and deliver service changes: including, but not limited to, Quality Improvement work, SAERs and case studies. The HSCP as a whole will continue to review incidents that occur and complaints received to seek and guide areas for improvement.
- 12.2. This report covers a period of exceptional activity and change due to the recovery from the COVID-19 pandemic, teams across the HSCP and hosted services have had to show an unprecedented ability to adapt to the evolving situation and rapidly changing evidence and guidance. During this time the HSCP has endeavoured to maintain safe and effective practice, with appropriate levels of governance.
- 12.3. The CCGG continues to evolve in an effort to offer increasing levels of assurance to patients / service users, staff and senior management. The group is working with Heads of Service and Service Managers to embed good governance practices at every level of service delivery; with appropriate service reviews, development and completion of actions; and escalations where appropriate. It endeavours to ensure that learning is shared across teams; and that feedback is communicated effectively.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/14

CONTACT OFFICER: CAROLYN FITZPATRICK, LEAD FOR CLINICAL
PHARMACY AND PRESCRIBING
TELEPHONE 0141 232 8237

SUBJECT TITLE:

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 12TH July 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 12th July 2023

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 12th July 2023 highlight:

- a) The group received reports from all service areas and held significant discussion on incidents and complaints. This is an area where reporting has been further developed to ensure themes and learnings can be seen, and shared. Board members should note that the addition of Specialist Children's Services in full, to the East Dunbartonshire scrutiny role, has impacted numbers of reported incidents and complaints, so reporting numbers over time will reflect that as an upturn.
- b) The group noted the positive result for the Care at Home service in its most recent Care Inspectorate inspection.
- c) The group heard about increasing numbers of referrals for dental extractions and complex care requiring theatre access, which, in the context of high demand for services all round, is proving difficult to deliver.
- d) A range of information on growing levels of service demand and therefore growing waiting lists were noted in service updates.
- e) Elements of the minutes have been redacted where there was a risk that individual patients / service users may be potentially identifiable from the records.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

- 1. Empowering People
- 2. Empowering Communities
- 3. Prevention and Early Intervention
- 4. Public Protection
- 5. Supporting Carers and Families
- 6. Improving Mental Health and Recovery
- 7. Post-pandemic Renewal
- 8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

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

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None

- 6.2 **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.

- 6.3 **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.

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

7.0 **POLICY CHECKLIST**

- 7.1 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.

8.0 **APPENDICES**

- 8.1 **Appendix 1** - Clinical & Care Governance Group minutes of meeting held on 12th July 2023

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 12th July 2023, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Tara Dunseith	Clinical Director, Oral Health
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Interim Head of Children & Families Services and Criminal Justice
Leanne Connell	Interim Chief Nurse for HSCP
Karen Lamb	Service Manager, Specialist Children's Services
Fiona Munro	Lead AHP for HSCP (and deputising for Derrick Pearce)
Lorraine Currie	Service Manager, Mental Health Services
Fraser Sloan	Clinical Risk
Vandrew McLean	Corporate Business Manager

In Attendance

Name	Designation
Amanda McCrone	Operational Manager, OPMH
Jaime Steel	Information Governance Officer
Lorraine Brown	PA/Business Support

Apologies

Name	Designation
Caroline Sinclair	Chief Officer/CSWO
David Aitken	Interim Head of Adult Services
Lisa Dorrian	General Manager, Oral Health Directorate

No.	Topic	Action by
1.	Welcome and Apologies	
	CF welcomed all and announced members present and reminded those in attendance of the recording of the meeting. Apologies noted on page 1.	
2.	Minutes of Previous Meeting	
	Minute of previous meeting agreed and approved.	
3.	Matters Arising	
	CF noted no matters arising at this time. Will be picked up through the agenda items.	
4.	Actions / Outcomes Log	
	<p>CF reviewed the Actions & Outcomes Log.</p> <ul style="list-style-type: none"> • Pressure Ulcer Incidence Report and Analysis to go the next IJB meeting – complete. • Board Clinical Governance Forum update – complete. • Oral Health and Specialist Children’s Services to have access to incident reports – JS advised that the overdue incident reports have been shared with Oral Health and work is ongoing. • Complaint Responding – VMcL is working on at present, looking at policy and procedure for the whole HSCP and will bring back to Clinical Governance for further discussion and comment. • EDC SPSO complaint reporting process – EDC revising complaints monitoring system for social work complaints handling policies. No further update at present, however they are currently undergoing restructuring process of how complaints are reported. 	
5.	Presentation	
	No presentation available at this meeting.	
6.	Incident Trends	
	<p>JS provided update in relation to incident trends.</p> <p>Item 6a ED HSCP DATIX incidents Q1</p> <p>She shared the data attached with the papers for the meeting with the group for discussion. Holding area numbers have improved. Anything in the awaiting final approval holding area, these have been reviewed and reviewers agreed they are ready to sign off. Reminder on pinned queries, to prevent any incidents from showing on the overdue Datix report that the Chief Officer receives each month, if there are any incidents that are awaiting any external investigations, the approvers can finally approve the incidents but leave the close date open so that they will still be reminded.</p> <p>Item 6a. Non Clinical and Clinical Incident Summary July 2023</p> <p>Incidents by Type, JS noted that there were 110 incidents, 88% Clinical and 12% Non-Clinical. She then highlighted the themes for these incidents within the data provided. She also advised that there are Datix training modules on Learnpro, and she highlighted that she has been providing support service by service to ensure that staff are confident using the system. On a month to month comparison numbers reported were similar on the previous quarter. Highest sub category were violence and abuse for non-clinical and pressure ulcers the highest for clinical, unexpected death and breach of confidentiality. Positively she noted the reduction in the use of “other” as a result of the education work done with reviewers.</p>	

	<p>Incidents by Severity, she noted that there should be higher number with lower level severity of</p> <p>CF thanked JS for her helpful reporting and update.</p>	
7.	<p>Complaints & Whistleblowing</p>	
	<p>VMcL noted from Laura Gold's report:</p> <ul style="list-style-type: none"> • A category called Stress has been added for employees and services users who have suffered stress due to incidents that cannot be recorded elsewhere. • Hazard observations has been introduced, for no incident that has occurred but could be a potential incident, we would categories as a 'near miss'. • 31 records of incidents within HSCP. 6 near misses and 1 hazard observation. • Highest category is 16, physical assaults with 4 being near misses. • Stress is 3. • Slipped, tripped & fall is 2. • Hit by something fixed or stationary. • Then even amount of other incidents. • No RIDDORS for this period <p>Complaints – Report attached to the agenda.</p> <p>JS reported:</p> <ul style="list-style-type: none"> • 69 complaints in quarter 1. • 17 Stage 1 • 52 Stage 2 • Out of the 69, 20% had an element that were upheld within complaints. • If we exclude the numbers from Specialist Children's Services, that is an increase of 60%. • Main categories: Services & standards, Staff attitude & behaviours and Communication in clinical treatment. • No court action noted. <p>LC asked if we exclude Specialist Children Services, 60% of the complaints were upheld and if it was in line with other organisations similar to ourselves due to the high percentage and is it out of trend. VMcL noted it could be about numbers as they are low and you see a bigger shift percentage wise and a comparison with East Renfrewshire would be good. DP also added that a single complaint could have multiple parts and complex complaints, however only parts of the complaint are upheld and not the whole complaint. DP asked if the Social Work complaints had been received as he has viewed a few that are complex. JS confirmed that they have and some are partially upheld.</p> <p>CC confirmed complaints breakdown has been received on the Social Work side and noted that complaints come from a variety of sources and do the complaints logged match to the ones Kelly has provided for analysis. JS responded there might be double reporting and she is meeting with Scott McVittie to work together to rectify this.</p> <p>DP noted that Kelly's report contains provides some learning and with Carolyn's agreement he would like them to be added to this meeting to collectively look at what learning can come out of the Social Work complaints. CF agreed it would be useful.</p> <p>LC added that Mental Health get complex complaints. There can be multiple complaints with numerous issues. When they are partially upheld, they are about people's attitude and behaviours they do not like from a member of staff, which is hard to measure. LC added they do Action Plan but would like to see them captured better. VMcL agreed and added staff need better acquainted on the complaint capture process and should be picked up at induction and the new policy should be reviewed.</p>	

8.	SPSO Updates	
	SPSO update attached with papers. CF noted there is training on complaint skills investigation is at the end of the report and would be useful to send this to the teams.	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	Children & Families/Criminal Justice	
	Report contained within agenda. CC updated from Children and Families report: <ul style="list-style-type: none"> Community Children's Health Service, pleased to report that in the Health Visiting team they are about to start using the Combined Assurance Tool. The tool is a performance assessment framework based on 4 domains and persons centered care standards of professional practice. Policy, Governance, Care & Protection. Continuing baseline cover within health visiting, due to the number of risk associated with the number of vacancies and long term absence. Speech & Language Team, pleased to report strong working with Education colleagues. Good relationships and there is a Service Delivery Plan. Currently working on a Service Level Agreement and are very confident with the approach. New triage process to ensure children & young people are getting the earliest intervention they need. Very positive force within the Speech & Language Team. Learning Reviews are working well. Jillian Mitchell attends both the board wide Child Protection Forum and East Dunbartonshire Child Protection Committee. She signs of the Action Plans for Learning Reviews and feeds back any lessons to be learned to the Learning & Development Sub Group of the Child Protection Committee. Children & Family Social Work Services, joint training event with social work staff and panel members. One area is to address new legislation about siblings, trying to keep siblings together and if they are separated to have the best contact plans. Event was led by own Social Work staff and received positive feedback. CF thanked CC for her highlights.	
10.	Community Health & Care Services	
	Report contained within agenda. DP highlighted: <ul style="list-style-type: none"> Quality Assurance & Accreditation, in house care at home received an unannounced inspection which lasted over 4 days. Pleased to report grade 5 across all dimensions. DP noted a huge credit to the staff team, operational managers within the service. Update from recent Adult Community Nursing Service, Milngavie was audited with a slight downturn in service and a C category performance for the area. It is a good score but not as high as it has been previously. Learning to be undertaken which Kathleen H is overseeing with LC support. 	
11.	Commissioned Services	
	Report contained within agenda. No questions were asked.	
12.	Joint Adult Services	
	Report contained within agenda.	

	<p>No questions were asked.</p> <p>CF thanked DA for his apologies and update.</p>	
13.	Oral Health – Primary Care	
	<p>Report contained within agenda.</p> <p>TD highlighted a couple of items from the report.</p> <ul style="list-style-type: none"> • Increase in number of referrals being received across all services. • Pediatrics, alongside the increasing number of referrals the GA extractions and comp care is increasing due to limited theatre access. Ongoing issue that has been escalated. • First phase of the PDS Patient Pathways & Development is progressing well, linking into Sky Health & Track. • Waiting list coordinator started 1st of July to support the pathway. • Clinical triage fully underway. • Project Communications Plan is being developed alongside the pathway. • Specialist dentistry care has increasing number of referrals, e.g. an increase of 34% last month with IV sedation. • Currently recruiting 2 Senior Dental Officers, however closing date has been extended due to lack of interest. • Priority & Vulnerable Groups, following the cessation of funding 3 prison sites have reported to 10 sessions per week across all 3 sites in June 2023 and has caused an increase in waiting lists which is likely to worsen with only urgent care being able to be sustained. • Issues around patients not being brought timeously to appointments or not being brought to appointments is reducing the available appointment time for clinical care. • Audit has commenced to evaluate the impact of lost time. • General dental services, increasing numbers of being de-registered from existing practices and unable to find places accepting new registrations. • Also noted fewer practices offering IV sedation. • Inverclyde is now designated as an area for IDS. • Scottish Government has offered financial support from a Scottish Dental Access Initiative, however there is no update. • Good news from the Oral Health Improvement Team, the Caring for Smiles Team has reported a slight improvement in the number of residents in care homes being seen by a dentist. • Core tooth brushing note 71% of schools have started tooth brushing. • ETPD event for November to highlight Mouth Cancer Awareness Month. <p>CF thanked TD for the report.</p>	
14.	Specialist Children’s Services	
	<p>Report contained within agenda.</p> <p>KL updated on highlights from the report.</p> <ul style="list-style-type: none"> • Client Centered Services, activity carried out on Specialist Children’s Services on what matters to you day to ask staff what mattered to them. Strong theme around the importance of team working and having a supportive team. • Improving Child Protection Services, new mapping to ensure the new leader aligned to Specialist Children’s Services from the HSCP are well linked into Child Protection Committees locally and to the Boards Child Protection Forum • [REDACTED] 	

	<p style="text-align: center;">Redacted</p> <ul style="list-style-type: none"> • Children's Nursing Team, worked done on supporting standards, completion of SBars and escalating concerns. • Next report is quarterly, noted is the adoption from Learning for Excellence. 13 submissions between 1st April and 30th June. These ranged across all services and professional groups and allows the opportunity to see the staff that have gone over and above and staff that have developed service and will be celebrated at their usual event. • 1st April to 30th June, 326 Datix submissions. Majority in the inpatient units and Skye House and self-harming issues. • 12 data breaches, there is an ongoing challenge to try and improve processes and there are a number of action plans associated to this. • Significant adverse events – 2 commissioned. • 147 Stage 2 complaints, they are complex and multi-faced. • Overall upheld due to the number of issues raised. • Managing significantly more complaints and expected to rise. • 11 Freedom of Information requests, often about waiting times. • 12 Subject Access Requests. <p>CC thanked KL for her JAM boards and how she consulted with staff and will be in touch to discuss it further.</p> <p>CF thanks KL for her update.</p>	
15.	<p>Mental Health</p>	
	<p>Report contained within agenda.</p> <p>FM raised awareness in the group about the pressures on mental health and around the medical cover. Noted was the inequity in terms of the diagnostic pathway for individuals. One area has a wait time of 6-8 weeks and ours currently is 70 weeks. Work has been done to make movement, with additional clinics and it has been escalated via the Clinical Director for Mental Health to get more detail on what the wait times are in other area and resources as we do not fund the medical cover directly or control it. It is creating pressures, there are mitigations in place but a number of tests had to be repeated due to the length of time between appointments. Everyone is being informed of the extended wait and how to escalate should they need to.</p> <p>DP added it is being flagged as a risk and the inequities are being investigated to ensure there is consistency. The group should be aware and the Board may need to be updated in the future. AMcC added there is a review into the service because referral rates and service agreements and then how much medical cover and nursing is needed and the inequities should be looked at, at the same time.</p> <p>CF thanked for the report.</p> <p>LC advised that ADHD remains very challenging, 323 still waiting on assessment. Still doing weekend clinics and some pathways for referral from different services and different care groups need aligned as some referrals have come from ADRS and Older People's services. Wider GGC initiative for waiting lists has not been progressed further at present. Physical health checks continue through Learning Disability and CMHT. Different guidance around lithium and communications in relation to patients who are on lithium and checking ECGs. Will mean more demand on service however will safeguard that patients are having the appropriate checks. Joint Investigation with ADRS about safe practice, have finished investigations and team leads meet regarding cases every few weeks and discussing</p>	

	<p>interface issues and meeting with the wider mental health assessment unit, and looking at lessons learned. PCMHT are working on digital self-referral, JS will attend next GP Forum to discuss this further. New peer support leaflet will be shared at the next Clinical Governance meeting.</p> <p>CF thanked LC for her update. She asked in regard to the ADHD referrals, and with patient going for private referrals and assessments. She asked if a psychologist/psychiatrist could attend a future GP Forum to discuss these issues further. Will liaise with the relevant individuals to arrange a future presentation at the GP Forum.</p>	
16.	Business Support	
	<p>Report contained within agenda.</p> <p>VMcL noted:</p> <ul style="list-style-type: none"> • Jaime is working to support teams around complaints and incidents. • HSCP Risk Policy has been updated and presented to the IJB. Now to be cascaded to teams with other business documents, which will include the Complaints Policy. • Noted was the work going on around Risk Registers and assurance that policies are under regular review and taken through the Care Group Meetings. • IJB have asked for more details on the Risk Register and Jaime is supporting. <p>CF thanked VMcL for her report</p>	
17.	Primary Care & Community Partnerships Governance Group update	
	<p>CF updated: Noted</p> <ul style="list-style-type: none"> • Ongoing work with SAER's, around outstanding and overdue. Process now in place to make sure the HSCP's are supported and providing updates to the group. • Actions to improve quality assurance process. 	
18.	Board Clinical Governance Forum update	
	CF advised previous minutes from the Forum will be shared with the group in due course.	
	RISK MANAGEMENT	
19.	Clinical Risk Update	
	<p>FS reported from the six monthly Clinical Risk Update, from January to June 2023</p> <ul style="list-style-type: none"> • 756 incidents reported, slight decrease on previous 6 months however, 48% higher than the same period in 2022. • Report highlights monthly distribution of incidents over past 2 years. • Incidents peaked January 2023, majority were self-harming incidents. • 13 patient deaths across Mental Health Services & Community Care. • High severity incidents decreased by 1/3, which may change as 71 incidents still awaiting review. • Themes remain same, self-harming & pressure ulcer instances most frequently reported. • Self-harm & suicide categories used interchangeably, important to think of these categories together. • 464 incidents of self-harm between January & June 2023. • 93 pressure ulcer instances between January & June 2023, upon review none were considered avoidable. • A total of 21 breaches of confidentiality in 2022, however same number reported during the first 6 months of this year. • Substantial reduction in number of incidents miscategorised as near misses. • An in-patient unit has seen a decrease in incidents from 47 to 7. • No new SAER's in 2023. • One that was active for 229 days was closed. 	

	<ul style="list-style-type: none"> • 4 currently under review ranging from 9 to 12 months. • 16 potentially significant adverse events that require briefing notes. • New LearnPro Module, 305 Commissioning of Significant Adverse Events Reviews, aimed at assistant managers. <p>LC asked if there was an easy way to get access to the incidents that do not have a briefing note as they are not on the dashboard. FS advised he would send them to managers and let Datix team know. LC asked as we are an integrated service involving local authority staff, can the module be accessed on another platform? FS advised no.</p> <p>VMcL confirmed she can get accounts set up for the Service Managers.</p> <p>AMc asked the process for older people's mental health to find out where things are and actions. FS responded a process is being developed.</p> <p>JS noted the SAER's that are open will be highlighted in a monthly report to Heads of Service to keep them up to date and noting progression.</p> <p>JS added that outstanding actions can be accessed on Datix.</p> <p>CF thanked FS for the report.</p>	
20.	SAE Actions	
	No update at present.	
21.	Corporate Risk Register	
	<p>CS was not available at the meeting. DP updated that the register was accepted at the last IJB meeting. JS has put a process in place for each of the Heads of Service on a monthly basis to escalate or deescalate risks from services in the Corporate Risk Register. Managers have had training to identify and log risks.</p> <p>VMcL added there are 14 risks on the register, 9 considered high risk. VMcL will send a copy of the register to managers.</p> <p>CF thanked for the update.</p>	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	Quality Improvement Projects within HSCP	
	<p>LC reported the ANP service undertook a test of change with the use of emergency medication that is not in controlled drugs. The evaluation concluded that it was a success and appropriate use of medication with 48 episodes of patients supported with medication on the initial visit that prevented delays and further escalation. The team are hoping to showcase their work at the Advance Practitioners Conference through the Scottish Health Awards.</p> <p>CF noted it was an excellent, positive piece of work</p>	
23.	Quality Management Framework	
	Nothing to report at this time.	
	PUBLIC PROTECTION	
24.	Child Protection	
	<p>CC informed that since the last meeting:</p> <ul style="list-style-type: none"> • Child Protection activity remains high, there are a high number of CP investigations. • Not all converting into CP Planning Meetings, due to new national guidance. • 27 children & young people on register. Highest is 19 with emotional abuse, 17 neglect and 16 parental health. The reason the number doesn't add up is due to a child can be on the register under multiple categories not just one. • Demographically, 2nd highest category is neglect. • All public protection work is continuously monitored through Public Protection 	

	Leadership Group and report to the Chief Officers Group. CF thanked CC for the report.	
25.	Adult Protection	
	CC reported: <ul style="list-style-type: none"> 74 adult support protection referrals noted in May, highest since last November. CF thanked CC for the report.	
26.	PREVENT Counter-terrorism	
	Redacted	
27.	MAPPA / Management of high risk offenders	
	CC updated that the number of MAPPA cases being supervised within the HSCP area remains at 75 with Redacted	
28.	MARAC Domestic Violence	
	With regards to MARAC, CC advised work is being carried out to formulate an integrated protocol with the police align data.	
	INFECTION CONTROL	
29.	Infection Control Minutes	
	CF requested minutes be added to the agenda. LC confirmed the meetings do take place and VMcL will share the minutes reported into the Health & Safety Group.	
	ESCALATIONS	
30.	Items to be escalated to HSCP Board	
	DP will ask the Chief Officer to advise the Board in the verbal update about ongoing discussions in relation to the OPMH consultant challenges and to Dr's Fergie & Culshaw to update the Clinical Governance Group.	
31.	Items to be escalated to NHS GG&C C&CGG	
	DP noted there is further discussion ongoing in respect of the potential division and Scottish Parliament discussion. DA will share evidence. Noted was the impact on the minimum unit pricing that has come in.	
	GENERAL BUSINESS	
32.	Celebrating Success	
	VMcL noted there has been many nominations on team & individual pieces of work and promotion would be good to remind staff. DP requested an e-form. VMcL confirmed there are boxes to place forms, and a central e-mail inbox and will investigate ways to make it easier. With the possibility of a QR code.	
33.	AOCB	
	VMcL raised the Annual Report and requested samples from the team covering the period April 2022 to March 2023 in order for them to be present to the IJB.	

Date of next meeting – 6th September 2023, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14TH SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/15

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES OFFICER TEL: 07583902000

SUBJECT TITLE: PERFORMANCE, AUDIT AND RISK
COMMITTEE DRAFT MINUTES HELD ON 20TH
JUNE 2023

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 20TH June 2023 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

- 2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 20th June 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 20th June 2023

3.2 The main highlights from the meeting were:

- An update on external Auditors Mazars Audit Strategy Memorandum for the Year Ending 31st March 2023
- Approval of the Unaudited Annual Accounts 2022/23 submission to the external auditors to commence their audit. These set out the financial performance and management commentary for the IJB for the financial year passed.
- HSCP Annual Performance Report 2022/23 setting out the overall performance of the HSCP for the year along with key achievements and good practice examples.
- Annual Internal Audit update to June 2023
- HSCP Risk Management policy and Corporate Risk Register update
- External reports of interest to the IJB including Mental Welfare Commission's finding in relation to Mental Health and Special Children's services. Accounts Commission report on Integration Joint Boards Financial Analysis 2021/22.
- Update on Joint Inspection of Services for Children at risk of harm and associated action plan.

4 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

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

5 MANAGEMENT OF RISK

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

- 5.1 None.

6 IMPACT

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

7 POLICY CHECKLIST

- 7.1 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 APPENDICES

- 8.1 **Appendix 1** – Performance, Audit and Risk Committee Minutes of 20th June 2023

**Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Tuesday 20 June 2023 at 2pm
Location: Via MS Teams**

Present:	Calum Smith (Chair) Csm	Jacquie Forbes	JF
	Caroline Sinclair CS	Ketki Miles	KM
	Jean Campbell JC	Gillian McConnachie	GMcC
	David Aitken DA	Derrick Pearce	DP
	Alison Willacy AW	Gillian Healey	GH
	Karen Lamb KL	Tom Reid	TR
	Karen Donnelly KD		

Minutes : Jacqueline Hughes

No.	Topic	Action by
1.	Welcome and Apologies	Csm
	Chair welcomed the Committee members to the meeting. Apologies submitted from: Ewan Patterson, Ishana Singh, Ian Ritchie, Claire Carthy.	
2.	Minutes of Last Meeting – Extraordinary Performance, Audit and Risk Committee Meeting of 21st March 2023.	All
	The minutes of the meeting on the 21 st March 2023 were accepted as accurate and approved.	
3.	Mazars - Audit Strategy Memorandum for Year Ending 31st March 2023	TR
	TR reported from the Mazars Audit Strategy Memorandum for the year ending 31 st March 2023. Points highlighted: <ul style="list-style-type: none"> • Section 4: Significant Risks and Other Key Judgement Areas regarding Management Override Controls being a significant risk. • Section 5: Wider Scope & Best Value that highlights the framework for wider scope work and approach. • Section 8, Materiality and misstatements, the summary of the materiality thresholds. <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> • The content of the Annual Audit Plan for the IJB was noted. 	
4.	Unaudited Annual Accounts 2022-23	JC
	JC reported from the unaudited Annual Accounts. Points highlighted: <ul style="list-style-type: none"> • The Comprehensive Income and Expenditure Statement (CIES) (see page 47 of the Unaudited Accounts 2022/23) describes expenditure and income 	

by care group across the IJB and shows an over spend of £6.928m against the partnership funding available for 2022/23. Adjusting this position for in year movements in reserves provides an underlying positive variance on budget of £4.387m for 2022/23 which represents operational service delivery for the year and has been reported throughout the year to the IJB through regular revenue monitoring updates.

- This has reduced the overall reserves position for the HSCP from a balance of £26.990m at the year ending 31 March 2022 to that of a balance of £20.062m as at year ending 31 March 2023 (as detailed in the reserves statement on page 48 of the Unaudited Accounts 2022/23.)
- The CIES includes £2.930m of expenditure related to the impact from Covid-19. Costs were covered through HSCP earmarked reserves, held for this specific purpose. The balance of reserves of £7.034m was returned to SG in the financial year to be redistributed across the sector to meet current Covid-19 priorities. The mechanism by which the funds were returned resulted in the contribution from NHS GG&C being reduced by this amount.

JC highlighted the under spend can be attributed to recruitment difficulties and an error made in charges to ED HSCP that have been paid back.

Questions:

JF raised a query regarding the position of being ahead with the contingency reserves amount, would this have to be used rather than an additional funding sources.

JC responded that the contingency was only slightly over the 2% prudent reserves level. Going into next year there are significant risks to the HSCP mirrored across Scotland. There is the pay uplift, provider market risks and the possibility of the HSCP making transitional payments in order to deliver the requirements within the PCIP contract and wider Strategic Plan delivery.

JF asked about the unfilled vacancies, would they impact the performance indicator and if it could be earmarked rather than go to general reserves.

JC responded that all HSCP's are the same and rather than earmark it gives the ability to manage and respond to risks flexibly.

CS added there is a broad observation line between recruitment and performance. For example, an area of transformation would be developing a rehab focussed service, however it is difficult to provide an enhanced service when covering the basic requirements. There has been recruitment engagement, creative ways to recruit. The challenge being, everyone is recruiting from the same talent pool.

KM noted they were happy to approve and raised that sustainability should be made clear by the IJB and recorded with the auditors.

It was resolved:

- The Unaudited Accounts for 2022/23 were noted and approved.
- The Annual Governance Statement included within the Unaudited Accounts was approved.
- The local code of governance against which the IJB will measure itself in the Annual Governance Statement for 2022/23 was approved.

	<ul style="list-style-type: none"> The self-assessment against the Scottish Government's best value framework were noted and approved. The assessment of compliance for the IJB against the requirements of the CIPFA Financial Management code were noted and approved. 	
5.	Mazars – Audit of East Dunbartonshire IJB's Financial Statements for the year ending 31 March 2023	GMcC
	<p>GMcC reported the questionnaire was part of the audit process and with JC it has been prepared under International Standards for Auditing (ISA) relating to fraud, laws and regulations, litigation and claims.</p> <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> The response to Mazars questionnaire, to support and further the discharge of their responsibilities under International Standards for Auditing (ISA) relating to fraud, laws and regulations, litigation and claims and going concern was approved. 	
6.	HSCP Annual Performance Report 2022/23	AW
	<p>AW explained every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans should also have regard to the National Integration Delivery Principles. The APR provides an overview of how well the HSCP is delivering on its strategic plan. Points highlighted:</p> <ul style="list-style-type: none"> Achievements and good practice were highlighted and staff praised for their efforts. There were corrections in the CAMHS data, P34 & P36 the percentage of children who waited less than 18 weeks to be seen was 74.1%. P56, 3rd bullet point has been amended to reflect children who have been seen within 18 weeks. <p>Questions: KM & JF noted thanks for the work on the new report. JF asked about the performance of care homes as a couple are not achieving scores that would be liked and what could be done to support. GH confirmed there is care home support from HSCP and Clinical Commissioning Partnership. JF extended offer of support.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> The HSCP Annual Performance Report 2022-23 was noted. 	
7.	HSCP Annual Internal Audit Report to June 2023	GMcC
	<p>GMcC reported on the Internal Audit Annual Report, which is a summary of the internal audit work completed by East Dunbartonshire Council's Internal Audit team for the financial year 2022/23. Points highlighted:</p> <ul style="list-style-type: none"> The Annual Internal Audit Update and Report 2022/23 is an important document providing an opinion of reasonable assurance. Within this report, reference is made to the 1 remaining high risk relating to social care contractual arrangements. At the last PAR meeting there was a request for 	

	<p>further information, context and a revised target date in relation to the high risk of social care contractual arrangements. This report provides this further detail and a revised target date of 30 Sept 23, aim is by next PAR this will be in a business as usual position.</p> <ul style="list-style-type: none"> • Performance and outputs since the last committee including the results of an audit of Self Directed Support Overpayments process, where 2 medium risk actions have been agreed and consultancy controls work relating to a Petty Cash process. • HSCP internal audit plan for 2023/24 includes key areas of Hospital Discharges, Performance Management, Workforce Planning, Interim Payments Arrangements and the application of the Transport Policy. • The refreshed internal audit charter, as approved by the Council's audit committee, presented here for information. Changes are minor. <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> • The Annual Audit Report for 2022/23, including the Internal Audit Opinion for 2022/23 was considered and approved. • The opinion on the adequacy and effectiveness of the HSCP's framework of governance, risk management and control be applied in the completion of the HSCP's 2022/23 Financial Statements was agreed and approved. • The contents of the Internal Audit Performance and Outputs Report, the Internal Audit Follow Up Report 2022/23, and the Internal Audit Plan for 2022/23 was considered and approved. • The Chief Finance & Resources Officer to submit performance monitoring reports detailing progress against Plan and audit results to future meetings of the Committee was considered and requested. 	
8.	HSCP Delivery Plan 2022-23 Update	JC
	<p>JC confirmed the position of the HSCP Delivery Plan with 31 projects and the majority being achieved. Points highlighted:</p> <ul style="list-style-type: none"> • 81% of projects achieved. • 5 projects in red status. • Outstanding projects will be carried forward to 2023-24 Delivery Plan. • Savings plan was achieved with the exception of £10,000. <p>Questions:</p> <p>JF noted thanks for the detailed information and the excellent work & savings. JF queried the format of the report as it is a 1 year report that has actions that can span 2-3 years. Also noted was the projects in exception and felt more clarity was needed.</p> <p>JC explained there were limits on the reporting software and will investigate ways to make the information clearer. JC explained that some projects do take years but the reporting was on that years particular part of the project is put in the action plan for that year</p> <p>It was resolved:</p>	

	<ul style="list-style-type: none"> The update to the HSCP Delivery Plan for 2022/23 was noted. 																	
9.	HSCP Risk Management Policy and Corporate Risk Register Update	JC																
	<p>JC gave an overview of the HSCP Risk Management Policy and updates to the Corporate Risk Register. Points highlighted:</p> <ul style="list-style-type: none"> Corporate Risk Register will be brought to all PAR meetings. Risk Management Policy updated with minor changes following Governance Audit and reflects NHS Board changes. 14 risks in the Risk Register. Positive financial position was noted and reflected in amendments to risk scoring in terms of likelihood of not being able to set a balanced budget/ deliver a savings programme. <p>Questions:</p> <p>JF noted appreciation for the work completed and raised a query regarding a risk including recruitment of GP's, as the HSCP cannot influence the recruitment of GP's and does not see that it should be noted as a risk.</p> <p>JC explained it impacts the HSCP as the board may need to step in and run a practice. A surgery was given as an example that could not deliver services or recruit GP's and the HSCP supported them in this time.</p> <p>DP confirmed if a GP practice hands their contract back then the HSCP needs to run the practice.</p> <p>JF thanked for the information.</p> <p>KM expressed thanks for the work in the report and noted great progress and offered it would be beneficial to show trends.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> The updated HSCP Risk Management Policy was considered and approved. The Corporate Risk Register attached was considered and approved. 																	
10.	HSCP Directions Log Update	JC																
	<p>JC reported the Directions Log is the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered. Points highlighted:</p> <ul style="list-style-type: none"> There was a total of 18 Directions issued for 2021, the status of the Directions are noted as being: <table data-bbox="443 1615 758 1760"> <tr><td>Current</td><td>5</td></tr> <tr><td>Complete</td><td>6</td></tr> <tr><td>Superseded</td><td>7</td></tr> <tr><td>Revoked</td><td>0</td></tr> </table> There was a total of 11 Directions issued for 2022, the status of the Directions are noted as being: <table data-bbox="443 1839 758 1984"> <tr><td>Current</td><td>3</td></tr> <tr><td>Complete</td><td>1</td></tr> <tr><td>Superseded</td><td>7</td></tr> <tr><td>Revoked</td><td>0</td></tr> </table> 	Current	5	Complete	6	Superseded	7	Revoked	0	Current	3	Complete	1	Superseded	7	Revoked	0	
Current	5																	
Complete	6																	
Superseded	7																	
Revoked	0																	
Current	3																	
Complete	1																	
Superseded	7																	
Revoked	0																	

	<ul style="list-style-type: none"> There have been 6 Directions issued across the two IJB meetings held so far in 2023 (January and March 2023), the status of the Directions are noted as being: Current 5 <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> The content of the Report was noted. It was noted the report will be remitted to the IJB. 	
11.	<p>Mental Welfare Commission’s Findings in relation to Mental Health and Specialist Children’s Services</p> <p>CS summarised the findings from the Mental Welfare Commission in relation to Mental Health and Specialist Children’s Services. Points highlighted:</p> <ul style="list-style-type: none"> Skye House, a review of nursing care plans and for the implementation of changes to improve their content and their use to better reflect patient care and treatment overall with greater synchronicity between the weekly MDT notes and nursing care plans in particular. In response to this, Skye House staff included the care plan within the staff induction process and carried out an audit in relation to EMIS which includes nursing and MDT. Young people’s meetings were also developed on a bi-monthly basis so that young person can input into care plans. This action in complete. Ward 4, recommendation stated, that hospital managers should explore cover arrangements for Mental Health Officers (MHOs) to ensure there is clarity and agreement regarding the responsibilities for MHO provision to the unit for those situations when the respective MHO team may be too geographically distant to attend the ward in an appropriate time frame. Additionally, consideration should be given to expanding the multidisciplinary team to include social work expertise to support children and their families as inpatients and support liaison with local authorities at the time of discharge. In response to this, managers and clinical staff at Ward 4 explored MHO cover and confirmed that this can access a MHO employed by Glasgow City Council who is based at Skye House. Furthermore, the unit can access Hospital Social Work for advice and support in first instance. Both actions are now complete. <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> The content of the Report was noted; and The recommendations and subsequent actions undertaken in relation to Ward 4, the national child psychiatric inpatient unit and Skye House the West of Scotland Adolescent psychiatric unit which are both hosted services of East Dunbartonshire HSCP were approved. 	CS
12.	<p>Accounts Commission Report – Integration Joint Boards Financial Analysis 2021/22</p>	JC

	<p>JC noted for the member's information the Accounts Commission report provides a high-level independent analysis of the financial performance of Integration Joint Boards (IJBs) during 2021/22 and their financial position at the end of that year. It also looks ahead and comments on the financial outlook for IJBs in 2022/23 and financial planning in the medium and longer terms. Points highlighted:</p> <p>IJB finances 2021/22</p> <ul style="list-style-type: none"> • IJBs returned significant surpluses in 2021/22, mainly due to additional funding received late in the financial year for specific policy commitments, including Covid-19, as well as underspends on the cost of providing services. • Total IJB reserves have doubled in 2021/22 to £1,262 million largely due to additional funding received late in the financial year for national policy commitments, including the response to Covid-19. Due to changes to future anticipated IJB Covid-19 spend, the Scottish Government are exploring options to recover around two thirds of Covid-19 related reserve balances held at the 2021/22 year end. • The pandemic continued to impact on the delivery of IJB savings plans, with the Scottish Government providing specific financial support in 2021/22 to support unachieved savings on a non-recurring basis. This typically means that these savings have to be achieved in future years. It is essential that comprehensive plans are in place, demonstrating how IJBs will achieve recurring savings and support required service transformation. <p>Medium- and longer-term outlook for IJB finances</p> <ul style="list-style-type: none"> • IJBs have a projected funding gap of £124 million for 2022/23. Fourteen per cent of the 2022/23 projected funding gap is anticipated to be bridged by drawing on reserves, with other savings delivered on a non-recurring basis. Savings options had not been identified for 28 per cent of the gap. The identification and delivery of recurring savings and reducing reliance on using reserves to fund revenue expenditure is key to ensuring long-term financial sustainability. • Three quarters of IJBs have recently updated their Medium Term Financial Plans (MTFPs). Doing so allows IJBs to respond more effectively to the long-term impacts of Covid-19, alongside increased cost pressures, including rising demand and inflation. <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> • The contents of the Accounts Commission report on Integration Joint Boards Financial Analysis 2021/22 were noted. 	
13.	Joint Inspection of Services for Children at Risk of Harm – Inspection Report and Action Plan	CC

	<p>CS reported for CC, it is proposed the report is brought to this forum to advise members of the publication of the Joint Inspection of Services for Children at Risk of Harm Inspection Report and the development of an accompanying action plan to ensure delivery of the improvement areas identified in the inspection. Points highlighted:</p> <ul style="list-style-type: none"> • Overall good inspection. • 1 area requiring attention - delivery of advocacy services could have a more strategic approach. • CARH plan in place until June 2024, with positive feedback of confident delivery. <p>Csm noted thanks for the additional work to everyone involved.</p> <p>No questions were asked.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> • The publication of the Joint Inspection of Services for Children at Risk of Harm Inspection Report was noted; • The Action Plan for delivery • The Delivering For Children and Young People's Partnership will oversee delivery of the Action Plan, which will also be discussed regularly with East Dunbartonshire's Care Inspectorate link Strategic Inspector was noted. 	
14.	PAR Committee Agenda Planner	CS
	<p>CS provided the planner for the PAR Committee Agenda.</p> <p>It was resolved:</p> <ul style="list-style-type: none"> • The planner was agreed. 	
15.	A.O.C.B	
	None	
16.	Date of next meeting – 28th September 2023	ALL

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/16

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 8TH JUNE 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 8TH June 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 8th June 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 8th June 2023.

3.2 The main highlights from the conversations within the meeting related to:

- a) A recurring theme across services and sectors that recruitment and retention of staff is a challenge. The pay rates offered in other non-care sectors such as hospitality were noted to be preferable affecting ability to attract new staff.
- b) The group received a presentation on the range of work that is underway locally to support children and young people's mental health in line with the aspirations of the Children and Young People's Mental Health Taskforce.
- c) The first strategic item under consideration was the development of the new Primary Care Strategy. Work was noted to be underway and further direct engagement with GPs was recommended as the work progresses. This linked with discussion on the local primary care services overall, where good progress was noted in rolling out remote blood pressure monitoring.
- d) The second strategic item discussed was Transforming Roles, a national transformation approach aiming to maximise the contribution that nurses, midwives and allied health professionals can make to health and care services in local communities. This agenda will align with and support the delivery of the HSCP's Strategic Plan

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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.

4.2 Frontline Service to Customers – None.

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

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

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

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

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

7.0 **POLICY CHECKLIST**

- 7.1 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.

8.0 **APPENDICES**

- 8.1 **Appendix 1:** Strategic Planning Group Minutes of 8th June 2023.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 8th June 2023 via MS Teams

Present

NAME	Designation
Derrick Pearce	CHAIR – Head of Community Health & Care Services
David Aitken	Interim Head of Adult Services
Karen Albrow	Carers Representative
Alan Cairns	Planning Performance & Quality Manager
Laura Coia	GP Representative
Leanne Connell	Interim Chief Nurse
Sharon Gallacher	Commissioning Support & Development Team Leader
Suzanne Greig	Interim Fieldwork Manager – Children and Families
Anna Houston	Sector Rep for Care & Support Services
Anne Innes	Third Sector Rep EDVA
James Johnstone	Primary Care Transformation Manager
Ian Marshall	Independent Sector Rep – Care Homes
Fiona Munro	Service Manager/Lead AHP
Dianne Rice	Primary Care Development Officer
Vivienne Tennant	Children's Services Project Lead
Lisa Walsh	Sen Organisational Development Advisor

Attending:

Minutes: Catriona Burns

1.	Introductions & Apologies	Actions/ Attachments
	<p>Apologies: Claire Carthy, Fiona McManus Claire McNeil.</p> <p>DP welcomed Anna Houston, Director at HRM Homecare Services as the Sector Rep for Care & Support Services.</p>	
2.	<p>Notes of Previous Meeting</p> <p>The minutes of the last meeting were reviewed and accepted as an accurate record.</p>	
3.	<p>Matters Arising</p> <p>No matters arising.</p>	
4.	<p>Updates</p>	
4.1	<p>East & West LPG Update</p> <p>DA reported that memberships for both groups have been refreshed and dates have been issued for meetings early in July. A full update will be provided at the next SPG meeting.</p> <p>Noted.</p>	

4.2	3rd Sector Update	
	<p>AI confirmed that the main challenges across the Third Sector organisations, are financial constraints, recruitment and retention of volunteers impacting on resilience of groups.</p> <p>Noted.</p>	
4.3	Independent Sector Update	
	<p>SG advised that there are no major changes to report. Recruitment and retention of staff remains a challenge as the food and drinks industry pays more. Care & Support and Communities Providers' Forums were held recently along with a Care Home Provider Forum. Main issues raised are workforce, rates of pay, gaps in runs, lack of qualifications and retention of staff after training etc. Despite the challenges all are performing really well. SG thanked all for their hard work and commitment to providing the service.</p> <p>IM added that discussions have been ongoing regarding the National Care Contract rates however there is still no agreement. The lack of decision is causing anxiety amongst providers.</p> <p>AH agreed with the points raised by both SG and IM noting that the next 12 months will be challenging. Some providers are seeking work in specific areas and AH will keep in touch with the HSCP in this regard. Reintroduction of PVG and SSSC fees are adding to the difficulties in recruitment.</p> <p>Noted</p>	
4.4	Communications & Engagement	
	<p>DP advised that Anthony Craig has been appointed to the Health Improvement Senior - Engagements & Equalities post and will attend SPG meetings with the PSUC Reps as required.</p> <p>KA updated from the last PSUC meeting. Elaine Jack attending from CAB presented on the Income Maximisation Service. Lisa Walsh also attended. KA provided background on the Transitions Bill and the responsibilities of the HSCP's. KA reported that The Social Work Dept. advised that they have a robust Transition Planning process in place, however this does not reflect families' experiences. KA shared the details in the attached paper. DP thanked KA for sharing and agreed for the anonymous experiences to be shared for understanding. DP agreed that all involved would look at areas for improvement but could not give a commitment in this Forum.</p> <p>DA acknowledged the difficult experiences encountered by the families. This can be a very worrying time for parents. DA advised that the HSCP is very committed to getting things right for people. The investment in the new services at the Allander will give people greater choice and opportunities to access employment and volunteering. There have been challenges regarding recruitment and retention of staff which has affected the Learning & Disability Team which has affected the level of Pre Transitioning support in place. DA highlighted the good services within East Dun HSCP which are not available in other partnerships.</p> <p>ACTION: DA and KA to discuss offline.</p>	 <p>Transitions paper - SPG june2023.docx</p>

	<p>SG commented that there is a Transitions Planning Process in place, however if it is not working for people or they do not feel supported then we need to make changes. Not everyone will get what they want but they should be supported.</p> <p>ACTION: KA to contact JJ regarding GP data.</p> <p>Noted.</p>	
4.5	Housing Update	
	<p>CMcN was unable to attend however has provided an update from Housing attached.</p> <ul style="list-style-type: none"> • Firstly, to thank Connie Williamson who delivered a presentation on the cancer journey to the tenant participation working group. It was very well received, and colleagues may want to note that this is a good forum to bring updates on service delivery to - it is also well attended by Councillors. • The Draft Local Housing Strategy has been peer reviewed by the Scottish Government and we are now in the process of finalising the document for submission to ministers (we are hoping before recess) we are meeting with representatives from SG in relation to the Local Heat and Energy Efficiency Strategy (LHEES) this is led mainly by planning however, Housing has a seat around the table as fuel poverty and a need for larger family type properties is crucial to tackling child poverty in EDC. The aim of the meeting is to ensure that Strategies such as the LHEES are cognisant with the LHS, SHIP etc. and will be monitored/reviewed annually. • The review of the Allocations Policy has commenced. There will be various consultation stages to take part in that will be announced shortly when a decision is taken on whether these events can be held in person or via Teams. <p>CMcN notes that as always colleagues can email her for further information on any of the above.</p> <p>Noted</p>	
4.6	Primary Care Update	
	<p>JJ updated on the PCIP Tracker 6 submission to Scottish Government. Financial challenges continue, the End of Year report 22/23 showed an underspend. Engagements with Scottish Government continues regarding the challenges around PCIP and further updates are expected.</p> <p>Woodhead Practice list remains closed and work is ongoing to get this reopened. A request to change the catchment area has been submitted to LMC and GP Sub Committee for approval with a view to reopening the list in July.</p> <p>Engagement continues with the residents of Twechar regarding the closure of the satellite surgery in March 2020. Health Improvement Team are providing support and this has been welcomed by all involved. A Local</p>	

	<p>Needs Assessment is being carried out by Health Improvement Team and a full update will be available for the next SPG meeting.</p> <p>Remote Blood Pressure Monitoring is progressing with 8 of 15 practices interested with 4 practices currently using. 221 patients have benefitted since May 2023 from this service. Work is ongoing to engage with all practices.</p> <p>Staff training events have been organised and these are well received. Requests for Trauma Informed Practice have been received and this will be part of future training.</p> <p>Work is progressing on the NHSGGC Primary Care Strategy. The draft paper will be published later this year.</p> <p>DP advised that the outcome of the Twechar Local Needs Assessment will be presented to SPG in due course for comment. Noted.</p> <p>LC advised that practices are under pressure to improve access to appointments. All practices are struggling with a lack of admin and GP staff. Main concerns are access to appointments and waiting times for further treatment following the GP visit. LC updated on recruitment challenges within Auchinairn Practices. Additional Pharmacy workload is being created by early discharge of patients who are then readmitted. Overall the mood is positive with other practices providing support.</p> <p>AH asked if there was an opportunity for providers to assist GP's with Blood Pressure Monitoring with outcomes fed back via an iPad. DP, JJ and LC welcomed further conversations on this matter. LC advised that this will be very helpful and also advised on an email triage appointment system. AH advised of a Pressure Ulcer Trial currently ongoing with Highland Health Board. Further discussion will take place offline.</p> <p>Oral Health</p> <p>LD was not attending today, however if there is any update, this will be circulated to the Group.</p> <p>Noted.</p>	
4.7	<p>Improving the Cancer Journey in East Dunbartonshire</p>	
	<p>DP advised that the 1st year of operation has been completed with the Annual Report showing the benefits being delivered. There are capacity issues within the team and work is ongoing to resolve these. Discussions are underway with McMillan regarding funding for posts.</p> <p>Noted.</p>	
4.8	<p>Performance Update</p> <ul style="list-style-type: none"> • Annual Performance Report • Quarterly Performance Report • Performance Management Framework 	
	<p>AC had shared the Draft Annual Performance Report, SPG have been updated throughout the development. This will be submitted to IJB for</p>	

	<p>consideration later this month. SPG are asked to contact AC with any feedback or if further information or guidance sessions are required.</p> <p>DP commented that this is a very useful document as it allows for reflection on the delivery, improvements and achievements of the partnership.</p> <p>Noted.</p>	
5.	Alcohol Focus Scotland - Minimum Unit Pricing Briefing May 2023	
	<p>DA shared 3 papers for information. Minimum Unit Pricing was introduced in 2018 targeting harmful alcohol use and cheap strong alcohol products. This policy will be reviewed in April next year. The paper attached gives a good overview of the impact of Minimum Unit Pricing which has been positive and greater than expected, having saved 268 lives and avoided 900 hospital admission nationally each year since 2018. There has been a positive impact on alcohol harm in some of the most deprived communities and may have reduced some harm during the Covid 19 pandemic in other communities. There has also been a reduction of 3% in sales. The recommendations are that the Minimum Unit Price should be increased going forward. DA advised that there will be an opportunity for consultation on the Minimum Unit Pricing in due course.</p> <p>The other papers relate to alcohol related harm with East Dunbartonshire where we have higher levels than the national average. DA shared the details for the area. The local picture is more concerning than the national picture.</p> <p>DP thanked DA for a comprehensive overview and suggested that this is brought back to a future meeting once more information on the consultation is known.</p> <p>DA asked L Coia for an opinion, advising that this will be an action for the Locality Planning Group. LC agreed with the details provided, noting the larger cohort of people over 50 who are living longer due to better health care and also the younger age group drinking harmfully. LC asked if there were programmes within schools regarding the harmful effects. SM confirmed that there are groups within schools for young people who have problematic use of alcohol. Further discussion on the support groups available. VT advised that there is an age appropriate programme under Curriculum for Excellence. Further discussion ensued on key risks and challenges within age groups.</p> <p>Noted.</p>	
6.	Presentation – Improvements to Children’s Access to Mental Health and Wellbeing	
	<p>VT shared the attached presentation. The Children & Young Peoples Mental Health Taskforce was established in 2018 to aim to improve the services offered and mental wellbeing. VT expanded on the detail within the presentation and the actions being taken by the East Dunbartonshire Framework Steering Group to deliver on behalf of the partnership.</p>	 Final SPG 8.5.23.ppt

	<p>DP thanked VT for an informative presentation and noted the good work that is taking place.</p> <p>Further discussion on counselling services available to children and young people.</p> <p>Noted.</p>	
7.	Joint Inspection on Services to Protect Children at Risk of Harm - Update	
	<p>SG updated the group on the recent inspection to consider the effectiveness of services for children and young people who are at risk of harm. The inspection was conducted between October 2022 – April 2023. The overall rating of the inspection was good. SG advised that the final report identified a number of areas of good practice, support to young people to sustain good relationships with family; support of wellbeing; all young people felt safe where they lived; asylum seeking young people felt safe and supported; all felt listened to and were engaged in service development. An action plan has been developed in relation to the areas of improvement, which had been identified by the Partnership prior to the report. This action plan will be monitored through the Child Protection Committee and DCYPP.</p> <p>DP suggested that all should take the opportunity to read the inspection report which is very positive about the services being offered.</p> <p>Noted.</p>	
8.	Strategic Item – Developing Primary Care Strategy	
	<p>JJ had circulated a paper which gives an overview of the work currently ongoing to development a Board wide strategy on the development, modernisation and transformation of primary care. JJ shared the details of the work carried in within Phase 1 which is now complete. Key issues and themes highlighted in Phase 1 will be explored fully and developed in Phase 2. Phase 2 has commenced and is looking at wider Stakeholder engagement. JJ shared the details of the work to be carried out within this phase.</p> <p>Ann Forsyth, Head of Primary Care Support will attend a future SPG meeting to provide more information.</p> <p>DP suggested some direct engagement with GP's would be useful and this will be feedback to Ann Forsyth. SPG will be kept updated and have the opportunity to influence the development of the strategy.</p> <p>Noted.</p>	
9.	Strategic Item – Transforming Roles	
	<p>LCo shared the attached presentation which demonstrates how national drivers are being linked with the Strategic Plan to support Right Place, Right Care. The Chief Nursing Officer of Scotland is committed to maximising the contribution of Nurses, Midwives and Allied Health Professionals and the need to embrace a transformation agenda. An Education and Career Development Framework has been produced to assist in the transformation</p>	 <p>Transforming Roles for SPG.ppt</p>

	<p>agenda. LCo shared the details of the framework and how this aligns with the Strategic Plan.</p> <p>FM advised that there is now a dedicated health & social care resource provided to Care Homes which assists in the management of residents who have complex needs working with staff, residents and their families to develop anticipatory care plans and realistic conversations. Working with Care Homes, residents and families during periods of outbreak such as over the Christmas & New Year holidays where only one person was admitted to hospital at the family's request. There is also a dedicated mental health and AHP resource available. Positive feedback has been received.</p> <p>A multi-disciplinary clinician led group discussion has been set up to discuss individual cases to develop a plan going forward. These have been ongoing for 18 months and all involved are seeing benefits. FM provided details of other developments involving Frailty Practitioners, Advanced Nurse Practitioners, Community Falls Follow Up Support Worker and Diabetes Specialist Nurse.</p> <p>LCo commented how valuable the Education Framework has been to support staff which is leading to improved outcomes for the wider population.</p> <p>DP thanked both for a very useful and informative overview.</p> <p>AH asked about if there are plans to link with Providers on support and resources on falls prevention etc. FM advised that our Falls Lead has been visiting various groups within the Community and providing resources and information on Fall Prevention. FM will arrange for the Falls Lead of attend a future Care at Home Providers meeting. AH provided details of a Falls Prevention project within Argyll & Bute which was very successful.</p> <p>Noted.</p>	
10.	AOB	
	<p>DP advised that Amanda McCrone is the partnership's Dementia Lead and will be re-establishing the Local Dementia Strategy Group. Invites will be issued to some members of SPG. This coincides with the launch of the National Dementia Strategy and will give direction to local work. SPG will be kept updated</p> <p>Noted.</p>	
11.	Dates of Next Meeting	
	24th August 2023 at 10am via MS Teams	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/17

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

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF
MEETING HELD ON 21st JUNE 2023

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 21st June 2023.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Staff Partnership Forum Meeting held on 21st June 2023.

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

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

The staff forum had a varied agenda which covered the array of activity on-going at this time -

- a. The forum received an update on CARH Action Plan, which details the actions being and the lead agency to undertake the specific actions.
- b. The forum was updated on the very encouraging results from the iMatter survey, which showed that we had increased the response rate across all service areas and either equalled or exceeded our EEI score from 2022. Tom Quinn advised that the work was now to try and turnaround the Team Action Plans over the main holiday period.
- c. Caroline updated members on the work to conclude the realignment of Specialist Children Services advising that all was going well with all directly impacted staff having had a 1:1 meeting with Karen Lamb and that no issues were identified.
- d. Tom Quinn remember staff that the NHS would be celebrating its 75th Birthday in July and that it was also the 55th anniversary of the Social Work Scotland Act.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

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

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

- 7.1 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.

8.0 **APPENDICES**

- 8.1 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 21 June 2023.

21 June 2023,

<u>Item</u>	<u>Subject</u>	<u>Actions</u>
1.	Welcome & Confirmation of Attendees Apologies: Karen Lamb, Leanne Connell	
2.	Minutes of 24 May 2023 Matters arising: C+F Admin changes – Vandrew to discuss with Allan after the meeting Andrew McCready updated on the SBAR pilot at the Dental Hospital and confirm that all was well and progressing as its what the staff want. Proposed Changes to Nursing profile in OPMH, Greg Usrey advised that he had met with team and was happy for it to progress as planned.	VM/AR
3	CARH Action Plan Caroline Sinclair updated on the previously circulated action plan which highlighted the work being undertaken to address issues which had been identified both before and during the Inspection. Caroline highlighted that some of work was work in progress prior to the inspection and the only new piece of work was on advocacy which was being taken forward by a pan-GGC group. The governance route for the overall plan is through the DCYPP group. It was agreed to keep as a standing item on this agenda.	TQ
4	Workforce Plan 2023-24 Tom Quinn highlighted the recently circulated Scottish Government letter on proposed route to review the 2022-23 action plan as set out in the previously circulated letter. Tom advised that he had spoken with GGC about what input was required at this time but was advised that it had been undertaken on a board wide update. Tom advised that following on from the initial meeting of the workforce group in May 2023, he had attended the 3 Care Forums (Care Homes, 3 rd Sector and Care at Home) to get an understanding of what our external partners were experiencing in relation to workforce, Tom said that they had identified 3 areas – Remuneration, workforce supply and advertising costs. The HSCP workforce group would come back together again in July and Aug, to enable a fuller report to go to this forum and IJB in late September 2023. Craig asked about the recent implications from the re-grading that had taken place in South Lanarkshire HSCP with regard to Home Carers, Caroline advised that she would raise with the Council and come back.	
5	Public Health Improvement update Derrick updated the group on the last meeting of the group and advised that it had gone well, mainly setting out the terms of reference and how staff would be updated going forward. Greg advised that he would like to join the group. Derrick advised that he would ensure the link to meeting was sent out.	
6	iMatter 2023-24 updated position Tom highlighted the updated position on iMatter 2023, advising that in all 3 surveys (HSCP, OHD and SCS) we had increased our response rate over	

	<p>2022 and either equaled or exceeded our EEI score from 2022, so big thank you to all the staff who responded. It was now time for the Action Planning process and work was already underway with closing dates of 1 Aug 2023 for SCS and OHD (as they had all email copies) and 14 Aug 2023 for the HSCP as we have some paper copies so get a slight extension. Tom advised that he would provide a more in-depth update at the August meeting.</p>	
7	<p>Update on SCS realignment</p> <p>Caroline gave a brief update on progress advising that all staff and finances had transferred at year end with some further due diligence to be concluded by end of June. All Service managers directly impacted had has 1:1 conversations with Karen and no issues were identified. The Oversight group is still meeting and will continue until the moves and processes have been completed.</p>	
8	<p>75th Anniversary NHS / 55th Anniversary of Social Work (Scotland) Act</p> <p>Tom advised that the 5 July 2023 would see the 75th Birthday of the NHS and this was also the 55th anniversary of the launch of the Social Work Scotland Act, so plenty to celebrate. Tom advised that the NHSGGC Charities had set aside monies that staff could make a bid to for funding local events.</p>	
9	<p>NHSGGC HR Metrics: April & May</p> <p>These had been previously circulated and Tom offered to answer any questions that colleagues might have.</p>	
10	<p>AOCB</p> <p>Tom advised that the Scottish Health Awards were now open with a closing date of 13 August 2023. He highlighted that this was a good opportunity to highlight the excellent work that our staff undertake in delivering services.</p>	
11	<p>3 Items for the APF</p> <p>The following 3 items, were identified for the APF</p> <ul style="list-style-type: none"> - Our iMatter outcomes - The transition for SCS to being fully hosted in East Dunbartonshire HSCP - The progress in the Dental SBAR 	
	<p>Items for information</p> <ul style="list-style-type: none"> - Our News (June 2023) was previously circulate 	
	<p>Date of Next Meeting: 1pm, 16 August 2023 – MS Teams</p>	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 14th SEPTEMBER 2023

REPORT REFERENCE: HSCP/140923/18

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391

SUBJECT TITLE: PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

1.0 PURPOSE

- 1.1 The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.0 RECOMMENDATIONS

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

- 2.1 It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

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

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.2** The PSUC have held three meetings in 2023. The latest meeting took place on the 13 July 2023 and was offered in a hybrid model. Group members attended in both a 'physical' and 'virtual' capacity, on Microsoft Teams.
- 3.3** At the latest PSUC meeting, the members received an update from Derrick Pearce (Head of Community Health and Care Services) on the current review of the Public Health Improvement Team (PHIT) on its core functions and purposes going forward.
- 3.4** The group also received a presentation from Caroline Cashman (Team Manager - Care Home Support Team) on the Care Home Support Teams multi-disciplinary role, remit and current project work.
- 3.5** The PSUC group have requested the HSCP development officer to prepare and compile an updated Power of Attorney (PoA) report. This is following on from the release of local PoA figures that were received from a Freedom of Information (Fol) request, placed with the Office of Public Guardian (OPG) in May 2023.
- 3.6** The PSUC group have also requested that the Carers 'Transitions' narrative and the Scottish Government Carers funding stream / allocation, be continued, amplified and remain as an ongoing workstream and key agenda item.
- 3.7** The PSUC group have also welcomed Catherine Buchanan, a new member to the group.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Strategic Plan 2022-2025 Priorities;-
 - 1. Empowering People
 - 2. Empowering Communities
 - 3. Prevention and Early Intervention
 - 4. Public Protection
 - 5. Supporting Carers and Families
 - 6. Improving Mental Health and Recovery
 - 7. Post-pandemic Renewal
 - 8. Maximising Operational Integration
- 4.2** 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 ICT – None.

4.8 Procurement – None.

4.9 Economic Impact – None.

4.10 Sustainability – None.

4.11 Equalities Implications – None.

4.12 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 **POLICY CHECKLIST**

7.1 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.

8.0 **APPENDICES**

8.1 **Appendix 1:** Public Service User and Carer Support Group of 13th July 2023.

Agenda Item Number: 18a Appendix 1

Public Service User and Carer Support Group – 13 July 2023

Attending; Karen Albrow, Catherine Buchanan, Gordon Cox, Linda Hill, Mary Kennedy, Fiona McManus, Michael O'Donnell and Michael Rankin

Apologies; David Bain, Suzanne McGlennan Briggs, Sandra Docherty, Avril Jamieson, Linda Jolly, Jenny Proctor and Frances Slorance.

HSCP Staff in attendance; Derrick Pearce (Head of Community Health and Care Services), Caroline Cashman (Team Manager-Care Home Support Team).

HSCP Support Staff; David Radford, Anthony Craig.

Action points agreed at meeting:

Action	By who	When	G	A	R
1	HSCP officer to source and arrange for the Scot Gov digital prescribing pathway (webpage/contact) be shared with group.	A Craig	By next meeting 28/09/2023		
2	HSCP officer to share Care Home Support Team presentation.	A Craig	By 14/07/2023		
3	Invitation to be extended to Fiona Munro (Service Manager & Lead AHP) to inform group on current 'acute patient discharge' challenges and opportunities.	A Craig	By next meeting 28/09/2023		
4	The HSCP officer made a 'FOI' request with the OPG, with regards to PoA figures in East Dun. An updated report will be prepared and presented.	A Craig	By next meeting 28/09/2023		
5	PSUC group have asked that an invitation be extended to Chief Officer to attend a meeting in 2023. AC to liaise with and source possible date(s).	D Radford / A Craig	By next meeting 28/09/2023		
6	PSUC wish to continue to liaise with Head of Service and disseminate the Carers Transitions Narrative and clarify funding offered to HSCP via the Scottish Carers funding stream / allocation.	A Craig	Ongoing		
7	The members have enquired if the Primary Care Transformation Manager, can provide the most recent figures on	A Craig	Ongoing		

	GP patient contacts and percentage that 'do not attend'.					
--	--	--	--	--	--	--

**East Dunbartonshire HSCP Board Agenda Planner
January 2023 – March 2024**

Update: 18th August 2023

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Performance Reports
Financial Reports
Notes of Meetings – Performance, Audit and Risk, Strategic Planning Group, Clinical and Care Governance Group, Staff Partnership Forum, Patient Service User and Care Group
Board Agenda Planner (CS)
HSCP Board Agenda Items – 19 January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
Older People’s Social Support Strategy – Derrick Pearce
Directions Update – Jean Campbell
Risk Register Update – Jean Campbell
HSCP Board Development Seminar – 19 January 2023
Specialist Children Services (SCS) – Realignment – Karen Lamb, Julie Metcalfe
Financial Planning 2023 – 2024 – Jean Campbell
HSCP Board Development Seminar – 16 February 2023
Patient Interface in Primary Care – Derrick Pearce
Trauma Informed Practice – Claire Carthy
HSCP Board Agenda Items – 23 March 2023

Specialist Children Services (SCS) Update Caroline Sinclair/Karen Lamb
Records Management Plan – Interim update
HSCP Board Development Seminar – Tue 6 June 2023 – Hybrid in person / MS Teams
Update on CARH Inspection /Children’s services plan (Claire Carthy)
Children's Services management re-alignment to East Dun IJB Update (Karen Lamb)
HSCP Board Agenda Items – 29th June 2023
Topic Specific Seminar (9am) – Care at Home – “State of the Nation”
Outcome of Allander Moves
Annual Performance Report
Draft Annual Accounts 2022-23
Corporate Risk Register
Directions Report
Good News Stories Transfer from Kelvinbank to Allander – David Aitken tbc
Carer Strategy 2023-26
HSCP Board Development Seminar – Wed 23 August 2023 Hybrid – In Person / MS Teams
Board Development – Self assessment Activity (benchmarking activity)
Essential of Good Governance (Invite external guest speaker) - undertake scrutiny, development discussions, an assessment of current risks and performance monitoring
HSCP Board Agenda Items – 14th September 2023
Annual Performance Report – Alan Cairns
Annual Clinical & Care Governance Report – tbc
Drug Harm Framework – David Aitken
HSCP Property Strategy
Hospital Discharge Delays: Performance and Assurance

HSCP Board Development Seminar – Thur 26 October 2023 - Hybrid–In Person / MS Teams
Alcohol and Drugs Partnership strategy and key areas of work update (David Aitken)
Suicide Prevention Strategy and Commissioning / Governance Arrangements
HSCP Board Agenda Items – 16th November 2023
Topic Specific Seminar - tbc
CSWO Annual Report 2022 – 2023 – Caroline Sinclair
Supporting access to primary healthcare in Twechar
HSCP IJB Winter Planning
Developing Primary Care Strategy
Oral Health Update – GGC Performance / ED HSCP (moved from September 23)
HSCP Board Agenda Items – 18th January 2024
Corporate Risk Register
Directions Report
Consultation and Engagement Strategy Refresh (or March 2024) tbc
HSCP Board Development Seminar – Wed 7 February 2024 - Hybrid–In Person / MS Teams
Audit Scotland (Invite external guest speaker input) Risk Management, profile, appetite, willingness, public services risks
Budget Setting (Jean Campbell)
HSCP Board Agenda Items – 21st March 2024
Topic Specific Seminar - tbc
HSCP Board Development Seminar – Suggested Topics (2 hours) In-Person 10am–12 noon
Alcohol and Drugs Partnership strategy and key areas of work update
Board Development – Self assessment Activity, assurance (benchmarking activity)
Essential of Good Governance (Invite external guest speaker) - undertake scrutiny, development discussions, an assessment of current risks and performance monitoring

Audit Scotland (**Invite external guest speaker input**) – Risk Management, profile, appetite, willingness, public services risks

Budget Setting

National Care Service Update

Primary Care Transformation

Children's Services management re-alignment to East Dun IJB

Conversations with Government on key challenges:

- Budget shortfall
- Service demand and expectation management

