For meeting on

17 JANUARY 2019

Agenda 2019

East Dunbartonshire Health & Social Care Partnership Board

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health & Social Care Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT** on **Thursday, 17 January 2019** at **9.30 am** to consider the undernoted business.

Chair: Jacqueline Forbes
East Dunbartonshire Health and Social Care Partnership Integration Joint Board

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

A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting HSCP Board held on; 15th November 2018

Item	Contact officer	Description	Page
STANDING ITEMS			
1.	Jacqueline Forbes	Expressions of Interest	
2.	Martin Cunningham	Minute of HSCP Board held on 15 November 2018	**1-8**
3.	Susan Manion	Chief Officers Report	**Verbal**
GOVERNANCE ITEMS			
4.	Jean Campbell	Financial Performance Budget 2018/19, Period 8	**To Follow**
5.	Jean Campbell	Financial Plan 2019/20 update	**9-22**
6.	Claire Carthy	Community Justice East Dunbartonshire Annual Report 2017-18 Community Justice Outcomes Improvement Plan 2018 -2021 and Annual Delivery Plan 2018/19	**23-28** **29-72** **73-90**

7.	Caroline Sinclair	Quarter 2 Performance Report 2018-19	**91-124**
8.	Frances McLinden	Oral Health Directorate Update – East Dunbartonshire OHD Performance Report	**125-158**
9.	Frances McLinden	Oral Health Directorate Update – Overall GGC OHD Performance Report	**159-194**
10.	Martin Brickley/Jenny Proctor	Public, Service User & Carer (PSUC) Representative Support Group report	**195-198**
11.	Lisa Williams	East Dunbartonshire HSCP Clinical & Care Governance Sub Group minutes of meeting held on 28 November 2018	**199-208**
12.	Tom Quinn	East Dunbartonshire HSCP Staff Partnership Forum minutes of meeting held on 19 November 2018	**209-216**
STRATEGIC ITEMS			
13.	Susan Manion	Audit Scotland Report – Health and Social Care Integration: Update on Progress	**217-268**
14.	Derrick Pearce	Day Care Services for Older People – East Locality	**269-273**
15.	Caroline Sinclair	East Dunbartonshire British Sign Language Plan 2018 - 2024	**275-344**
16.	Derrick Pearce	Home Care Review – Interim Position	**345-348**
17.	Linda Tindal	Staff Experience Update	**349-360**
18.	Caroline Sinclair	Progress report on the development of the Strategic Planning and Locality Planning Groups	**361-368**
19.	Gillian Healey	Commissioning Strategy and Market Facilitation Plan	**369-376**
FUTURE HSCP BOARD AGENDA ITEMS			
20.	Susan Manion	HSCP Schedule of Topics/Business Plan	**377-378**
		Date (s) of next meeting **Thursday 21st March 2019, 9.30am** **Council Committee Room, Southbank Marina**	

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 15 November 2018.**

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

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

Non-Voting Members present:

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

Jacqueline Forbes (Chair) presiding

Also Present:	M. **Cunningham**	EDC - Corporate Governance Manager
	K **Donnelly**	Standards Officer / EDC – Chief Solicitor & Monitoring Officer
	F.P. **McLinden**	General Manager, Oral Health Lead Officer Dentistry GG&C
	D. **Pearce**	Head of Community Health & Care Services
	T. **Quinn**	Head of People & Change

DECLARATION OF INTEREST

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

PRESENTATION – UNSCHEDULED CARE

Derrick Pearce and Frances McLinden provided an overview on the topic of unscheduled care, nationally and locally in East Dunbartonshire.

The Board heard from both Derrick and Frances in response to questions and thereafter thanked them for an informative presentation.

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
15 NOVEMBER 2018

1. MINUTE OF MEETING – 6 SEPTEMBER 2018

There was submitted and approved the minute of the meeting of the HSCP Board held on 6 September 2018.

2. CHIEF OFFICER'S REPORT

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

- 15 November 2018 – The Audit Scotland Report – Health and Social care Integration – Update on progress has been published today. This will be included on the agenda for the Board meeting on the 17th January 2019.
- 15 November 2018 – The Partnership is today hosting a Community Justice Event for staff and stakeholders. The event is being addressed by Karyn McCluskey, Community Justice Scotland Chief Executive. Dr Lisa Wiliams and Cllr Susan Murray are also addressing the event.
- "Moving Forward Together" – A delivery programme has been set up to take forward the strategy with a number of workstreams. Susan Manion is joint lead of Regional workstream.
- Regional West of Scotland Discussion document – The updated plan is expected early 2019.
- Delivery of Older People Services Review – It was noted that the plan previously agreed by the HSCP Board following a review of Day Care Services for Older People has been refreshed and there are proposed changes to the original model agreed. This means moving away from the building based model of care to a community based service. A updated Plan will be reported to next Board meeting on 17 January 2019.
- Operational Issue – It was noted that in the last week, Gas supplies to an area of Bearsden were cut off for a brief period. The service participated in the civil contingency arrangements to ensure vulnerable clients were identified and care managed over the course of the incident
- Wilma Hepburn, Chief Nurse recently retired from the service and Fiona McCulloch Planning & Performance Manager is about to retire and this is her last meeting. The Board wished them well in their retirement.

Following consideration, the Board noted the Report.

3. FINANCIAL PERFORMANCE BUDGET 2018/19 – PERIOD 6

The Chief Finance and Resources Officer updated the Board on the financial performance of the Partnership as at period 6 of 2018/19.

Following discussion and questions, relating to the NHS List of savings and the Transformation Plan the Board agreed as follows:-

a. To note the projected Out turn position is reporting an over spend of £972k as at period 6 of 2018/19.

b. To note the progress to date on the achievement of the approved savings plan for 2018/19 as detailed in **Appendix 1**.

c. To note and approve the updated devolved budget allocation to ED HSCP from NHS GG&C.

d. To note the risks associated with the delivery of a balanced budget as detailed in 2.0.

4. FINANCIAL PLANNING 2019 / 20

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

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

a. To note the position on the financial planning assumptions for the partnership based on the latest discussions and known position for both the Council and the NHS Board for 2019/20 in terms of financial allocations.

b. To approve the areas for consideration that have been identified to date to meet the financial challenge for the IJB and agree to progress the detail of these for further consideration by the IJB.

5. EAST DUNBARTONSHIRE HSCP PERFORMANCE REPORT 2018/19 – QUARTER 1

A Report by the Chief Finance & Resources Officer, copies of which had been circulated separately, informed the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period Apr – Jun 2018 (Quarter 1).

Thereafter the HSCP Board noted the content of the Quarter 1 Performance Report where 17 of 24 indicators were recorded as showing improvement..

6. CHIEF SOCIAL WORK OFFICER – ANNUAL REPORT

A Report by the Head of Mental Health, Learning Disability, Addictions & Health Improvement and Interim Chief Social Work Officer, copies of which had previously been circulated, presented the Chief Social Work Officer's (CSWO) Annual Report for the period 2017 - 2018

The HSCP Board noted the report which was also being presented to a meeting of the Council on 15 November 2018.

7. LARGE SCALE INVESTIGATION

A Report by the Head of Mental Health, Learning Disability, Addictions & Health Improvement, copies of which had previously been circulated, advised the Board of a Large Scale Investigation recently conducted into the service quality provided at a local commissioned service.

Following discussion and having heard the Head of Mental Health, Learning Disability, Addictions & Health Improvement with further details, the Board noted the Report.

8. EAST DUNBARTONSHIRE ALCOHOL & DRUGS PARTNERSHIP – ANNUAL REPORT 2017/18

A Report by the Head of Mental Health, Learning Disability, Addictions & Health Improvement, copies of which had previously been circulated, presented the East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2017 - 2018 which had been submitted to Scottish Government, as required, on 26 September 2018.

Following discussion and having heard the Head of Mental Health, Learning Disability, Addictions & Health Improvement with further details, the Board noted the Report.

9. AUDIT SCOTLAND – 2017/18 EASTDUNBARTONSHIRE IJB – ANNUAL AUDIT REPORT

A Report by the Chief Finance & Resources Officer, copies of which had been circulated separately, presented the Annual Audit Report for the financial year ended 31st March 2018 which has been prepared by the IJB's external auditors, Audit Scotland. This report had previously been considered by the Performance, Audit & Risk Committee.

Fiona Mitchell-Knight of Audit Scotland addressed the Board and summarised the key areas within the report relating to error correction; the short term outlook which suggested that the financial position was unsustainable based on the levels of deficit and funding; and a medium term position which indicated significant change was required to budgets or the way services were delivered.

Following questions from the Board, the Chief Officer confirmed that a Board Development session would be scheduled to allow detailed discussion from a whole systems perspective

Thereafter the HSCP Board noted the Annual Audit Report for Financial Year 2017/18.

10. EAST DUNBARTONSHIRE PERFORMANCE, AUDIT & RISK COMMITTEE – 21 SEPTEMBER 2018 – DRAFT MINUTES

A Report by the Chief Finance & Resources Officer, copies of which had been circulated separately, updated the Board on the business considered at the Performance, Audit & Risk Committee of 21 September 2018, including the draft minute of that meeting.

Thereafter the HSCP Board noted the information.

11. APPOINTMENT OF STANDARDS OFFICER

A Report by the Chief Officer, copies of which had previously been circulated, sought the appointment of a Standards Officer as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000.

Following discussion the Board agreed as follows:-

a. To appoint, subject to the approval of the Standards Commission for Scotland, the Chief Solicitor & Monitoring Officer, East Dunbartonshire Council as Standards Officer for the East Dunbartonshire Health and Social Care Partnership; and

b. To remit to the Chief Officer to seek the Standards Commission's approval of the appointment.

12. PUBLIC SERVICE USER & CARER REPRESENTATIVE SUPPORT GROUP

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

Following discussion and having heard the Service User and Carers Representative with further details, the Board noted the Report.

13. ED HSCP – CLINICAL & CARE GOVERNANCE GROUP – 9 OCTOBER 2018 DRAFT MINUTES

The Board noted the draft Minutes of the Clinical Care & Governance Group meeting of 9 October 2018.

14. EAST DUNBARTONSHIRE HSCP – MINUTES OF STAFF PARTNERSHIP FORUM – 17 SEPTEMBER 2018

The Board noted the draft Minutes of the ED HSCP Staff Partnership Forum meeting of 17 September 2018. The Head of HR updated the Board regarding the engagement with "Moving Forward Together" and the roll-out uptake of the flu vaccine.

15. ED HSCP PROFESSIONAL ADVISORY GROUP – MINUTES – 21 FEBRUARY & 12 SEPTEMBER 2018

The Board noted the Minutes of the ED HSCP Professional Advisory Group meetings of 21 February and 12 September 2018.

16. HSCP TRANSFORMATION PLAN 2018/19 - UPDATE

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board of the Transformation Plan for 2018/19.

The Transformation Plan for 2018/19 sets out the priorities which will be taken forward during 2018/19 in achievement of the outcomes set out in the Strategic Plan 2018/2021. It reports to the Transformation Programme Board and provides oversight of the HSCP savings programme to assist the delivery of a balanced budget for 2018/19.

The Board noted that 22 of a total 40 priorities were on track(green), 16 were underway (amber) and 2were behind schedule (red). Following discussion the Board noted the update to the HSCP Transformation Plan for 2018/19.

17. STRATEGIC INSPECTION OF ADULT SERVICES

A Report by the Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, provided the Board with details of, and information on, the upcoming strategic inspection by the Care Inspectorate of Adult Services within the Health & Social Care Partnership.

Following discussion, the Board noted the upcoming strategic inspection by the Care Inspectorate of Adult Services.

18. 2018/19 – DIRECTIONS TO EAST DUNBARTONSHIRE COUNCIL AND NHS GREATER GLASGOW & CLYDE

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on arrangements for issuing directions to East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working)(Scotland) Act 2014.

Following discussion the Board agreed as follows:-

a) To note the draft statutory guidance and approve the process for issuing directions to the constituent bodies as set out within paragraph 2.12 of the report.

b) In the light of the draft statutory guidance, retrospectively to approve the Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde for 2018/19 in respect of the delivery of the functions delegated to the East Dunbartonshire Integration Joint Board as set out in Appendix 2 of the report;

c) To delegate authority to the Chief Officer to issue the Directions to the Chief Executives of East Dunbartonshire Council and NHS GG&C;

d) To agree that both sets of Directions are reviewed by the Board as and when updates were required and at a minimum on an annual basis in respect of the following financial year.

19. MENTAL HEALTH STRATEGY – ACTION 15 FINAL DELIVERY PLAN 2018/19

A Report by the Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, present to the HSCP Board the final Mental Health Strategy Action 15 Delivery Plan 2018 – 2019, which was submitted to Scottish Government, as required, on 2 October 2018.

Following discussion the Board approved the final plan that has been developed and submitted (Appendix 1 of the report, refers).

20. FAIR ACCESS TO COMMUNITY CARE (ADULTS) AND ASSOCIATED ELIGIBILITY CRITERIA POLICIES

A Report by the Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, sought approval to consult on a new Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) Policy.

Following discussion the Board noted the report and agreed as follows:-

i. to support in principle the objectives of the Fair Access to Community Care (Adults) Policy and a revised Eligibility Criteria for Community Care (Adults) Policy;
ii. to engage with the public and stakeholders on these documents, in line with the processes set out in this report;
iii. that a further report would be submitted to the HSCP Board on 21 March 2019 outlining consultative responses and recommendations for further action.

21. DRAFT HSCP WINTER PLAN 2018/19

A Report by the Head of Community Health & Care Services, copies of which had previously been circulated, presented the HSCP Draft Winter Plan 2018-19 which was based on the Annual Guidance Checklist issued by the Scottish Government and provided assurance of the HSCP's preparations for winter.

Following discussion the Board approved the draft Winter Plan 2018/19.

22. CARERS (SCOTLAND) ACT 2016 – SHORT BREAKS STATEMENT

A Report by the Joint Services Manager (Adult Services), copies of which had previously been circulated, sought approval of the recently developed 'Short Breaks Statement', This Statement is a legislative requirements of the Carers (Scotland) Act 2018 and needs to be published by the Health and Social Care Partnership by 31st December 2018.

Following discussion the Board approved the Short Breaks Statement.

23. DEVELOPMENT OF VISION, VALUES AND BEHAVIOURS FOR THE HEALTH AND SOCIAL CARE PARTNERSHIP

A Report by the Chief Officer, copies of which had previously been circulated, highlighted the processes and actions undertaken to develop and embed the Health & Social Care Partnership's vision, values and accompanying behaviours.

Following discussion the Board noted the report.

24. EAST DUNBARTONSHIRE COUNCIL "WORKING WITH THE PEOPLE OF EAST DUNBARTONSHIRE PRIORITISING OUR SERVICES, PRIORITISING OUR RESOURCES"

A Report by the Chief Officer, copies of which had previously been circulated, presented the Council's new approach to strategic planning and the prioritisation of services and resources.

The Chief Officer advised that this document and the NHS Strategic Clinical Plan (Moving Forward Together) provide a platform to progress the HSCP Plans.

Following discussion the Board noted the report.

25. HSCP BOARD – FUTURE AGENDA ITEMS

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

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26. DATE OF NEXT MEETING – 17 JANUARY 2019

The HSCP Board noted that the next meeting will be held on Thursday 17 January 2019 in the Council Chambers.

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	17th January 2019
Subject Title	Financial Planning 2019/20 Update
Report By	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221

Purpose of Report	To update the Board on the financial planning for the partnership for 2019/20.

Recommendations	The Integration Joint Board is asked to: a. Note the position on the financial planning assumptions for the partnership based on the latest known position for both the Council and the NHS Board for 2019/20. b. Approve the areas for consideration that have been identified to date to meet the financial challenge for the IJB and agree to progress the detail of these for further consideration by the IJB.

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

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	The financial landscape for the partnership is challenging for 2019/20 and beyond due primarily to the settlements for both Local Authorities and Health Boards.

Legal:	None.

Economic Impact:	None

Sustainability:	The financial position of the partnership is dependent on the

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

Risk Implications:	There are a number of financial risks moving into futures years given the rising demand in the context of reducing budgets which will require effective financial planning as we move forward.

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

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

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

MAIN REPORT

1.1 The report considered by the IJB on the 15th November 2018 outlined the context for financial planning for 2019/20 and provided the national picture articulated through the Scottish Government's "Medium Term Health & Social Care Financial Framework" and the local context in terms of the projected demand and cost pressures as well as the work underway to deliver transformation and efficiencies to mitigate the impact of these financial pressures.

1.2 The outcome of work undertaken in partnership with finance colleagues within NHS GG&C and East Dunbartonshire Council provides a detailed picture for the partnership on the extent of local pressures and what this will mean in terms of a financial challenge for ED HSCP in 2019/20. The Scottish Government (SG) has also announced its draft budget for 2019/20 and this provides for additional funding to integrated partnerships in furtherance of the integration agenda, to deliver on specific legislative requirements and initiatives (Carers Act, Extension of Free Personal Care (FPC) to those aged under 65, implementation of the Scottish Living Wage) and in recognition of the demand pressures facing health and social care services delegated to IJB's across Scotland.

1.3 The financial pressures facing the partnership are detailed in the table below:-

	Delegated Health Functions (£000)	**Delegated Social Work Functions (£000)**	**TOTAL HSCP (£000)**
Pay Inflation	413	1,031	1,444
Contractual Inflation	165	1,349	1,514
Demand Pressures	57	2,582*	2,639
Prescribing Pressures	744	-	744
Total Anticipated financial Gap	1,379	4,962	6,341

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

1.4 This provides for a financial gap of £6.3m for the HSCP. The extent of these pressures has been tested through a budget challenge process and represents a detailed analysis of expected pay and cost inflation and known current demand pressures across social work and prescribing budgets.

1.5 The financial assumptions which have informed the challenge on budget for 2019/20 are detailed below:

- Pay Inflation – The Scottish Government indicated that the pay award for the three years commencing 2018/19 would be 9%, an average of 3% each year. While this only applies to NHS staff within the partnership, the announcement sets a direction of travel and this combined with the removal of the pay award cap means it would be prudent to plan for this level of increase across the HSCP. There are ongoing negotiations through COSLA to agree a final position for local government.

- Demand Pressures –The demand pressures relate in the main to Social Work budgets in the areas of residential accommodation for children with an increasing number of specialist out of area placements and need for secure accommodation as well as increasing demands from children transitioning into adult services requiring support to maintain an independent life within their local community in place of education services. The demand pressures for social work include those pressures from 2018/19 which were funded through the application of one off reserves which will require to be considered as part of the overall efficiency / transformation planning for 2019/20 to provide a recurring funding solution to meet these recurring demand pressures.

- Prescribing Costs – The cost of the drugs prescribed by GP's is increasing year on year and the risk sharing arrangement across GG&C is no longer in place which managed these pressures across the wider health board area, therefore these pressures need to be managed within the partnership's overall financial envelope. An assessment of the likely cost and demand pressures has been undertaken based on analysis of the expected cost of medicines, patents, discounts that will have a bearing on this budget. The assumptions are based on a gross increase of 6% for prescribing and assumed savings of 2% (a net increase expected of 4%) – this is based on previous year experience and known factors affecting this expenditure area.

- Contractual Pressures – these reflect anticipated annual increases in payments to third parties and in the main reflect expected increases to the National Care Home Contract, fees for fostering, adoption and kinship care and the impact of tendering for a new Care at Home Framework in January 2019 . General inflation of 2.5% has been assumed, however in relation to the latter, initial indications from market testing and benchmarking across other areas would suggest that the Care at Home Framework will have a significant impact for 2019/20 with increases expected to be between 5-10%. An assumption of a 5% increase has been built into the budget for 2019/20, however this carries a level of risk in the event that following a tendering/negotiation exercise the increase is greater than 5%. For every 5% increase, this would represent an additional pressure of £700k on the current budgeted levels. Increases associated with the living wage are predicated on moving from £8.75 to £9 per hour (an increase of 2.86%).

1.6 <u>Financial Settlement 2019/20</u>

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

1.7 The letter issued from the Scottish Government to NHS Boards and Integration Authorities (attached as **Appendix 1**) specified that NHS payments to Integration Authorities must deliver a real terms uplift to baseline funding, before provision of funding for pay awards, over 2018/19 cash levels. The uplift to NHS Greater Glasgow & Clyde comprises a general uplift of 1.8% and an additional pay uplift of 0.8%. This would equate to an indicative additional allocation of £1.13m to the funding settlement from NHS GG&C to ED HSCP. This is subject to ongoing discussion with NHS GG&C and will be considered as part of the Boards budget approval process. In addition discussions and work continues around the development of a mechanism for determining the

allocation of set aside aligned to usage of unscheduled care beds.

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

Area of Investment	SG Allocation 2019/20	ED Indicative Allocation 2019/20
Extension of Free Personal Care (FPC) to under 65 (Frank's Law)	£30m	£0.584m
Continued implementation of the Carers Act	£10m	£0.195m
Health & Social Care Integration (including Scottish Living Wage and increase to FPC payments)	£108m	£2.104m
School Counselling Services	£12m	£0.234m
TOTAL	**£160m**	**£3.117m**

1.9 The letter from the Scottish Government specifies that the total additional funding of £160m allocated to Health and Social Care and Mental Health is to be additional to each Council's 2018/19 recurrent spending on social care and not substitutional. This means that taken together, Local Authority social care budgets for allocation to Integration Authorities (plus those retained for non-delegated social care functions) and funding for school counselling services must be £160m greater that 2018/19 recurrent budgets. This would equate to an indicative minimum uplift to the Social Work budget of £3.117m from that provided in 2018/19 in order to be compliant with the Scottish Government circular.

1.10 There are a number of elements detailed within the circular that have not yet been reflected within the social work pressures detailed in paragraph 1.3, namely the extension to free personal care to those under 65 (£0.584m) and the development of school counselling service (£0.234m). In addition, in determining the level of the financial gap, an element of funding was assumed to deliver on the pressures arising from the implementation of the Scottish Living Wage (£0.600m). The net effect is therefore a £1.7m contribution to mitigate the financial pressures arising from social work services for 2019/20.

1.11 A summary of the indicative impact from the respective financial settlements is detailed below:-

	Delegated Health Functions (£000)	Delegated Social Work Functions (£000)	TOTAL HSCP (£000)
Expected Financial Gap (per Para. 1.3)	1,379	4,962	6,341
Indicative Financial Settlement per SG circular	(1,128)	(1,700)	(2,828)
Revised Financial Gap	**251**	**3,262**	**3,513**

1.12 Significant work has been progressed in partnership with our colleagues within NHS GG&C and EDC to identify management actions, efficiency and transformation plans to mitigate the expected financial gap for the HSCP. This work is ongoing and carries a significant level of risk in the delivery of the level of savings required which will fully mitigate the gap for 2019/20. The focus of transformation, while recognising the immediate pressures, has been on the medium to longer term changes required to ensure sustainability into future years. The quantum of transformation activity has identified £2.1m to date with further areas identified for further consideration which will seek to further mitigate the financial challenge for 2019/20.

1.13 The areas identified relate to a range of service reviews including homecare, Children's Services, Disability Services, review of eligibility to access social work services, efficiencies in service delivery, opportunities for community empowerment and consideration of areas for charging and reviewing current arrangements for charging. The detail of these proposals will be considered through engagement and further reporting to the IJB once the financial settlements are more fully understood and confirmed. Work will continue on delivering transformation aligned to the delivery of the Strategic Plan recognising this needs to be delivered at pace in order to facilitate the service redesign required to meet the integration agenda.

1.14 There will be a process of consultation as the Budget Bill moves through the Scottish Parliament which may have an impact on the final financial settlement from the Scottish Government. Thereafter it will be for the constituent bodies to consider the financial settlements through their respective committee and board approval processes which will inform the final position for the HSCP. Discussions are ongoing with colleagues within the Council and Greater Glasgow and Clyde Health Board to better understand the likelihood that estimates of local pressures will be realised and the Organisational Transformation options being specified to offset such pressures alongside the impact of any further changes to the SG Budget for 2019/20. This will be the subject of more detailed reporting to the HSCP Board as this work progresses.

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Directorate for Health Finance,
Corporate Governance & Value
Christine McLaughlin, Director

Scottish Government
Riaghaltas na h-Alba
gov.scot

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

Chief Executives, NHS Scotland

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

Issued via email

Our Ref: A22950623

12 December 2018

Dear Chief Executives

Budget 2019-20 – Indicative Allocation

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

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

Baseline Funding

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

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

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

Investment in Improving Patient Outcomes

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

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

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

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

Core Areas of Investment

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

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

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

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

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

Health and Social Care Integration

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

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

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

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

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

Capital Funding

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

3 Year Financial Plan

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

Yours sincerely

CHRISTINE MCLAUGHLIN
Director of Health Finance, Corporate Governance and Value
Scottish Government

Annex – Board Funding Uplifts

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

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

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

App. 2.

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

Scottish Government
Riaghaltas na h-Alba
gov.scot

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

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

Copy to: The Leaders of all Scottish local authorities

12 December 2018

Dear Alison,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[redacted]

DEREK MACKAY

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	17th January 2019
Subject Title	Community Justice East Dunbartonshire Annual Report 2017-18 Community Justice Outcomes Improvement Plan 2018 -2021 and Annual Delivery Plan 2018/19
Report By	Claire Carthy Interim Head of Children's and Criminal Justice Services
Contact Officer	Willie Kennedy Community Justice Coordinator william.kennedy@eastdunbarton.gov.uk Mobile: 07917638123

Purpose of Report	This report is to bring to member's attention 3 documents, legislatively required under section 11 and section 19 of the Community Justice (Scotland) Act 2016, in relation to the Community Justice East Dunbartonshire Partnership (CJED). All documents are laid before ministers via Community Justice Scotland.: • Community Justice East Dunbartonshire Annual Report 2017/18; • The Community Justice Outcomes Improvement Plan 2018/2021; and • Annual Delivery Plan 2018/19.

Recommendations	The Partnership Board is asked to: • Note the contents of the Annual report 2017/18; and • Approve the content of the Community Justice Outcome Improvement Plan 2018/2021 and the Annual Delivery Plan 2018/19 appertaining to the HSCP.

Relevance to HSCP Board Strategic Plan	The multi-agency approach taken by the CJED partnership contributes to the health and wellbeing outcomes throughout people's lives. Community Justice covers several of the priority areas, but there is specific reference to Community Justice in Priorities 1 and 5 of the HSCP Strategic plan.

East Dunbartonshire Health & Social Care Partnership

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report.

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	Support for the delivery of the CJED work is dependent upon continuation of bespoke annual funding of £50K from Scottish Government Community Justice Division.

Risk Implications:	None

Implications for East Dunbartonshire Council:	Community Justice East Dunbartonshire is one of three delivery groups for Local Outcome 4 managed under the Safer and Stronger Together Strategy.

Implications for NHS Greater Glasgow & Clyde:	As a statutory partner of Community Justice East Dunbartonshire, there are a number of areas within the CJOIP and Delivery Plan that will require ongoing NHS GG&C collaboration.

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

East Dunbartonshire Health & Social Care Partnership

1.0 MAIN REPORT

1.1 Background

1.1.1 The new model for Community Justice, introduced in March 2017 underpinned by the Community Justice (Scotland) Act 2016, has transformed the community justice landscape to bring a local perspective to community justice. The new model places planning at the local level where decisions can be made by people who know their area best. A legal duty is placed on statutory Community Justice Partners to engage in this planning process and report annually on their progress towards improving community justice outcomes.

Community justice is defined in the National Strategy for Community Justice as:
"*the collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the third sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship".*

1.1.2 The co-ordination of Community Justice in East Dunbartonshire via the CJED is funded via an annual allocation of £50K from Scottish Government Community Justice Division. This allocation is administered by the Community Planning Partnership, with the operational responsibility for the delivery of Community Justice managed by the Health and Social Care Partnership.

1.1.3 CJED is chaired by the Chief Social Work Officer & Head of Children's and Criminal Justice Services, providing a direct reporting link into the HSCP Board; Community Planning Executive Group(CPEG); and Community Planning Partnership Board.

1.1.4 CJED partners are both statutory and non-statutory. The current membership is:

Head of Mental Health, Learning Disability, Addictions & Health Improvement
Fieldwork Manager- Older People
Executive Officer - Place & Community Planning
Clinical Director, NHS/HSCP
Criminal Justice Service Manager
Fieldwork Manager Children and Families
Health Improvement & Inequalities Manager
Executive Officer for Housing
Governor in Charge HMP Low Moss
Chief Inspector Police Scotland East Dunbartonshire Area Commander
Group Manager - Prevention & Protection Scottish Fire and Rescue Service
Community Protection Manager
Team Leader Skills Development Scotland
Criminal Justice Voluntary Sector Forum (CJVSF)
National Support Manager (West) SACRO
Regional Family Support Coordinator Families Outside

Strategic Lead and Implementation Manager Turning Point Scotland
East Dunbartonshire's Women's Aid
Chief Social Work Officer

1.2 Annual Report 2017/18

1.2.1 Section 27 of the Community Justice (Scotland) Act 2016 requires Community Justice Scotland (CJS) to publish an annual report that assesses the collective performance of all Partnerships. This is based on their annual reports completed against local plans and focuses specifically on progress towards the national outcomes. This report is laid in the Scottish Parliament for Scottish Ministers.

1.2.2 To facilitate this process CJS produced a template which was circulated to the community justice partnerships for completion. The content of these templates outlining each area's progress against the Community Justice Outcome Improvement Plan (CJOIP) 2107/18 would then be used to produce the annual report that would be sent to the Scottish Ministers.

1.2.3 Following a period of consultation with the partnership and wider stakeholders, Community Justice East Dunbartonshire's Annual Report 2017/18 (attached **Appendix 1**) was submitted to CJS on 20th September 2018.

1.2.4 The first draft of CJS Annual Report 2107/18 will be circulated electronically for public consultation week beginning 17th December 2018, Alongside the online consultation, there will be holding 4 consultation events around Scotland in January 2019.

1.3 Community Justice Outcome Improvement Plan (CJOIP) 2018/21

1.3.1 Section 19 of the Community Justice (Scotland) Act 2016 requires community justice partners to publish a community justice outcomes improvement plan for the area of a local authority in accordance with a timescale set by the Scottish Ministers in regulations. As soon as reasonably practicable after publishing the community justice outcomes improvement plan, the community justice partners must send a copy to CJS.

1.3.2 The 2nd CJOIP for East Dunbartonshire is a 3 year plan. The CJOIP (attached **Appendix 2**) shows a clear link between the identified local priorities and the national priorities as laid out in the National Strategy for Community Justice 2016.

1.3.3 Following a period of development and consultation with the CJED partnership and wider stakeholders, the CJOIP was submitted to CJS on 9th October 2018.

1.3.4 Progress against the priorities set out in the plan will be measured regularly via local delivery plan progress reports as outlined below.

1.3.5 CJED partnership will publish a report each year, for submission to CJS, which will show progress against the priorities set out in the CJOIP

East Dunbartonshire Health & Social Care Partnership

1.4 Community Justice East Dunbartonshire Delivery Plan 2018/19

1.4.1 The annual delivery plan (attached **Appendix 3**) has been developed, in collaboration and consultation with community justice stakeholders, as a means of progressing the local priority areas identified in the Community Justice Outcomes Improvement Plan 2018/21.

1.4.2 This delivery plan converts what we plan to achieve through our Identified local priorities into specific activities and assigns a responsible group or person; timescale and any resource implications to each activity for 2018/19.

1.4.3 Progress against the activities set out in the plan will be measured regularly via local delivery plan progress reports presented at each meeting of the CJED.

1.4.4 CJED will publish a report each year, for submission to CJS, which will show progress against the annual delivery plan and which will inform the subsequent delivery plan.

APPENDIX 1

Community Justice Scotland

Ceartas Coimhearsnachd Alba

Annual Report Template
Community Justice activity for period
1 April 2017 – 31 March 2018

1. COMMUNITY JUSTICE PARTNERSHIP / GROUP DETAILS

Community Justice Partnership / Group	Community Justice East Dunbartonshire
Community Justice Partnership / Group Chair	Paolo Mazzoncini
Community Justice Partnership / Group Coordinator	William Kennedy
Publication date of Community Justice Outcome Improvement Plan (CJOIP)	1st April 2017

Governance Statement	
The content of this Annual Report on community justice outcomes and improvements in our area has been agreed as accurate by the Community Justice Partnership / Group and has been shared with our Community Planning Partnership through our local accountability arrangements. Signature of Community Justice Partnership / Group Chair: Date:  on behalf of Paolo Mazzoncini 19.9.18 ---------- ----------

2. GOVERNANCE ARRANGEMENTS

Please outline below your current governance structure for the community justice arrangements in your area
• Currently Community Justice East Dunbartonshire (CJED) is aligned with the Community Planning Partnership Local Outcome Improvement Plan (LOIP) Outcome 4 Safer and Stronger Together along with the Community Safety Partnership and Empowered Violence against Woman and Girls group. • The partnership reports through LOIP outcome 4 to the Community Planning Executive Group (CPEG). This group in turn reports into the Community Planning Partnership Board. The Chair of CJED is a member of both. • Monitoring and development of the plan was jointly through the Community Planning Partnership and the Health & Social Care Partnership (HSCP). Operational responsibility for implementation of the plan sits predominantly with the HSCP. • The CJED partnership is chaired by the Head of Children and Families and Criminal Justice. • A draft Terms of Reference has been agreed for the partnership. • A baseline of evidence will be developed that will enable the partnership and stakeholders to identify progress against the 2018-2021 Community Justice Outcome Improvement Plan (CJOIP).

3. PERFORMANCE REPORTING

SECTION A - National Outcomes				
Describe the progress you made in respect of the seven national outcomes, your use of the common indicators and any comments you want to highlight,				
	National Outcome	**Progress Reporting**	**Common Indicators used**	**Comments**
1	Communities improve their understanding and participation in community justice	**Achieved** • Public survey using the Survey Monkey tool and associated press release distributed to residents via CPP. • Discussion groups facilitated with residents serving Community Payback Orders • The new model for Community Justice was highlighted as part of the 'edreport', East Dunbartonshire Councils public performance report 2017. • Draft framework for Gender Based Violence developed by Empowered (VAW) partnership. **Ongoing** • Discussion group arranged for residents serving a custodial sentence and families. • Community Engagement and Participation model still being developed in East Dunbartonshire however	• Perceptions of local crime rate • Public attitudes to crime and other issues that impact on communities • Activities carried out to engage with 'communities' as well as other relevant constituencies • Consultation with communities as part of community justice planning and service provision	The East Dun Health & Wellbeing Survey records people attitudes to their own community and also how safe they feel in their community. This report is published every 3 years. Community Engagement and Participation will continue and be carried forward into new Community Justice Outcomes Improvement Plan (CJOIP) and form part of the Community Justice East Dunbartonshire Engagement and Communication Strategy which will be drafted in 2018. This will complement both the Community Justice Scotland Communication Strategy and East Dunbartonshire's Community Engagement Strategy. As can be evidenced in Section B sub section 5 of this report.

		preliminary discussion taken place to ensure Community Justice is included in model. **Not achieved** • Positive Prison? Positive Futures were not commissioned to carry out work as listed in the CJOIP.		A discussion group will be arranged for East Dunbartonshire residents who are serving a custodial sentence and their families as part of the new CJOIP. Positive Prison? Positive Futures were not commissioned to carry out engagement activities. This is no longer a priority.
2	Partners plan and deliver services in a more strategic and collaborative way	**Achieved** • Community Justice East Dunbartonshire membership agreed including non-statutory partners. • Members of the 'Delivering for Children and Young People Partnership' are members of CJED. • A self-evaluation exercise was carried out, by an independent facilitator, with partners. The outcome of this exercise, in particular the information provided in the *'what needs to be improved'* column will help shape future actions within the 2018- 2021 CJOIP. • Productive meetings have been held with Head of Analysis and Improvement at Community Justice Scotland with a view to maintain	• Services are planned for and delivered in a strategic and collaborative way • Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of Multi Agency Public Protection Arrangements (MAPPA)	A review of the current arrangements for MAPPA highlighted that they are working effectively as the evidence below indicates: • Quarterly performance reports are produced. • Annual audits are carried out on Level 1 and Level 2 risk cases. • Initial Case Reviews and Serious Case Reviews are incorporated into the Strategic oversight group.

		support and communication as well as carrying forward any pilots to help inform the national agenda. • Scope and Review current arrangements for MAPPA **Ongoing** • CJED will contribute to Safer and Stronger Together Strategy (The Community Safety Partnership Strategy) and Action Plans (LOIP Outcome 4) • Continued ongoing contact between Coordinator and Community Justice Scotland. • Establish how ED Criminal Justice partners will integrate the needs/risks of individuals subject to MAPPA into Community Justice local planning from 2018/19 • Identify service provision within Children's/Youth Services that contribute to Community Justice outcomes and areas for development • Review and agree the evidence-base to inform the improvement activity for East Dunbartonshire Community Justice Partnership, finalise the outcomes, performance and improvement reporting framework		Work has been ongoing to set up and introduce Multi Agency Risk Assessment Conference (MARAC) in East Dunbartonshire. This should be finalised in April 2018. CJED has already contributed to the development of the Safer and Stronger Together Strategy. When the 2018-2021 CJOIP has been ratified the 1st year delivery plan will be included. A focus for the CJOIP 2018/21 will be to: • Encourage, support and develop multi-agency approaches which improve effectiveness. • Build effective

		Not Achieved • Agree terms of reference, implementation plan progress, monitoring and reporting requirements for remainder of 2017/18		links with Young People and Youth Justice service, identifying cross cutting areas Terms of Reference will be carried forward into 2018 for agreement and signing off.
3	Effective interventions are delivered to prevent and reduce the risk of further offending	**Achieved** • Discussion groups facilitated with residents serving Community Payback Orders • Training Needs Analysis carried out with Criminal Justice Social Work staff • Contact has been established with Scottish Fire & Rescue Service (SF&RS) with a view to them delivering Fire Reach course to unpaid work clients as part of "other activities" • Alcohol Brief Intervention reported through the local Alcohol and Drugs Partnership (ADP) to ED HSCP and are in line to exceed target. • CJSW staff trained in the delivery of Moving Forward Making Changes (MFMC) sex offender programme	• Use of "other activities requirements" • The delivery of interventions targeted at problem drug and alcohol use	

		Ongoing • Relationships being established with 3rd sector and vol. orgs in East Dunbartonshire. Criminal Justice Voluntary Sector Forum (CJVSF) represented on CJED. Good relationship between Coordinator and CJVSF and other 3rd sector organisations. • Relationship between CJED and ADP still being established. CJ Coordinator has attended ADP meeting and had dialogue with Addictions Team Manager and Addictions senior. • Identify areas of priority for 2018-2019 to maximise opportunities for early intervention and the use of Community Payback Order use of "other activities" • Agree milestones for ED Community Justice Implementation Action Plan 2018-2019 • Identify gaps and areas of improvements for 3rd sector • Identify areas of priority for 2018-19 to further capitalise on Third Sector interventions • Establish current opportunities for diversion • Produce proposals to enhance opportunities for		This work will be progressed over the next 3 years. There is an ongoing plan to train staff in Up2U domestic abuse perpetrator programme by December 2018, this will be an action in the 2018-19 Delivery Plan.

		diversion • Establish and review current recording mechanisms for: Number of referrals from criminal justice sources to drug and alcohol specialist treatment The number of ABIs delivered in criminal justice healthcare settings **Not Achieved** • Produce an ED directory of services detailing current early intervention provision within ED		Work is underway within the HSCP to re-invigorate the community asset map which had been previously developed and is current in abeyance. This asset map will include early intervention provision within ED
4	People have better access to the services they require, including welfare, health and well-being, housing and employability	**Achieved** • Discussion groups facilitated with residents serving Community Payback Orders • DTTO service model reviewed to ensure East Dunbartonshire clients receive medical support in East Dunbartonshire as opposed to travelling to West Dunbartonshire **Ongoing** • Produce proposals for improved engagement and participation for children and families of people who have	• Partners have identified and are overcoming structural barriers for people accessing services • Existence of joint-working arrangements such as processes/protocols to ensure access to services to address underlying needs • Speed of access to mental health services • Speed of access to drug/alcohol services • Access to services on release from prison • % of people released from a custodial sentence who are registered with a GP • Have suitable accommodation	This work will be progressed over the next 3 years building on the

		committed offences • CJSW manager and Governor in Charge of HMP Low Moss to discuss the feasibility of bespoke packages for EDC residents in custody upon release. • Discussions underway with Families Outside to discuss how best to secure views of families in order to feed into service planning. • Discussion group arranged for residents serving a custodial sentence and families. • Initial discussions with The Lennox Partnership, delivery partner of Fairstart Scotland in East Dunbartonshire for employability. **Not Achieved** • Introducing a measuring mechanism for these activities	• Have had a benefits eligibility check	foundations that have been laid with partners. Progress towards developing this indicator. There is currently not a systematic process to consistently collect this information. Input may be required from a range of partners to identify need and facilitate access to accommodation if required, but the main data source is likely to be the Scottish Prison Service (SPS) as part of a community integration process. This will include SPS/Housing/Health Board/Department of Work and Pensions and SPS exit surveys. Development of a reporting mechanism will be progressed as a matter of urgency.
5	Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed	• We are exploring a system to analyse the outputs from statutory reviews and end of order questionnaires. • Specialist 2 day trauma informed training for CJ staff	• Individuals have made progress against the outcome	As progress is made against the 4 structural outcomes over the next 3 years, we will be able to evidence progress against the 3 person centric outcomes.
6	People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities			

7	Individuals resilience and capacity for change and self-management are enhanced	aimed at increasing service user safety, resilience and positive destination (use of strengths based ACE guide). • Ongoing SLWG to progress this person centric outcome. Will deliver training to all parts of the community justice partnership • Developing an outcome measurement tool based on Recovery Outcome Web (ROW) and Justice Star Outcome tool. • Refreshing the use of LSCMI will capture multi-agency plans and desired positive outcomes for individuals. • Develop links with the NHS Income Maximisation Team to support individuals with benefits and housing issues.		Work has been ongoing to progress the establishment of a mechanism for capturing information which evidences progress in these crucial areas.

SECTION B - Local Priorities

1. Local Priorities: *What* were your local priorities for 2017/18? (please list below)

1. Improve public understanding and participation in community justice.
2. Improve strategic planning and partnership
3. Improve Access to Services
4. Improve understanding and use of evidence based interventions

As far as can ascertained, there was no individual outcome in terms of priority for the area. The baseline assessment was limited in its breadth and Community Justice activity over the past year has not been centred around one outcome in particular.

2. Local Priorities: *How* did you identify each of your priorities?

The priorities were identified using the four priority areas in the National Strategy for Community Justice. A Strategic needs assessment was carried out to ascertain a baseline. Initial workshops were held in September attended by partners across multiple services HMP Low Moss hosted and supported the East Dunbartonshire Community Justice development session, attended by a range of public and voluntary sector partners A draft CJOIP was presented to East Dunbartonshire CPP mid-January 2017 and comments were sought by the Community Justice Transition Officer from a range of Council services, Health & Social Care Partnership, and external agencies such as East Dunbartonshire Voluntary Action. A Survey monkey was circulated to residents, and a focus group was held with people on CPOs.

3. Local Priorities: *How* did you measure each priority?

1. Improve public understanding and participation in community justice.

- East Dunbartonshire results from Scottish Government Household Survey
- East Dunbartonshire findings from Police Scotland Your View Counts survey
- Community Justice specific activities and results/outcomes of work undertaken in the development of East Dunbartonshire's refreshed Community Engagement and Participation Model including:
  - People with convictions
  - Victims of crime
  - Wider Community of Residents
  - Business Community
- Links between local police plans, Your View Counts and those for other partners and how they link to community justice
- Specific consultation to identify the needs of the local community including meeting needs of underlying causes of offending and the knock-on impact to meeting broader community justice outcomes

2. Improve strategic planning and partnership

- Evidence of effective partnership working, e.g. from self-evaluation
- Evidence of involving communities, including those with a history of or affected by offending, in the planning and delivery of community justice services
- Evidence of planning for joint delivery around prevention and early interventions
- Evidence of effective planning for transitions for children and young people who may need access to community justice services as well as planning for those who transition into adult services

- Evidence that strategic planning and reporting mechanisms for improved community justice outcomes has considered people subject to MAPPA
- Evidence of joint training/awareness sessions
- Evidence of collaborative risk management planning

3. Improve Access to Services

- Improved understanding of barriers to employment, training and education as a result of previous convictions. Identified improvement actions for 2018-19
- Improved understanding of barriers to financial and welfare services as a result of previous convictions. Identified improvement actions for 2018-19
- Improved understanding of barriers to health services as a result of previous convictions. Identified improvement actions for 2018-19
- Joint working arrangements exist to ensure access to appropriate services at all points of the criminal justice pathway. Identified improvement actions for 2018-19
- 90 per cent of patients commence psychological therapy based treatment within 18 weeks of referral, recognising that the data will include the whole community
- 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery, recognising that the data will include the whole community
- Progress towards developing this indicator. There is currently not a systematic process to consistently collect this information. Input may be required from a range of partners to identify need and facilitate access to accommodation if required, but the main data source is likely to be the Scottish Prison Service as part of a community integration process. This will include SPS/Housing/Health Board/DWP and SPS exit surveys.

4. Improve understanding and use of evidence based interventions

- Involvement of other partners in the other activities requirements
- Examples of creative and innovative use of the other activities requirement such as attending college or training course, resilience training, engaging with a specific needs-focussed service with another partner

  Progress towards developing indicators:
  Number of referrals from criminal justice sources to drug and alcohol specialist treatment
  The number of ABIs delivered in criminal justice healthcare settings
- How do Community Justice Partners know that service interventions are assisting individuals to achieving their goals

Progress was presented to the Partnership via a one off scorecard at the one meeting that was held in December 2017. Going forward progress against the 2018 - 2021 Community Justice Outcome Improvement Plan and Annual delivery plans will be reported quarterly to the Community Justice East Dunbartonshire partnership and the Community Planning Executive Group.

4. Local Priorities: *What* progress did you make in relation to each priority?

1. Improve public understanding and participation in community justice.

- Public survey via Survey Monkey and associated press release distributed to residents via CPP.
- Discussion groups facilitated with residents serving Community Payback Orders
- Discussion group arranged for residents serving a custodial sentence and families.
- Community Engagement and Participation model still being developed in East Dunbartonshire however preliminary and ongoing discussions taking place with EDC Communications and Engagement Manager and Scottish Government Community Justice Division, to ensure public awareness of Community Justice; Community Payback orders and wider criminal justice social work services.

2. Improve strategic planning and partnership

- Reinvigoration of the CJED Partnership, TOR agreed and governance/ reporting arrangements agreed. HSCP to lead operationally and report via Community Planning Executive Group. First partnership meeting held on 4th December 2017.
- CJED will contribute to Safer and Stronger Together Strategy and Action Plans (LOIP Outcome 4)
- Draft Terms of Reference for partnership developed
- Community Justice East Dunbartonshire membership agreed including non-statutory partners.
- Members of the 'Delivering for Children and Young People Partnership' are members of CJED.
- A self-evaluation exercise was carried out with partners.
- Meetings held with Head of Analysis and Improvement CJS.
- Ongoing contact between Coordinator and CJS.
- Provided feedback on the development of a comprehensive community justice workforce plan in line with Community Justice Scotland Learning Development and Innovation Strategy.

3. Improve Access to Services

- Discussion groups facilitated with residents serving Community Payback Orders
- Contact has been established with SF&RS with a view to them delivering Fire Reach course to unpaid work clients as part of "other activities"
- Relationships being established with 3rd sector and vol. orgs in East Dunbartonshire. CJVSF represented on CJED. Good relationship between Coordinator and CJVSF.
- ABIs reported through ADP to ED HSCP and are in line to exceed target.
- Relationship between CJED and ADP still being established. CJ Coordinator has attended ADP meeting and had dialogue with Addictions Team Manager and Addictions senior.
- CJSW manager and GIC Low Moss to discuss building and further developing local links with Throughcare Support Officers from the Scottish Prison Service and the Low Moss PSP in order to provide a better support network to provide bespoke packages and central point of contact for people reintegrating back into EDC communities.
- The number of females in CJ service in EDC is relatively low, however, we will continue to provide intensive support to a number of women with complex

needs who regularly present before the court. This service includes support, information and signposting to a range of services with a view to reducing the risk of remand or custodial sentence.

- DTTO service model reviewed to ensure East Dunbartonshire clients receive medical support in East Dunbartonshire as opposed to travelling to West Dunbartonshire

4. Improve understanding and use of evidence based interventions

- Discussions underway with Families Outside to discuss how best to secure views of families in order to feed into service planning.
- Discussion groups facilitated with residents serving Community Payback Orders
- Discussion group arranged for residents serving a custodial sentence and families.
- Initial discussions with The Lennox Partnership, delivery partner of Fairstart Scotland in East Dunbartonshire for employability
- Initial discussions with SF&RS to deliver Fire Reach programme to people on unpaid work.
- Visit from Andrew Corrigan Scottish Government following letter from Linda Pollock noting the high number of successfully completed CPO within 2016/7 in EDC.
- A Training needs analysis that was carried out resulted in a commitment for all CJSW to be trained on MFMC to address the risk of serious harm and public protection.
- Partnership analysis indicating increasing levels of Domestic Violence in EDC and a proportionately high number for service users subject to CPO for domestic abuse. Development of a proposal and agreement by the partnership to purchase UP2U with a plan to train all CJ staff and implement in 2018.
- Analysis indicates that the 'other activity' element of an unpaid work/other activity requirement is under used locally. An improvement plan is being developed to look at the development of other activity in a way that Community Justice workers are more creative in using this element of the order- linking to employability, voluntary action, and education.
- CJSW staff trained in the delivery of Moving Forward Making Changes (MFMC) sex offender programme

5. Local Priorities: *What* are the areas you need to make progress on going forward?

Improved community understanding and participation

- Develop a local communication strategy to support the partnership.

- Continue to develop and agree proposals to include Community Justice within ED CPP Engagement and Participation Strategy (including scoped community capacity requirements)
- Increase awareness and understanding with communities of the Community Justice Agenda and importance of reintegration.

Improve strategic planning and partnership working

- Encourage, support and develop multi-agency approaches which improve effectiveness.
- Build effective links with the Young People and Youth Justice service, identifying cross cutting areas.
- Increased awareness of the vulnerability and needs of children and families affected by parental imprisonment.
- All partners share performance data in a more effective way enabling more robust leadership and ownership of identified community justice actions
- Address Gender Based Violence in partnership with the Empowered Group.
- Increase awareness of Adverse Childhood Experiences (ACEs) and potential impacts and the importance of resilience with all partners.
- Contribute to the development of the Community Justice Scotland Strategy for Learning , Development and Innovation
- Develop and promote trauma informed practice in line with Community Justice Scotland Strategy for Learning, Development and Innovation.

Effective use of evidence-based interventions

- Identifying and enhancing alternative disposals and diversion from prosecution options.
- Maximise opportunities for early and effective intervention (EEI)
- Maximise opportunities for the use of “other activities requirements” in Community Payback Orders
- Develop early and effective interventions and responses to vulnerable people prior to/at the point of arrest.

Equal Access to Services

- Improve the reintegration of those individuals who have served a sentence.
- Review existing mechanisms and develop pathways for people in contact with the justice system in relation to:
    - mental health services
    - housing and homelessness services
    - drug and alcohol services
    - access to employment.
    - financial inclusion

SECTION C - Good Practice

Please outline ***what went well*** for you in terms of community justice in your area

- The appointment of a Community Justice Coordinator, March 2018, to reinvigorate and drive the agenda forward.

- The co-location of Adult and Young people service managers and CJ Coordinator promotes good communication and partnership working.
- The successfully evaluated HMP Low Moss PSP funded for another year to continue the excellent work that they carry out mentoring and supporting individuals back into the community following a custodial sentence.
- The Mentors in Violence Prevention Programme (MVP) ,an approach to gender violence and bullying prevention, is embedded in 3 secondary schools in East Dunbartonshire;
- A strong relationship has been established between Police Scotland East Dunbartonshire and the local Health and Social Care Partnership Children's and Youth Services to progress positive outcomes for prevention and early intervention.
- Joint protocol Working Together for Victims and Witnesses with Crown Office and Procurator Fiscal Service, Victim Support Scotland, Scottish Courts and Tribunal Service, and the Parole Board.
- Good co-production across partnerships within East Dunbartonshire, key players attend and participate in a number of partnerships giving consistency of message. e.g. CJ Coordinator has attended and contributed to Empowered (VAW) group; Alcohol and Drugs Partnership and Community Learning and Development and will continue to do so in the future.
- There have been strong and enduring links formed with Community Justice Scotland and the Scottish Government Community Justice Division.
- Intensive, co-produced development work, along with Dawn Harris a Forensic and Clinical Psychologist and Dave Scott Head of Learning Development and Innovation at Community Justice Scotland, for the delivering of the pilot for Trauma Informed Practice Training for CJSW.
- Agreement to run an Adverse Childhood Experiences pilot with people on CPOs sponsored by Community Justice Scotland.
- Disclosure Scheme for Domestic Abuse Scotland for females and males, supporting a preventative approach. Provides a system for enquiring about the background of their partner, potential partner or someone who is in a relationship with someone they know and there is a concern that the individual may be abusive
- Increased reporting for domestic abuse offences provides an opportunity to pursue justice for victims and to develop effective interventions with a wide range of partners. Daily screening and review processes are in place
- Acknowledgement from Scottish Government Community Justice Division on the high percentage of successful completions of Community Payback Orders.
- Unpaid work projects in 2016/17 in East Dunbartonshire completed 17,654 hours of unpaid work. This equates to just under £127,108 of unpaid work in the community (based on National Living Wage at that time).
- Scottish Fire and Rescue Service developed in partnership with HMP Low Moss the custody to community initiative, educating East Dunbartonshire residents in custody about home safety and arranging home visits following release.

SECTION D - Challenges

Please outline what were the challenges for your partnership/group in terms of community justice in your area ***and*** identify any you see going forward

- Dissolution of Strategic Partnership between East and West Dunbartonshire and Argyll and Bute in April 2017 which had a detrimental effect on the

Partnership in that the Community Justice Coordinator position in East Dunbartonshire was left vacant.

- Discontinuation of ring fenced funding from Scottish Government for Community Justice in the future is a risk/challenge.
- IT challenges for CJSW with dissolution of Strategic Partnership
- The breadth and focus of the Community Justice Agenda
- Public sector cuts and capacity
- The introduction of PASS and the impact on community teams, particularly if an increase in CPOs with unpaid work.
- Lack of participation and buy-in from statutory partners.

SECTION E - Additional Information

Please add any additional information that you think appropriate in the context of your annual report

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Community Justice Scotland
Y1 Spur
Saughton House
Broomhouse Drive
Edinburgh
EH11 3DX

Tel:0300 244 8420

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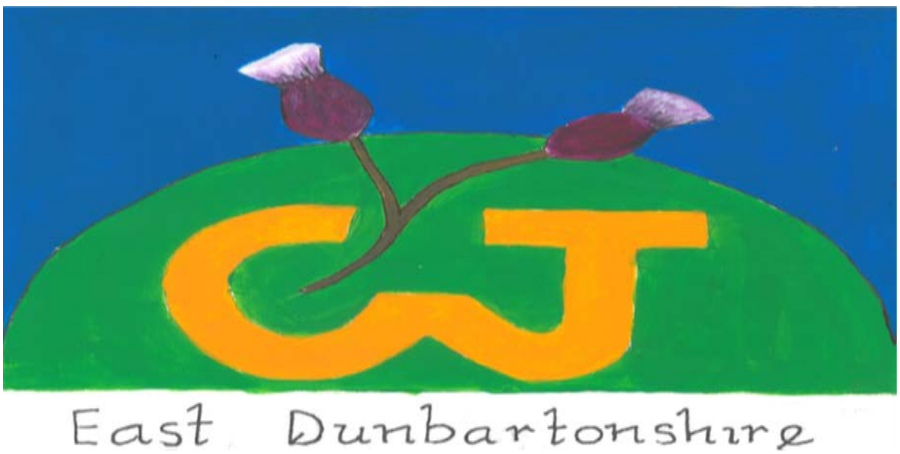
COMMUNITY JUSTICE
EAST DUNBARTONSHIRE
Working Together to Strengthen Community Justice

Community Justice Outcomes Improvement Plan

2018 – 2021



Designed by an East Dunbartonshire service user in HMP Low Moss

COMMUNITY JUSTICE
EAST DUNBARTONSHIRE
Working Together to Strengthen Community Justice

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COMMUNITY JUSTICE
EAST DUNBARTONSHIRE
Working Together to Strengthen Community Justice

Foreword

As Chair of Community Justice East Dunbartonshire (CJED), it is my pleasure to present the second Community Justice Outcomes Improvement Plan (CJOIP) developed by a range of Community Justice Partners on behalf of the East Dunbartonshire Community Planning Partnership.

This three year plan, for the period 2018-2021, sets out how we intend to continue to build on the firm base that we have established.

The purpose of the plan is to bring statutory and non-statutory partners as well as the voluntary sector together, to work collectively, for the specific purpose of preventing offending and reducing reoffending, and to help create safer communities by working together to strengthen community justice here in East Dunbartonshire.

To achieve this, we have identified priority areas for Community Justice East Dunbartonshire which will be supported by effective local planning and delivery of services by a range of partners and stakeholders.

Improving communication, consultation and participation is key to the success of community justice, so we will ensure that community justice is at the heart of community engagement and participation.

East Dunbartonshire Community Planning Partners share a responsibility and commitment to creating safe and attractive communities in which people want to live, work and visit. Community Justice East Dunbartonshire will, as a partnership, complement this work and address the complex needs and inequalities that affect our residents who are in contact with; on the cusp of entering or affected by the justice system. We will ensure we capitalise on what we do well and that our local plan delivers on the principles laid out in the National Strategy for Community Justice (2016).

The plan fulfils a duty to Community Justice Scotland and the Scottish Government to report annually on how community justice will be driven in the local authority area of East Dunbartonshire.

Paolo Mazzoncini
Chief Social Work Officer
and
Chair
Community Justice East Dunbartonshire

What do we mean by Community Justice?

In general terms, community justice aims to deal with the causes of offending either before it happens (primary prevention) working with people who may be at risk or are involved (secondary prevention) or supporting those who have been through the justice system (tertiary prevention).

When we talk about Community Justice we mean all the individuals, agencies and services that work together to support, manage and supervise East Dunbartonshire residents who are on the cusp of coming into contact with or are in contact with the justice system.

Local communities and the third sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship.

The Community Justice (Scotland) Act 2016 provides a welcome opportunity to build on our existing good work, strengthen our partnership working and community participation, and ensure a focus on equity and resilience across all communities in East Dunbartonshire.

Within the national context the local ambition states:

East Dunbartonshire is a safer, fairer and more inclusive place where we:-

- *prevent and reduce further offending by addressing its underlying causes; and*
- *safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens*[1]

To achieve this, evidence shows that:

- Community justice outcomes cannot be improved by one stakeholder alone. We must work in partnership to address these complex issues and share positive outcomes.
- Every intervention, made at the right time, should maximise opportunities for preventing and reducing offending as early as possible, before problems escalate.
- People must be held to account for their offences, in a way that recognises the impact on victims of crime and is mindful of risks to the public, while being proportionate and effective in preventing and reducing further offending.
- Re-integrating those who have committed offences into the community and helping them to realise their potential will create a safer and fairer society for all.
- By informing communities about community justice and involving those in the planning process will lead to more effective services and policies with greater legitimacy.

- Every member of the community should have access to high quality, person-centred and collaborative services that should be available to address the needs of those who have committed offences, their families, and victims of crime.[2]

Why Community Justice?

The Community is at the heart of Community Justice – our aim is to consult and engage with all of our stakeholders in a way that they understand.

Whether challenging stigma; health inequalities; employing people with convictions, or participating in community justice planning, improving community justice outcomes will require the involvement and support of local people, communities, local services and businesses. It is vital that this includes victims of crime, people who have committed offences, families, and the bodies that represent their communities.

Local communities across East Dunbartonshire need to know and understand that all partners within the Community Justice Partnership are working hard, and working together, to support the communities they serve. This can only be strengthened and enhanced with greater community involvement and awareness, ultimately leading to better, more effective relationships and designing future services in a co-productive way.

We need to make our residents aware that prison still remains the appropriate outcome for people who have committed serious offences, and for those who deserve to be there, however this isn't a good way to address reoffending and the revolving door syndrome.

Community based justice is a punishment based on reparation as well as rehabilitation, it is not a soft option. The unpaid work element of a community payback order is an opportunity for people with convictions to payback to society and in particular to local communities by carrying out positive projects that are recognised to enhance these communities, whilst making amends for their offending.

Rehabilitation is an integral part of the approach. We want to support people with convictions in learning the appropriate life skills to realise their potential, move into employment and maintain stable accommodation to support the reduction of the chances of reoffending. We will do this by adopting an asset based approach which is based on building on people's strengths and experience

Who are Community Justice East Dunbartonshire?

Community Justice East Dunbartonshire is firmly established within East Dunbartonshire Community Planning and Health and Social Care Partnership arrangements.

There is a strong tradition of services working together in East Dunbartonshire which has delivered successful outcomes for the area. The people of East Dunbartonshire are healthier and safer; older people are supported through high quality care services whilst our rate of educational achievement continues to be one of the highest in Scotland.

However we recognise that we do have communities that experience disadvantage and need additional support from us if we are to reduce the inequalities that still exists.

Therefore Community Justice East Dunbartonshire will work together with the people of East Dunbartonshire to strengthen community justice.

Community Justice East Dunbartonshire has the following membership:

Chairperson: Head of Children and Families and Justice Services

Vice Chairperson: Strategic Lead and Implementation Manager Turning Point Scotland

Membership:

Head of Mental Health, Learning Disability, Addictions & Health Improvement

Fieldwork Manager-Older People

Strategic Lead - Place & Community Planning

Criminal Justice Service Manager

Fieldwork Manager Children and Families

Governor in Charge HMP Low Moss

Chief Inspector Police Scotland East Dunbartonshire Area Commander

Group Manager - Prevention & Protection Scottish Fire and Rescue Service

Health Improvement & Inequalities Manager

Community Protection Manager

Strategic Lead for Housing

Criminal Justice Voluntary Sector Forum (CJVSF)

Team Leader Skills Development Scotland

Clinical Director, NHS/HSCP

National Support Manager (West) SACRO

Regional Family Support Coordinator Families Outside

The Community Empowerment (Scotland) Act 2015 required local Community Planning Partnerships to publish a Local Outcomes Improvement Plan (LOIP). The Community Justice Outcome Improvement Plan (CJOIP) must demonstrate clear alignment to this plan.
In East Dunbartonshire, Community Justice East Dunbartonshire along with the Community Safety Partnership and the Violence against Women Partnership (Empowered) jointly contribute to the Safer and Stronger Together Strategy which informs Local Outcome 4 as outlined below.

Why are we doing this?

East Dunbartonshire has been recognised as one of the best areas to live in Scotland based on people's health, life expectancy, employment and school performance. A local authority where economic activity and employment rates are high and the level of crime is significantly below the Scottish average.[3]

Despite all of this inequalities still exist in communities across the authority.

To make progress towards addressing these inequalities, East Dunbartonshire Community Planning Partnership (CPP) is committed to working with targeted local communities to deliver actions through a number of plans for smaller geographical areas, these are called Place Plans and are aimed at the areas of most deprivation within the authority.

Community Justice East Dunbartonshire will, as a partnership, complement the Place Initiative and address the complex needs and inequalities, depicted in the diagram below, that affect our residents who are in contact with; on the cusp of entering or affected by the justice system. These needs are often experienced in multiples by people, therefore addressing one need may have a positive impact on other associated needs.

What does the evidence tell us?[4]

Employment/ Education & Training / Financial difficulties

Although East Dunbartonshire has lower than average unemployment rates, over 5000 people are claiming some kind of state benefit e.g. Employment Support Allowance, disability benefits. There are specific areas within East Dunbartonshire where people experience employment deprivation as identified by the Place Initiative.

In East Dunbartonshire 95.6% of 16-19 year olds were participating in education, training or employment (82.8% in education, 11.5% in employment and 1.3% in training and personal development).

Attendance rates in East Dunbartonshire schools remained high during 2016/17 in both primary (96.4%) and secondary (93.3%) school. Attendance levels of Looked after Children attending all East Dunbartonshire schools was 90.3% in 2016/17

However, across all age brackets, some people who are unemployed or under employed are also experiencing barriers like homelessness, criminal convictions, substance misuse issues, and health conditions and disabilities.

CJED will address these issues by utilising the strengths of the statutory partners; enhancing current service provision and ensuring there is links across all relevant agencies to ensure there is equal access to services.

Homelessness

East Dunbartonshire Council manage a housing stock of approximately 3,600 houses while the housing list exceeds 4,000 applicants, with approximately only 300 lets per year.

Thirteen Housing Associations operate in East Dunbartonshire, managing approximately 2,100 houses. The effects of 'Welfare Reform' in particular the removal of the spare room subsidy, has had an effect on social landlords ability to meet housing need. This was exacerbated by the lack of smaller sized properties available across the local authority area to meet housing need.

Due to the high pressures in both social rented and owner occupation housing tenures, there has been an increase in the use of the private rented sector to meet housing need.

During 2014-2015 there were 620 homelessness applications made to East Dunbartonshire Council. A further 117 households requested housing options advice to help meet their need. Temporary accommodation to meet homelessness need was limited.

The evidence shows that people who are homeless are more likely than the general population to have a health problem, including mental health, and/or addiction issues[5]. They are also more likely to be fuel poor and be involved in criminality[6].

Work to address homelessness will be progressed by the strategic lead of housing, as a CJED representative, and his team.

Gender Based Violence

National data[7] tells us that in 2016-17 there were 610 incidents of domestic abuse recorded by the police in East Dunbartonshire, a decrease of 7% from 2015-16 (658). However levels of domestic abuse recorded by the police have remained relatively stable in East Dunbartonshire since 2007-08 at between 590 to 660 incidents a year.

It is acknowledged that domestic abuse is but one facet of Gender Based Violence, the number of Sexual crimes committed also contributes to demonstrating the extent of the issue in East Dunbartonshire.

In 2016-17 there were 141 sexual crimes recorded in East Dunbartonshire this is an increase of 86% since 2015 -16 (76).

Given that Common assault was the most common crime or offence recorded, in Scotland, as part of a domestic abuse incident in 2016-17, having been recorded in 37% of incidents that included a crime or offence. A correlation may be drawn between this and the increase in the recording of Common Assault in East Dunbartonshire by 12 % (59) from 2015-16 to 2016-17.

An objective of Equally Safe is that co-production and multi- partnership working will have a positive impact on addressing gender based violence, by dealing with the perpetrator and supporting the victims. Therefore cross representation and joint working between Community Justice East Dunbartonshire (CJED) and the Empowered (Violence against Women and Girls Partnership) is paramount to addressing the complex issues in this area.

Aligning both partnership plans and cross representation on partnerships will ensure that progress is made together in addressing gender based violence within East Dunbartonshire.

Relationships/ Families and ACEs

As most families of those who continually offend live in our most deprived areas, this creates cumulative disadvantages and inequalities. They can face a process of grief and readjustment throughout the arrest, trial, imprisonment and release of their family member. They often have difficulty getting the information and support they need to help them feel in control during periods of crisis and stress, causing uncertainty and fear. No parent or family should feel isolated or that they lack the information, advice and support they need[8].

Current estimates are that approximately 27,000 children in Scotland experience the imprisonment of a parent every year. More children are affected by parental imprisonment than by divorce each year[9].

Imprisonment can be a traumatic experience for families, and its impact is often significant and long term. Families of people who offend experience multiple and often complex issues.

These can include:

- Potential accommodation issues
- Significant health and wellbeing issues including anxiety, distress, isolation, stigma, and rejection and/or victimisation by neighbours and the community
- Uncertainty
- Financial pressures

- Problems in caring for children and the often complex impact on the children who lose a parent to imprisonment each year

People who offend often disproportionately have a background of family breakdown, poor parental nurturing and abuse during childhood. They often experience multiple Adverse Childhood Experiences (ACEs).
Prolonged exposure to stress in childhood disrupts healthy brain development. This can manifest as emotional and conduct problems in childhood, and risk-taking and criminal behaviours in adulthood[10].

There is currently ongoing multi-agency work within East Dunbartonshire to better understand the prevalence of ACEs and how to progress interventions in this area over the next 3 years.

Substance Misuse

Evidence shows that crime, deprivation, and high alcohol and drug use are strongly related[11]. Nearly 70% of assaults in A&E are alcohol related. Alcohol, along with drug use, has both an attributable link to violent behaviour and contributes to offending.

The NHS Greater Glasgow and Clyde/East Dunbartonshire Health and Wellbeing Survey of Adults (2014) reported there had been an increase in those *never consuming alcohol* and a significant decrease in the percentage of those drinking alcohol more than once a week. The most significant difference in relation to gender was a 7% increase in men who report never drinking alcohol.

Those in the most deprived areas were more likely to say they never drank alcohol and less likely to drink alcohol weekly compared to other areas. The data suggest that in deprived areas there has been an increase (11%) in those who never drink alcohol and a 9% decrease in those who drink alcohol at least once per week since the 2011 survey.

Those aged 25-44 years and men in particular, were more likely to binge drink. However there was a decrease in binge drinking across all age groups compared to the previous survey.

Over the last 5 reporting years the number of alcohol related deaths in East Dunbartonshire have remained fairly constant at 12 per annum. Drug related deaths have risen from one to eight whilst drug related offences have shown a reduction of 13% (48) over the same 5 year timeframe.

Despite the low numbers, key areas of concern for the residents of East Dunbartonshire include: youth disorder; anti-social behaviour; underage drinking and misuse of drugs.

Progress in this area will be managed through collaboration with the Alcohol and Drug Partnership Local Delivery Plan; the local policing plan and community safety partnership delivery plan.

Health/Mental Health

Compared with the rest of Scotland, people living in East Dunbartonshire are relatively healthy with some of the highest rates of life expectancy for both men (80.5 years) and women (83.5 years). This is well above the Scottish average of 77.1 years for men and 81.1 years for women.

However, the average life expectancy for males living in areas that experience the most inequality in East Dunbartonshire is 75 years, just over six years less than the average life expectancy for males in the least deprived areas (81.2 years), the difference for females is 5.3 years.[12]

A higher prevalence of mental health conditions and illness is recorded in lower socioeconomic groups, in deprived communities and disadvantaged groups; especially those who have experienced trauma, bullying, social isolation, stigma and discrimination.

Involvement in the justice system can be indicative of and contribute to multiple complex health and wellbeing issues. Driven by inequalities, four priority health and wellbeing risk factors for offending behaviour repeatedly appear throughout the available evidence[13]

Community justice partners can contribute to improvements in health and a reduction in offending through collective action.

This area will be addressed in partnership working with health and mental health services and taking cognisance of the Joint Health Improvement Plan and the Mental Health Strategy for East Dunbartonshire.

Crime

Overall in the East Dunbartonshire area there has been a 9% increase, since 2015-16, (2847 from 2620) on the total number of crimes recorded by the police.

Non sexual crimes of violence have increased by 30% from 66 to 86 since 2015-16. East Dunbartonshire is well above the Scottish figure of a 6% increase in this category.

Since 2015-16, Sexual crimes are up by 86% (76 to 141) this may be attributed to an increase of 93% (27 to 52) of sexual assault; other sexual crimes 100% (32 to 64), and Rape and attempted rape 50% (16 to 24). This increase may be attributable to increases in internet sex crimes; historic sexual crimes as well as sexting etc.

Crimes of Dishonesty has increased by 15% (1346 to 1553), compared to 8% nationally.

Fire raising and vandalism has shown a reduction of 3% (559 to 543).

Other Crimes has seen a reduction of 9% (573 to 524). In this category, Crimes against public justice has decreased by 12% (158 to 139) and Drug related crimes has reduced by 13% (384 to 336); Handling Offensive Weapons has increased by 75% (28 to 49).

This area of crime prevention will be addressed in partnership with East Dunbartonshire's local policing plan.

Residents in Custody

As of 30th June 2018, East Dunbartonshire had 48 of its residents held within the SPS estate. All of them were adults with 45 males and 3 females. 12 of the males are on Remand and 21 are serving a sentence of over 4years. Therefore the indicative figures show that there are 15 residents serving sentence of between 3 months and 4 years who will return to their communities without any Statutory Throughcare provision.

This area of will be addressed in partnership with the Scottish Prison service to ensure that there is an appropriate pathway in place for people leaving custody returning to East Dunbartonshire.

Residents on Community Orders

In East Dunbartonshire in 2016/17 there were 201 Community Payback Orders (CPOs). This is an increase of 14% on the 2015/16 figure of 176. Since inception in 2011/12 there has been a steady increase year on year in the number of CPOs. Ten of these orders were issued on 16/17 year olds and 26 on 18/20 year olds. There were 169 orders completed or terminated. Of those orders 127 were completed successfully and 2 were discharged early. 76 % positive completion.

The current access to 'other activities' within the unpaid work requirement is limited, therefore we will look to increase the options that are available.

42 diversion cases were commenced, an increase of 62% on the previous year (26). There were 34 (81%) cases successfully completed. 25 were either in full time employment or training. 16 were unemployed.

There is a national focus in increasing the use of diversion. We will work alongside local and national partners taking this work forward.

Two people were subject to a drug treatment and testing order (DTTO). Both individuals were male, aged over 31 and unemployed. The average length of order was 21 months. This service is provided through West Dunbartonshire. There are logistical issues with East Dunbartonshire residents who are in a chaotic state having to travel to Dumbarton to access this service.

Work has already been progressed to positively rectify this situation.

There were 11 fiscal work orders. 7 individuals were either in full time education or employment. 4 were unemployed.10 were between 16 and 30 years of age. The average length of order was 30 hours.

We will work with the Crown Office and Procurator Fiscal service to ensure that there are appropriate opportunities for individuals on fiscal work orders.

Changing the conversation to support reintegration and reduce stigma

Research suggests[14] that people with convictions or a history of convictions who feel a welcomed part of society are less likely to reoffend compared to those who feel stigmatised. It is therefore important that justice professionals work not only with people with convictions or a history of convictions, but also with their family, friends and the wider community (e.g. employers, community groups, the voluntary sector) to ensure pro-social and positive relationships can be developed and sustained.

We will encourage partners to use the term: person with convictions or person with an offending history, while also taking care to use language that is sensitive to victims of crime.

What other Strategies do we need to align with?

Community Justice cannot be viewed or addressed in isolation. There are many existing partnerships and strategies throughout East Dunbartonshire that are working towards and achieving outcomes that relate to community justice and vice versa.

Nationally and locally there are a number of strategies that need to be taken cognisance of when developing the plan.

Extracts from some of those that are pertinent are listed below, however this is not an exhaustive list and all headings are hyperlinked.

Scotland Performs National Outcomes

- Our children have the best start in life and are ready to succeed.
- We live longer, healthier lives.
- We have tackled the significant inequalities in Scottish society.
- We have improved the life chances for children, young people and families at risk.
- We live our lives safe from crime, disorder and danger.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need.
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Christie Commission

- public service organisations work together effectively to achieve outcomes;
- public service organisations prioritise prevention, reducing inequalities and promoting equality.

Equally Safe Priorities

- Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people
- Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response

Equally Safe Objectives

- Women, children and young people access relevant, effective and integrated services
- Men who carry out violence against women and girls are identified early and held to account by the justice system
- Service providers competently identify violence against women and girls, and respond effectively to women, children and young people affected
- Men who carry out violence against women and girls change their behaviour, and are supported to do so

Justice in Scotland: Vision and Priorities

- We will enable our communities to be safe and supportive, where individuals exercise their rights and responsibilities
- We will work with others to improve health and wellbeing in justice settings, focusing on mental health and substance use
- We will use prison only where necessary to address offending or to protect public safety, focusing on recovery and reintegration increasing inequality adverse childhood experiences prevention and early intervention concentration of crime and victimisation people's experience of justice system high prison population physical and mental health and wellbeing emerging crimes and threats.

East Dunbartonshire Joint Health Improvement Plan 2018 to 2021

- Alcohol and Drug, Intervention and Awareness
- Positive Mental Health and Capacity Building

ADP Ministerial Priorities

- Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women.

Crown Office and Procurator Fiscal Service

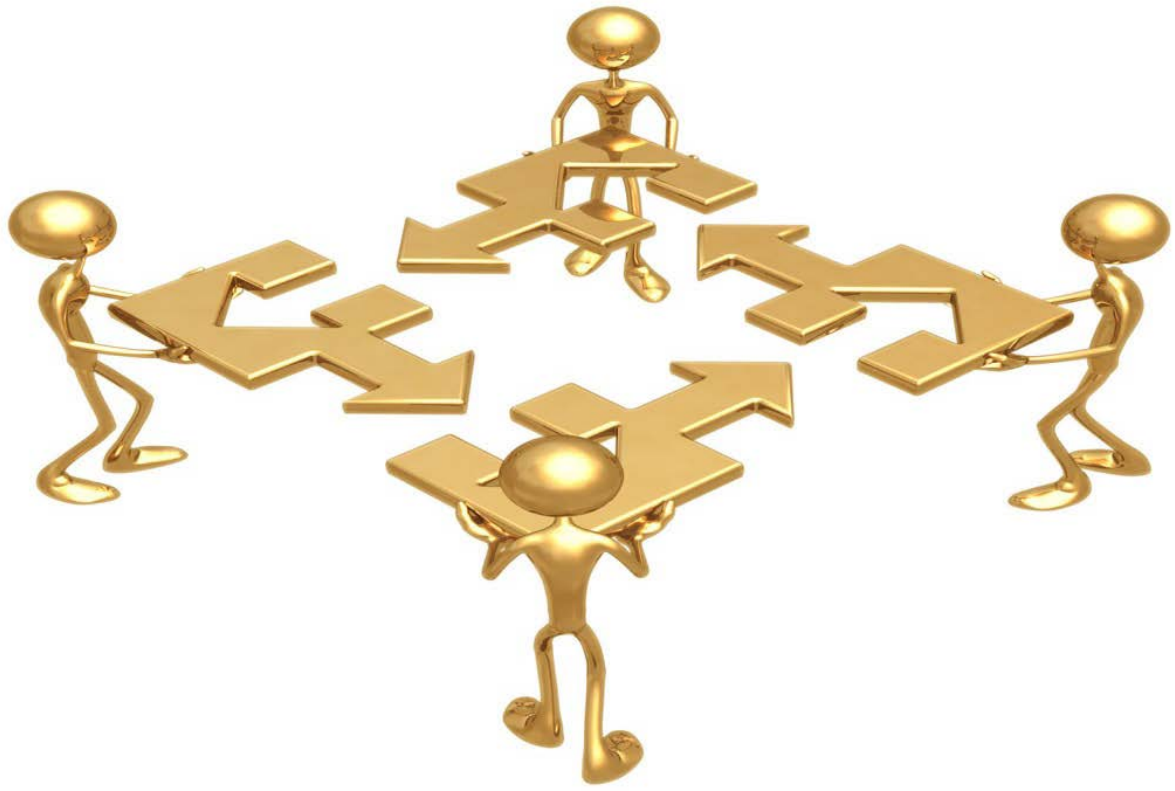
- A level of service which takes account of individual needs and characteristics is provided to all
- Victims, nearest relatives and witnesses and those accused of an offence are treated with dignity and respect

Scottish Courts and Tribunal Service

- We will work with justice bodies to deliver significant change and improvement to Scotland's justice system – through collaboration, communication and reform.
- We will, as members of Scotland's Justice Board and its six local criminal justice boards, work in partnership with justice agencies, professional groups and the third sector to maintain and improve system performance, integrating long-term policy development with practical operational improvements.

Scottish Prison Service (extract from Corporate Plan 2017 – 2020)

- Our collaboration with partners results in enhanced service provision and better personal outcomes for those citizens in and leaving our care.
- We will have worked with partners through Community Justice Partnership arrangements to ensure that those in and leaving our care will have better access to housing, health and welfare benefits services.
- Our communities are safer because those individuals in our care are supported to build on their assets and return to their communities as productive citizens.



What might affect us in the future?

Nationally there are changes that the CJED partnership need to consider and incorporate into future annual plans over the next 3 years, due to their potential impact at a local level.

A Nation with Ambition: The Government's Programme for Scotland 2017-2018 included the following actions:

- Extending the presumption against short sentences from 3 to 12 months.
- Focus on diverting people from crime, reducing reoffending and supporting communities to ensure more people are able to live fulfilling lives and make their full contribution to society
- Continuing the development of the new estate for female offenders, with far greater community focus and support for these offenders and their families who often have complex needs.
- Introducing a Management of Offenders Bill which includes extending the use of electronic monitoring of offenders in the community and enabling the use of new technology where appropriate
- Modernising the existing law on the rehabilitation of offenders
- Making it a national objective to end rough sleeping – backed with new investment

It is unknown exactly what impact future changes in legislation and the introduction of the above will have on service delivery within East Dunbartonshire, however CJED will carry out all preparatory work necessary to prepare for these changes.

What are we going to prioritise locally?

The vision for community justice is ambitious and far reaching and will be delivered by prioritising local priorities in line with the following National Structural Priority areas[15]:

- Improved community understanding and participation
- Improved strategic planning and partnership working
- Effective use of evidence based interventions
- Equal access to services

Over the next 3 years, CJED will address the following local priority areas, aligned under the four structural national priorities, as well as being vigilant to the emerging issues that might affect us in the future as outlined in the section above.

Improved community understanding and participation

Develop and agree proposals to include Community Justice within ED CPP Engagement and Participation Strategy (including scoped community capacity requirements)

Increase awareness and understanding with communities of the Community Justice Agenda and importance of reintegration.

Develop a local communication strategy to support the partnership.

Improve strategic planning and partnership working

Encourage, support and develop multi-agency approaches which improve effectiveness.

Build effective links with Young People and Youth Justice, identifying cross cutting areas

Increased awareness of the vulnerability and needs of children and families affected by parental imprisonment.

All partners share performance data in a more effective way enabling more robust leadership and ownership of identified community justice actions

Address Gender Based Violence

Increase awareness of Adverse Childhood Experiences (ACEs) and potential impacts and the importance of resilience with all partners.

Improve the reintegration of those individuals who have served a custodial or community based sentence.

Contribute to the development of the Community Justice Scotland Strategy for Innovation, Learning and Development

Effective use of evidence-based interventions

Identifying and enhancing alternative disposals and diversion from prosecution options.

Maximise opportunities for early and effective intervention (EEI)

Develop early and effective interventions and responses to vulnerable people prior to or at the point of arrest.

Maximise opportunities for the use of “other activities requirements” in Community Payback Orders

Develop and promote trauma informed practice

Equal Access to Services

Review existing mechanisms and develop pathways for people in contact with the justice system in relation to:

- mental health services
- housing and homelessness services
- drug and alcohol services
- access to employment.
- financial inclusion.

How will we know that we are being successful?

Each year Community Justice East Dunbartonshire will develop an annual delivery plan, which will identify the key activities that partners will undertake to deliver the aims of the Community Justice Outcomes Improvement Plan.

Each activity will be assigned through consultation to a responsible person or group and progress will be reported to CJED and CPEG through quarterly update reports. The management and monitoring of the delivery plan will be achieved through consultation and ongoing dialogue with stakeholders.

The Community Justice Partnership will work towards the delivery of the seven national common outcomes, which can be seen below[16], by making positive progress in our local priority areas. The four structural outcomes are about making changes to how we work not only with partners but with our communities.

CJED understands that by working towards a robust and effective partnership model and by seeking to evidence and develop these four structural outcomes we should begin to have a positive impact on the three outcomes that make real changes for the people involved, the Person Centric Outcomes, at every stage of the system and within our communities.

The National Outcomes, Performance and Improvement Framework outlines a number of suggested indicators to measure against the common outcomes. Whilst we will take cognisance of these, the approach adopted at East Dunbartonshire will be to evidence progress against the actions and activities outlined in the annual delivery plan.

To ensure that the approach is wide and holistic we will develop an outcome web tool to measure progress across the complex needs throughout the person's journey, use the relevant available quantitative data and encourage partners to provide case studies as we move forward. This will demonstrate real life change, allowing the partnership to build on the most successful, evidence-based ways of working. We will not set targets.

CJED is fully committed to continuous improvement. As a partnership, we need to interrogate and review the information that we collect through our local data collection processes, identify any areas for improvement; identify areas of good practice using an asset based approach; make recommendations; and then act on these recommendations by feeding them back into the improvement cycle.

CJED will publish a report each year, for submission to Community Justice Scotland, which will show progress against the annual delivery plan and which will inform the subsequent delivery plan.

Structural Outcomes
What we deliver as partners

Communities improve their understanding and participation in community justice

Partners plan and deliver services in a more strategic and collaborative way

Effective interventions are delivered to prevent and reduce the risk of further offending

People have better access to the services they require, including welfare, health and wellbeing, housing and employability

Person-centric Outcomes
Changes to Users

Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.

People develop positive relationships and more opportunities to participate and contribute though education, employment and leisure activities

Individuals resilience and capacity for change and self-management are enhanced

Equalities Statement

Community Justice East Dunbartonshire (CJED) is committed to encouraging equality and diversity, and eliminating unlawful discrimination within its work and activities.

CJED is subject to the Public Sector Equality Duty (PSED).The Duty required that CJED report on progress made embedding equalities in our approaches and activities. In general the equality duties requires us, in the exercise of our functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics covered by the Duty are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

CJED is committed to mainstreaming equality and diversity and creating an approach that recognises the diverse needs of staff, partners and other stakeholders with whom we have contact, and promote equality.

This means systematically considering the impact of our work on disadvantaged groups, from the planning stage through to the action and monitoring stages.

Glossary of terms

A&E	Accident and Emergency
ACEs	Adverse Childhood Experiences
ADP	Alcohol and Drug Partnership
CJED	Community Justice East Dunbartonshire
CJOIP	Community Justice Outcome Improvement Plan
CPEG	Community Planning Executive Group
CPO	Community Payback Order
CPP	Community Planning Partnership
DTTO	Drug Treatment and Testing Order
EEI	Early and Effective Interventions
Empowered	East Dunbartonshire Violence against Women partnership
LOIP	Local Outcome Improvement Plan
NHS	National Health Service
OLP	Opening a Lockfast Place
PSED	Public Sector Equality Duty

References

[1] The Scottish Governments Vision for Community Justice; National Strategy for Community Justice 2016

[2] National Strategy for Community Justice 2016

[3] Scottish Index of Multiple Deprivation(SIMD) 2016

[4] Baseline Strategic Needs Assessment for East Dunbartonshire June 2018

[5] Housing and Reoffending: Supporting people who serve short-term sentences to secure and sustain stable accommodation on liberation Scottish Government June 2015

[6] Preventing Homelessness and Reducing Reoffending- Shelter 2015

[7] Statistics on Incidents of Domestic Abuse Recorded by the Police in Scotland 2016-17

[8] Families Outside, Scottish Community Justice Authorities. Framework for the support of families affected by the criminal justice system; 2015

[9] Children & Young People's Commissioner Scotland. Children of prisoners URL

[10] Understanding Childhood Adversity Resilience and Crime : Justice Analytical Services 2018

[11] Leyland AH, et al. Inequalities in mortality in Scotland, 1981-2001. MRC Social and Public Health Sciences Unit occasional paper no. 16. Glasgow: MRC Social and Public Health Sciences Unit; 2007.

[12] East Dunbartonshire Local Outcome Improvement Plan Area Profile 2018

[13] Reducing Offending Reducing Inequalities : Achieving 'better health, better lives' through community justice; NHS Health Scotland 2017

[14] What Works to Reduce Reoffending http://www.gov.scot/Resource/0038/00385880.pdf

[15] National Strategy for Community Justice 2016

[16] Community Justice Outcomes, Performance and Improvement Framework 2016

COMMUNITY JUSTICE
EAST DUNBARTONSHIRE
Working Together to Strengthen Community Justice

Community Justice Annual Delivery Plan

2018 – 2019

Designed by an East Dunbartonshire service user in HMP Low Moss

Introduction

The attached annual delivery plan has been developed, in collaboration and consultation with community justice stakeholders, as a means of progressing the local priority areas identified in the Community Justice Outcomes Improvement Plan 2018 – 21. This delivery plan converts what we plan to achieve through our Identified local priorities into specific activities and assigns a responsible group or person; timescale and any resource implications to each area for 2018 - 19**.**

Monitoring Arrangements

Progress of the delivery plan will be reported to partners at the bi-monthly Community Justice East Dunbartonshire partnership meeting. This will be carried out by exception reporting on the plan.

Community Justice East Dunbartonshire must provide the Community Planning Partnership with bi-monthly summary reports on the progress it has made in implementing the plan. This report should succinctly summarise in relation to each of the following:

- New developments over the previous eight week period
- Planned developments for the forthcoming eight week period
- Any obstacles it has experienced in implementing the plan

On an annual basis Community Justice East Dunbartonshire will submit its Performance Report to the Community Planning Partnership for approval prior to submission to Community Justice Scotland. Any revisions to the plan must also be submitted to the CPP for approval.

The Community Justice Partnership must also submit the plan, any revised plan, and annual; performance reports to Community Justice Scotland.

Consultation Arrangements

The attached delivery plan activities has been developed in consultation with partners. It has been circulated around partner members who have had the opportunity to comment upon the proposed activities and agree the responsible group or person; timescales and resource implications for implementation. This delivery plan and other CJED planning documents are available on the ……. website

Who are Community Justice East Dunbartonshire?

Community Justice East Dunbartonshire is firmly established within East Dunbartonshire Community Planning and Health and Social Care Partnership arrangements. Community Justice East Dunbartonshire has the following membership and partners:

What our local priorities are.

National Priority 1: Improved community understanding and participation

Develop and agree proposals to include Community Justice within ED CPP Engagement and Participation Strategy (including scoped community capacity requirements)

Increase awareness and understanding with communities of the Community Justice Agenda and importance of reintegration.

Develop a local communication strategy to support the partnership

National Priority 2: Improve strategic planning and partnership working

Encourage, support and develop multi-agency approaches which improve effectiveness.

Build effective links with Young People and Youth Justice, identifying cross cutting areas

Increased awareness of the vulnerability and needs of children and families affected by parental imprisonment.

All partners share performance data in a more effective way enabling more robust leadership and ownership of identified community justice actions

Address Gender Based Violence

Increase awareness of Adverse Childhood Experiences (ACEs) and potential impacts and the importance of resilience with all partners.

Improve the reintegration of those individuals who have served a custodial or community based sentence.

Contribute to the development of the Community Justice Scotland Strategy for Innovation, Learning and Development

National Priority 3: Effective use of evidence-based interventions

Identifying and enhancing alternative disposals and diversion from prosecution options.

Maximise opportunities for early and effective intervention (EEI)

Maximise opportunities for the use of “other activities requirements” in Community Payback Orders

Develop and promote trauma informed practice.

Develop early and effective interventions and responses to vulnerable people prior to/at the point of arrest.

National Priority 4: Equal Access to Services

Review existing mechanisms and develop pathways for people in contact with the justice system in relation to:

- mental health services
- housing and homelessness services
- drug and alcohol services
- access to employment.
- financial inclusion

National Priority 1: Improved community understanding and participation

Action	Activity	Timescale	Responsible parties	Reporting Measure	Common Outcomes Indicators	Resource Implications
CJED 1A: Develop and agree proposals to include Community Justice within ED CPP Engagement and Participation Strategy (including scoped community capacity requirements)	Meet with and maintain dialogue with, Place and Capacity Building Lead to ensure Community Justice is firmly embedded in East Dunbartonshire engagement activities.	March 2019	CJ Coordinator	Community Justice firmly embedded in CPP community engagement activities. Evidential feedback from communication /consultation between CJED and stakeholders. Community Justice firmly embedded in local resident consultations.	Consultation with communities as part of community justice planning and service provision Evidence from questions to be used in local surveys/citizens panels etc. Perception of and attitudes towards local crime.	Staff Time
	Become an active member of the CPP Community engagement strategy production group	August 2018	CJ Coordinator			Staff Time
CJED1B: Increase awareness and understanding with communities of the Community Justice Agenda and importance of reintegration.	Set up an SLWG to organise a 'SMART Justice' one day event for all stakeholders.	August 2018	CJ Coordinator	SMART justice event successfully organised and delivered. Stakeholders have a clearer understanding of SMART justice; the CJED CJOIP and direction of travel.	Activities carried out to engage with communities and other relevant stakeholders	Venue Speakers Promotional Materials
	Hold a one day 'Smart Justice' event.	November 2018	SLWG			
	Identify how to capture and publish feedback from unpaid work recipients more systematically.	March 2019	CJ Coordinator CJSW	Process in place to capture; publicise and act on feedback from unpaid work recipients.	Level of community awareness of/satisfaction with work undertaken as part of a CPO	Staff Time
CJED 1C: Develop a local communication strategy to support the partnership.	Set up communication SLWG.	September 2018	CJ Coordinator	Communications SLWG established	Participation in community justice, such as co-production and joint delivery.	Staff Time
	Carry out a stakeholder analysis	October 2018	Communication SLWG	Stakeholder analysis successfully carried out and incorporated in communication plan.		Staff Time

	Agree and incorporate a logo design for Community Justice East Dunbartonshire	June 2018	All partners	CJED has a corporate identity including logo and strapline which people recognise and understand.	Activities carried out to engage with communities and other relevant stakeholders	Staff Time and Design
	Agree and incorporate a strapline for Community Justice East Dunbartonshire	August 2018	All partners			Partners time
	Produce a communication strategy in line with Community Justice Scotland's communication strategy and East Dunbartonshire Engagement and Participation Strategy	December 2018	Communications SLWG	CJED communication strategy produced in line with CJS Communication Strategy and East Dunbartonshire Community Engagement and Participation Strategy.		Limited
	Arrange 'SMART Justice' briefing session for youth justice; criminal justice and children and families teams.	May 2018	CJSW Service Manager YJ Teamleader CJ Coordinator	SMART Justice event delivered. Children and Families team have a deeper understanding of the Community Justice agenda		Staff Time Venue Hire Catering Speakers costs
	Arrange briefing for CJSW staff and unpaid work supervisors around wider developments in electronic monitoring; SFRS Firereach programme and Fairstart Scotland.	June 2018	CJ Coordinator CJSW Team Leader	Increased staff awareness and knowledge of services available in East Dunbartonshire and national developments.	Development of community justice workforce to work effectively across boundaries	Coordinator Time
	Be more pro-active and dynamic in making the wider public aware of the unpaid work services and achievements that are delivered.	August 2018	CJSW Service Manager CJ Coordinator Unpaid work supervisors	Signage designed to highlight reparation work projects carried out by people on unpaid work. Facebook page set up.	Level of community awareness of/satisfaction with work undertaken as part of a CPO	Signage creation.

National Priority 2: Improve strategic planning and partnership working

Action	Activity	Timescale	Responsible parties	Reporting Measure	Common Outcomes Indicators	Resource Implications
CJED 2A: Encourage, support and develop multi-agency approaches which improve effectiveness	Consider how to collaboratively deliver *'Stop It Now'* online safety resource.	March 2019	Health Inequalities Manager CJ Coordinator CP Lead Officer	Resource adapted for and implemented across all services in East Dun.	Services are planned for and delivered in a strategic and collaborative way	None
	Deliver a health behaviour change awareness session to CJSW staff.	March 2019	Health Inequalities Manager CJSW Team Leader CJ Coordinator	All CJSW staff attended awareness session and utilise new knowledge in daily duties.	Partners have leveraged resource for community justice	Limited
	Explore opportunities to discuss and share practice between YJYP/CJSW/ Children and Families teams and partners.	March 2019	Children and Families Fieldwork Manager CJSW Service Manager CJ Coordinator	Process in place where appropriate information and practice is shared between teams.	Services are planned for and delivered in a strategic and collaborative way Partners have leveraged resource for community justice	None
	Invite Turning Point Scotland; SACRO and Families Outside to be full members of CJED.	July 2018	CJ Coordinator	3rd sector are embedded in the work that CJED are talking forward and involved in the planning and delivery process.	Services are planned for and delivered in a strategic and collaborative way	None
CJED 2B: Build effective links with Young People and Youth Justice, identifying cross cutting areas	Reinvigorate the Restorative Justice service delivered by SACRO.	March 2019	Young People and Youth Justice Team and SACRO	Appropriate referrals made to SACRO from YPYJ team		£20000 payment to SACRO
	Develop a young people and youth justice strategy	March 2019	Young People and Youth Justice Team	Strategy developed and implemented.		Staff Time

	Request data from SCRA to confirm the perception that the number of referrals on offence grounds is reducing year on year.	March 2019	Young People and Youth Justice Team Leader	The number of young people who need to be referred to SCRA on offence grounds is being reduced as a result of the EEI screening group.	Partners have leveraged resource for community justice	None
	Request assistance from the Centre for Youth and Criminal Justice to embed the CARM approach for young people who present a risk of serious harm.	March 2019	CJ Coordinator Young People and Youth Justice Team Leader	CARM (Care and Risk Management) training delivered to YPYJ team. Protocol and process embedded in East Dunbartonshire.		Possible payment to CYCJ
CJED 2C: Increased awareness of the vulnerability and needs of children and families affected by parental imprisonment.	Explore how best to strengthen family relationships of East Dun residents in HMP Low Moss and HMP Barlinnie.	March 2019	Children and Families Fieldwork Manager Governor HMP Low Moss. Families Outside	Needs to be explored further. What is currently in place for families? What is the baseline? How can the strength of a family relationship be measured?	Services are planned for and delivered in a strategic and collaborative way	Unknown
	Invite Families Outside to join CJED as a member.	July 2018	CJ Coordinator	Families Outside agree and become an active contributing member of partnership.		None
	Improve the communication and information sharing between Children and Families and CJSW and YP&YJ teams.	March 2019	Children and Families Fieldwork Manager CJSW Service Manager CJ Coordinator	Good communication between teams, the needs of families are met.	Development of community justice workforce to work effectively across boundaries	None
	Provide awareness training to children and families teams around support for families and children who have a loved one in custody.	March 2019	Families Outside	C&F staff have a good knowledge of the support that is available and utilise this routinely.		Staff Time Venue

	Review cases of those currently serving a custodial sentence to consider how contact with parent in custody can be part of a child's plan.	March 2019	Children and Families CJSW SPS	A process is in place where children in contact with C&F teams who have a parent in prison has parental contact as part of the child's plan.	Services are planned for and delivered in a strategic and collaborative way	Staff Time
CJED 2D: Address Gender Based Violence	Continue to attend and contribute positively to Empowered meetings	March 2019	CJ Coordinator CJSW Service Manager Police Scotland	Empowered group plan embedded in CJED plans.	Services are planned for and delivered in a strategic and collaborative way	Staff Time
	Deliver on relevant actions from the Empowered (VAWG) action plan 2018-21.	March 2019	All partners			Limited
	Be active members of Empowered Behaviour Change sub group.	May 2018	CJ Coordinator CJSW			Staff Time
	Carry out scoping exercise on interventions for non-court mandated perpetrators of Domestic Abuse.	October 2018	Behaviour Change sub group	Appropriate intervention adopted by East Dunbartonshire.		Staff Time
	Purchase Up2U perpetrator programme for court mandated perpetrators	May 2018	All partners	Programme purchased.	Partners have leveraged resource for community justice	Circa £12000
	Carry out scoping visit to Renfrewshire to look at good practice in Up2U delivery	August 2018	Behaviour Change sub group	Good practice implemented in East Dunbartonshire		Staff time
	Initially train 12 youth justice and criminal justice staff in the delivery of Up2U programme.	December 2018	CJSW Service Manager	Staff trained in and delivering Up2U programme. Positive impact on instances of Domestic Abuse	Development of community justice workforce to work effectively across boundaries	Trainer costs Venue and catering

	Identify processes for measuring the impact of MARAC on reducing risk; victim status; repeat victims.	March 2019	Police Scotland Empowered partnership	Effective processes in place. MARAC has a positive impact.	Partners have leveraged resource for community justice Services are planned for and delivered in a strategic and collaborative way	Unknown
CJED 2E: Increase awareness of Adverse Childhood Experiences (ACEs) and potential impacts and the importance of resilience with all partners.	Carry out ACE questionnaire pilot with East Dunbartonshire residents on Community Payback Orders and serving a short custodial sentence in collaboration with Community Justice Scotland.	December 2018	CJSW Service manager CJ Coordinator SPS	The prevalence of ACE's has been identified across those commencing a CPO and serving a short custodial sentence in East Dun and assist in planning future services.	Services are planned for and delivered in a strategic and collaborative way	Staff Time
	Attend National ACEs conference hosted by NHS Health Scotland and share outputs.	June 2018	CJ Coordinator	Outputs from conference shared with appropriate people. Learning carried into actions for Empowered and direction of travel for East Dunbartonshire.		Travel expenses
CJED 2F: Improve the reintegration of those individuals who have served a custodial or community based sentence.	Take cognisance of the SPS Throughcare strategy and create a multi-agency pathway for short term sentenced people	March 2019	All	Services are in line with partner strategies. All residents released from a short term sentence have an appropriate pathway in place.	Services are planned for and delivered in a strategic and collaborative way	Unknown

Links with CJED 4A	Continue to support and work with HMP Low Moss PSP.	March 2019	CJ Coordinator CJSW The Lennox Partnership	Liberations are supported back to East Dunbartonshire		Nil
	Develop relationship with HMP Barlinnie	August 2018	CJ Coordinator	Liberations from HMP Barlinnie are supported back to East Dunbartonshire		Nil
	Develop and arrange a multi-agency throughcare/ parole development event	July 2018	CJSW Service Manager	Increased knowledge of throughcare / parole process for staff.	Development of community justice workforce to work effectively across boundaries	Venue Staff time
	Facilitate a safe and well reintegration visit for residents being liberated from prison.	March 2019	SFRS Housing SPS	Visits carried out with liberations. Increase knowledge and life skills. Becomes the norm.	Services are planned for and delivered in a strategic and collaborative way	Limited
	Ensure that the Environmental Risk Assessment process is robust under NASSO guidelines for the release of high level sex offenders.	November 2018	Housing Services CJSW Police Scotland Children and Families Team Adult Services	All appropriate checks are carried out timeously and released person is housed at appropriate address on release.	Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPA	None
CJED 2G: All partners share performance data in a more effective way enabling more robust leadership and ownership of identified community justice actions	Develop an evidence based performance framework incorporating partner performance data.	March 2019	All Partners	Partners agree to share relevant data and work started on performance framework.	Partners have leveraged resource for community justice	Partners time.
	Explore the development of an outcome tool for use in community justice, based on outcomes web model.	March 2019	CJ Coordinator	Outcome Web based tool embedded in community justice.		Possible license implications

CJED 2H: Contribute to the development of the Community Justice Scotland Strategy for Innovation, Learning and Development	Deliver Trauma Informed practice training to Criminal and Youth Justice staff.	June 2018	CJ Service Manager	All CJSW staff skilled in using trauma informed practice in their daily work.	Development of community justice workforce to work effectively across boundaries	Venue hire Trainer fee.
	Have representation from CJED on CJS LD&I steering group.	March 2019	CJ Service Manager	CJED able to influence the direction of travel for LD&I strategy and implement outputs from strategy.		Staff Time

National Priority 3: Effective use of evidence-based interventions

Action	Activity	Timescale	Responsible parties	Reporting Measure	Common Outcomes Indicators	Resources Implications
CJED 3A: Identifying and enhancing alternative disposals and diversion from prosecution options	Maximise opportunities for the use of diversion	March 2019	All	A suite of diversion interventions are available.	Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending. Reduced use of custodial sentences and remand Numbers of police recorded warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences	Unknown
	Explore the introduction of the young fire fighters cadet scheme as a diversionary intervention.	March 2019	SFRS YP Team	Initial meetings held. Pilot cadet scheme delivered.		Limited
	Capitalise on 3rd Sector Interventions for diversion and alternative disposals.	March 2019	All	Appropriate interventions delivered in partnership with the 3rd sector.		Possible payment to service provider.
	Maintain attendance by YP&YJ team member at CYCJ practitioners' diversion forum.	March 2019	YP&YJ Team	National perspective contributed to and relayed back to East Dun.		Staff Time and travel
	Deliver outputs from COPFS engagement meetings focussing on Diversion	March 2019	CJ Coordinator	Increase in Diversion numbers. Increased governance of Diversion process.		Unknown
CJED 3B: Maximise opportunities for early and effective intervention (EEI)	Representation from CJED on EEI governance group.	August 2018	Coordinator Police Scotland CJSW Service Manager Children and Families	EEI sits in the most appropriate place. Referral process is robust. Appropriate range of interventions are available.	Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending.	Staff Time
	Implement relevant outputs from this group	March 2019	All			Staff Time

	Scope out 3rd sector interventions and referral routes.	March 2019	All		Services are planned for and delivered in a strategic and collaborative way	Staff Time possible payment to 3rd sector
CJED 3C: Maximise opportunities for the use of “other activities requirements” in Community Payback Orders	Deliver CPR training to CJSW staff and residents on unpaid work.	August 2018	SFRS CJSW	CPR training delivered to all CJSW staff and residents on CPO. CPR embedded into CPO as ‘other activity’	Use of "other activities requirement" in Community Payback Orders (CPOs) People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities	Partners time
	Develop and deliver a bespoke ‘Firereach’ course for residents serving unpaid work requirement of CPO.	March 2019	SFRS CJSW	Bespoke course up and running and embedded as a regular activity. Enhancing participant’s life skills.		Partners time
	Identify how to capture feedback from unpaid work recipients more systematically.	March 2019	CJSW Service Manager	Process in place to capture; publicise and act on feedback from unpaid work recipients.	Level of community awareness of/satisfaction with work undertaken as part of a CPO	Staff time
	Explore possibility of delivering a Smoking Cessation intervention	March 2019	Health Inequalities Manager CJSW	Tobacco Awareness/ Smoking Cessation training delivered to Criminal Justice team. Number of CJ clients attending Smoking Cessation Service to improve health and wellbeing.	Use of "other activities requirement" in Community Payback Orders Individual have made progress against the outcome ‘Life chances are improved through needs, including health’.	Staff time
CJED 3D:	Deliver pilot trauma	June 2018	CJSW	All CJSW staff skilled in	Development of community justice	CJS funded

Develop and promote trauma informed practice	informed practice training to Criminal and Youth Justice staff.		Youth Justice	using trauma informed practice in their daily routine work.	workforce to work effectively across boundaries Individual's resilience and capacity for change and self-management are enhanced	Trainer Venue Catering Staff time

National Priority 4: Equal Access to Services

Action	Activity	Timescale	Responsible party	Reporting Measure	Common Outcomes Indicators	Resource Implications
CJED 4A: Review existing mechanisms and develop pathways for people in contact with the justice system in relation to :-	Link with East Dunbartonshire HSCP joint health improvement plan.	June 2018	CJ Coordinator	There is a clear link between the CJED delivery plan and the Joint HIP.	Services are planned for and delivered in a strategic and collaborative way Partners have leveraged resource for community justice Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed. People develop positive	None
	Contribute to East Dunbartonshire Community Learning and Development plan 2018 - 2021	September 2018	CJ Coordinator	Development meetings attended. There is a clear link between the CJED delivery plan and the CLD plan.		Staff Time
CJED 4A (i): Mental health services	Ensure that criminal justice teams participate in a range of mental health improvement training and capacity building.	March 2019	Health Inequalities Manager CJ Coordinator CJSW Service Manager	Number of staff attending appropriate training.		Partners time
	Contribute to and implement relevant actions from the East Dunbartonshire Mental Health commitment 15 action plan.	September 2018	CJ Coordinator Health Inequalities Manager	Commitment 15 programme supported by Community Justice partners.		Unknown
	Work with housing in review of 2014 act to ensure mental health support is a priority.	March 2019	CJ Coordinator Housing Health Inequalities Manager	Mental Health approaches are recognised within review of act.		Partners time
	Develop a 'trauma informed' referral pathway between justice and health specialist psychological services.	March 2019	Health Inequalities Manager CJSW Service Manager	Pathway developed and tested. Pathway actively utilised		Unknown
CJED 4A (ii):	Continue Project 101		Housing	Young people diverted		Partners time

Housing and homelessness services	youth housing project diversion away from criminal activity	March 2019	Police Scotland	away from criminal activity as part of a holistic package of care and support.	relationships and more opportunities to participate and contribute through education, employment and leisure activities Individual's resilience and capacity for change and self-management are enhanced	
	Implement SHORE standards across East Dunbartonshire	March 2019	Housing SPS	SHORE standards implemented effectively		Partners time
CJED 4A (iii): Drug and alcohol services	Improve the capacity of Criminal Justice Teams Alcohol Brief Interventions and approaches	March 2019	Health Inequalities Manager CJSW Service Manager	ABI training delivered to CJ Staff. The No. of ABI's completed within Criminal Justice settings		Partners time
	Organise the delivery of multi-agency unknown substance (NPS) awareness sessions for staff.	December 2018	Health Inequalities Manager SPS CJ Coordinator	Number of awareness sessions delivered. Number of staff attending sessions.	Development of community justice workforce to work effectively across boundaries	Trainer Venue Staff time
	Link in with development of ADP Delivery plan.	March 2019	ADP Coordinator CJ Coordinator	Clear link between ADP delivery plan and CJOIP	Services are planned for and delivered in a strategic and collaborative way	None
CJED 4A (iv): Access to employment	Remove barriers to employment by creating a process between the Lennox Partnership and HMP Low Moss and HMP Barlinnie	March 2019	CJ Coordinator SPS The Lennox Partnership	Pathways into employment, training or further education in place for individuals coming out of a custodial or community sentence.	Services are planned for and delivered in a strategic and collaborative way Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed.	Staff Time
	Develop joint case conference with EDC skills for learning, life and work teams 'skills pipeline'.	July 2018	Skills Development Scotland			Staff Time
CJED 4A (v): Financial inclusion	Develop links between East Dunbartonshire's welfare reform work and	March 2019	CJ Coordinator	Individuals in contact with the justice system are not financially disadvantaged.		Staff Time

	CJED.				People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities Individual's resilience and capacity for change and self-management are enhanced	
	Link in to East Dunbartonshire's Financial Inclusion Strategy	March 2019	CJ Coordinator			Staff Time
	Facilitate an Income maximisation referral programme Deliver awareness session to staff on income maximisation referral programme.	March 2019	HSCP and CAB	Number of awareness sessions delivered. Number of staff attending sessions.		Staff Time
CJED 4B: Develop early and effective interventions and responses to vulnerable people prior to/at the point of arrest.	Deliver outputs from EEI group.	March 2019	CJ Coordinator Community Protection Manager	EEI effectively operating in East Dunbartonshire		Staff Time
	Re-establish links with SOLD network.	March 2019	CJ Coordinator	People in the justice system with an LD are treated with dignity and without stigma		Staff Time
	Link in to Objective 7 of East Dunbartonshire's Autism Strategy	March 2019	CJ Coordinator	Community Justice East Dunbartonshire is an autism aware partnership		Staff Time

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Quarter 2 Performance Report 2018-19**
Report By	**Caroline Sinclair** **Interim Chief Social Work Officer** **Head of Mental Health, Learning Disability, Addictions and Health Improvement**
Contact Officer	**Caroline Sinclair** **Interim Chief Social Work Officer** **Head of Mental Health, Learning Disability, Addictions and Health Improvement** **0141 304 7435** **Caroline.Sinclair2@ggc.scot.nhs.uk**

Purpose of Report	The purpose of this report is to inform the Board for progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period July – September 2018 (Quarter 2).

Recommendations	It is recommended that the Health & Social Care Partnership Board: • Notes the content of the Quarter 2 Performance Report

Relevance to HSCP Board Strategic Plan	The quarterly performance report contributes to the ongoing requirement for the Board to provide scrutiny of the HSCP's performance against the Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The HSCP's performance framework will include performance indicators previously reported to the Council.

Implications for NHS Greater Glasgow & Clyde:	The HSCP performance framework will include performance indicators previously reported to the Health Board

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

1.0	**MAIN REPORT**
1.1	The Quarter 2 Performance Report 2018-19 attached as **appendix 1.**

East Dunbartonshire Health & Social Care Partnership

QUARTER 2 2018/19 PERFORMANCE REPORT

sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS
Greater Glasgow and Clyde

SECTION 1
Introduction

1.1 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 care targets contribute to improved performance in the health and social care targets.

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.

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) ane monitored, and reported in this section

SECTION 2
Performance Summary

- Positive Performance (on target) improving (7 measures)
- Positive Performance (on target) declining (4 measures)
- Negative Performance (below target) improving (5 measures)
- Negative Performance (below target) declining (8 measures)

Positive Performance (on target & improving)

Ref.	
3.1	Number of Unplanned Acute Emergency Admissions
3.2	Number of Unscheduled Hospital Bed Days
4.1	No. Of Homecare House per 1,000 population 65+
5.2	Percentage of People Waiting <18wks for Psychological Therapies
6.5	Percentage of first LAAC reviews taking place within 4 weeks of accommodation
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

Positive Performance (on target but declining) is reported in

Ref.	
4.3	Community care assessment to service delivery timescale
6.1	Percentage of Child Care Integrated Assessments ICA for SCRA completed within 20 days
6.6	Percentage of Children receiving 27-30 month assessment
7.1	Percentage of Individuals Beginning a Work Placement Within 7 days of Receiving a Community Payback Order

Negative Performance (below target but maintaining/improving)

Ref.	
3.4	Number of A&E Attendances (all ages)
4.2	Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home
5.4	Total Number of ABIs delivered (cumulative)
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
6.4	Percentage of Children being Looked After in the Community

Negative Performance (below target and declining)

Ref.	
3.3	Number of Delayed Discharge Bed Days
4.4	Number of People Aged 65+yrs in Permanent Care Home Placements
4.5	Adult Protection Inquiry to Intervention Timescales
5.1	Percentage of People Waiting <3wks for Drug & Alcohol Treatment
5.3	Percentage of People Newly Diagnosed with Dementia Accessing PDS
5.6	Child & Adolescent Mental Health Services (CAMHS) Waiting Times
6.2	Percentage of Initial Case Conferences taking place within 21 days from receipt of referral
6.3	Percentage of first review conferences taking place within 3 months of registration

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 Steering Group for Health & Community Care (MSG) to monitor the impact of integration.

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.

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Target (quarter)
2,723	2,605	2,629	2,175	2,548

*Data correct at time of reporting, may be subject to change

Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions

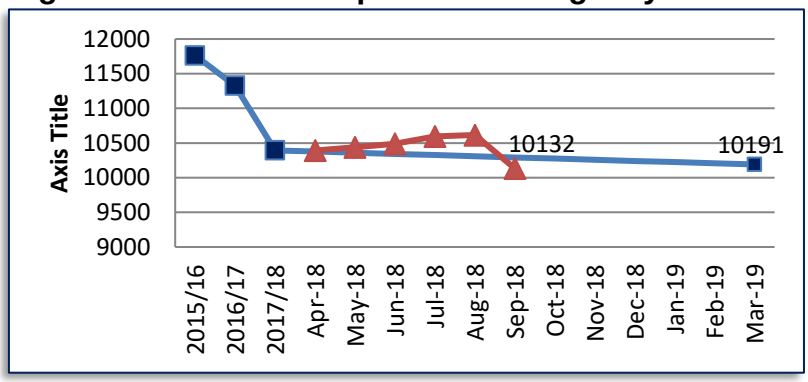
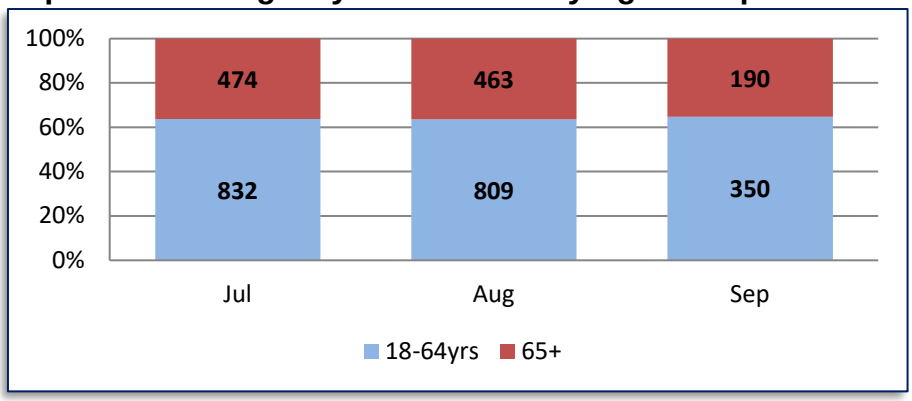


Figure 3.1b Unplanned Emergency Admissions by Age Group



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. As previously advised however, it is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions as clinically appropriate. There has been a decrease in the number of people admitted as an emergency in this quarter. This represents performance in excess of our target level and the downward trajectory towards a reduced overall number is maintained.

Improvement Actions:

Maintain current performance trajectory.

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.

Table 3.2 Quarterly number of Unscheduled Hospital Bed Days

Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Target (quarter)
19,980	**20,750**	***17,687***	***12,824***	**19,522**

*Data correct at time of reporting, may be subject to change

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days

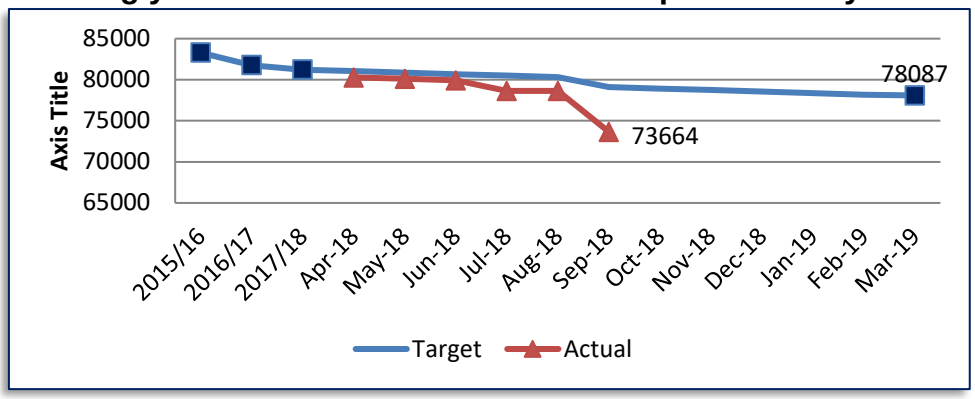
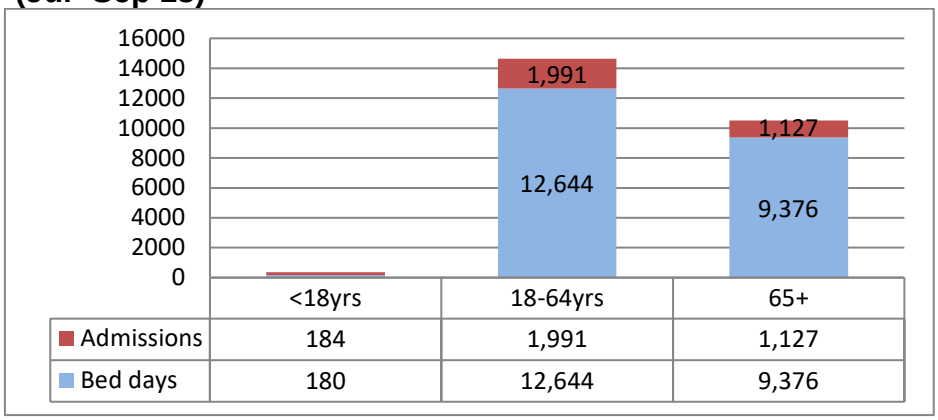


Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group (Jul- Sep 18)



Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. There has been a significant reduction in the number of bed days occupied by East Dunbartonshire residents at the reported period, and the intended trajectory is maintained. This quarter's number is below our target level. The highest number of bed days accrued is amongst older people, and we have experienced particular challenged in the quarter in relation to delayed discharges. We do not experience a systemic issues of delays related to the availability of East Dunbartonshire resources or for funding reasons.

Improvement Actions:
Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided – are rolling out Anticipatory Care Plans and the frailty indicator tool, as well as enhanced approaches to self care to help in this area. Where patients are admitted unexpectedly we continue to support speedy discharge, whenever possible, via the delivery of robust community responses. We have processes in place to rapidly assess patient needs at home and ensure services are put in place or services re-started promptly. In addition this quarter, we have commenced use of a range of dashboards to allow us to see every admission of an East Dunbartonshire resident to hospital so that we can intervene early to facilitate a return home or to begin the longer term planning process at the point of admission.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily

Table 3.3 Quarterly Number of Delayed Discharge Bed Days

	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Target (quarter)
No. Bed Days	**1,039**	**1,175**	**1,291**	**1,553**	**873**

Figure 3.3a Rolling year number of Delayed Discharge Bed Days

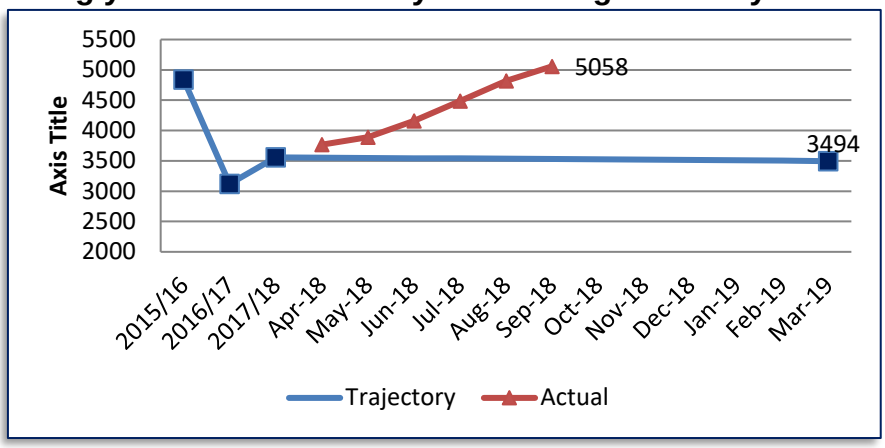
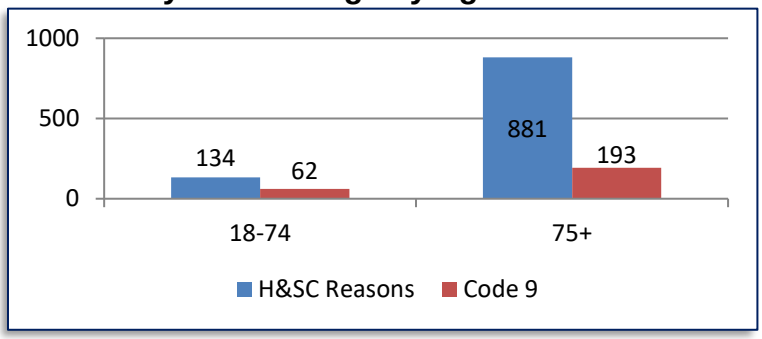


Figure 3.3b Number of Delayed Discharge by Age and Reason



Situational Analysis:
We did not meet our target performance this quarter in relation to avoiding delayed discharges. There have generally been around 8 to 10 people whose discharge has been delayed each week in this quarter. This has meant that the bed days lost to delayed discharge has been higher than desired. This has largely been attributable to complex incapacity cases for older people subject to Adults with Incapacity Legislation (AWI) who cannot be moved from the acute setting once the AWI process has commenced. Patient and family choice has also been a key factor, as has the position of some local care homes only to admit one person per week to their care.

Improvement Actions:
The dashboards mentioned in the last indicator narrative will allow us to be better sighted on community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. We will continue to work creatively within the legal framework and support patients and their families to make choices timeously for ongoing care. Introduction of the Home for Me Service will commence in January 2019 with the aim of better coordinating our admission avoidance and discharge facilitation work across a range of services.

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.

Table 3.4 Quarterly Number A&E Attendances (all ages)

Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Target (quarter)
7,081	6,627	7,314	7,200	6,509

Figure 3.4a Rolling year number of A&E Attendances

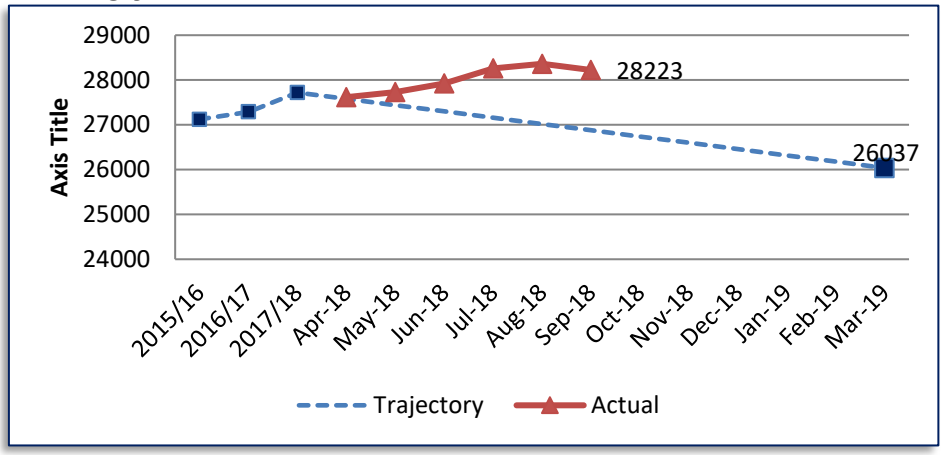
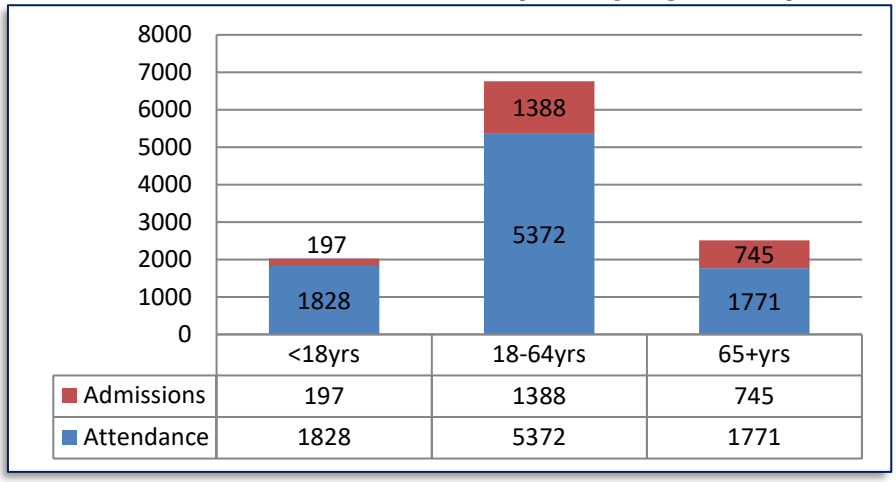


Figure 3.4b A&E Attendances Admitted to Hospital by Age Group



Situational Analysis:
The number of people from East Dunbartonshire who attended A&E in Quarter 2 exceeded our target level. This is reflective of the trend across NHSGG&C. The data in figure 3.4b show the proportion of those who attended A&E who were subsequently admitted, suggesting the majority of those attending A&E could have had their needs met in the community or via self care. This is a problem across Scotland which is being considered by Scottish Government and all public sector partners.

Improvement Actions:
From an HSCP perspective we continue our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services, will enable more flexibly responses to patient need in the community. We hope that increased on focus on self care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services of self care timeously. We are also engaged in national conversations about programmes of public education regarding who service users should turn to for support when they are sick, injured, or in distress. Again, winter planning provided an opportunity to sharpen up our focus on all these areas in order to help mitigate against seasonal pressures we routinely see in all services.

SECTION 4
Social Care Core Indicators

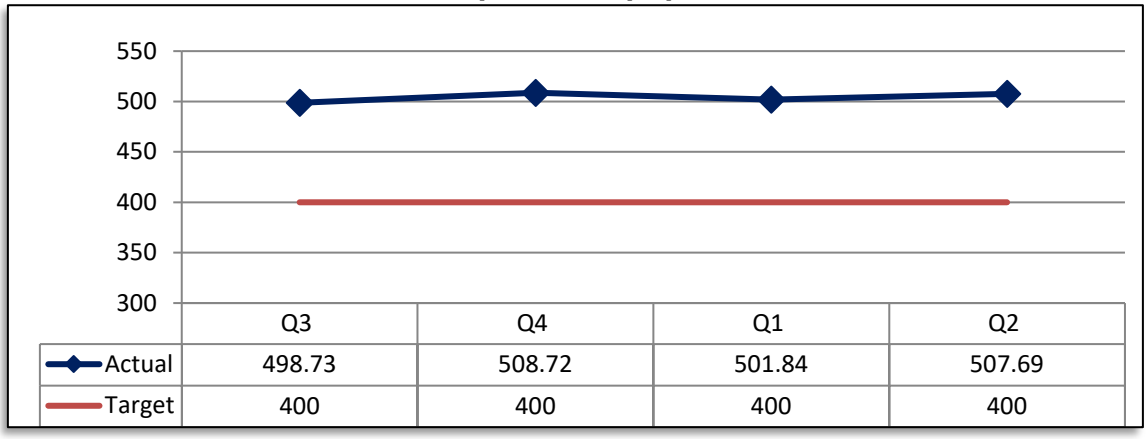
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health and Social Care Delivery Plan and HSCP Unscheduled Care Plan.

4.1 Homecare hours per 1,000 population aged 65+yrs
4.2 People aged 65+yrs with intensive needs receiving care at home
4.3 Community assessment to service delivery timescale
4.4 Care home placements
4.5 Adult Protection inquiry to intervention timescales

4.1 Homecare hours per 1,000 population aged 65+yrs

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care.

Figure 4.1 No. of Homecare Hours per 1,000 population 65+



	Q3	Q4	Q1	Q2
Actual	498.73	508.72	501.84	507.69
Target	400	400	400	400

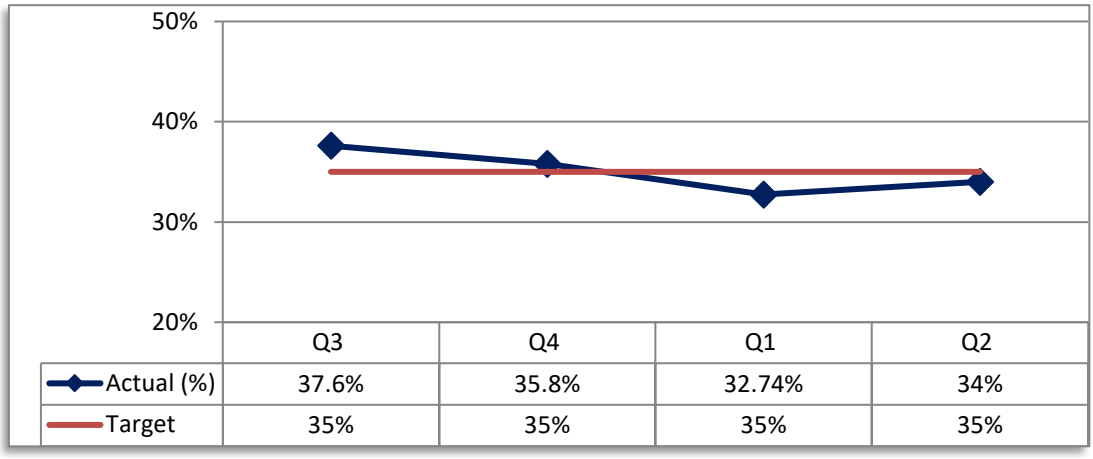
Situational Analysis:
The number of homecare hours per 1000 population over 65 increased slightly in Quarter 2, and we are still well above target. The hours are inclusive of those delivered by in-house homecare services and those commissioned from the third and independent sector market. Also included are hours delivered through supported living services, but not those delivered via SDS Option 1 following guidance from the Scottish Government.

Improvement Actions:
Homecare is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on homecare. We continue to drive forward our home care review and anticipate reporting preferred model in March 2019, in order to substantiate our response to Care Inspectorate requirements following our recent Homecare Inspection, increased focus on reviewing homecare packages to ensure that people are receiving the right level of care and avoiding 'over-care' which can reduce the capacity of independent living and reablement.

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.

Figure 4.2 Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home



	Q3	Q4	Q1	Q2
Actual (%)	37.6%	35.8%	32.74%	34%
Target	35%	35%	35%	35%

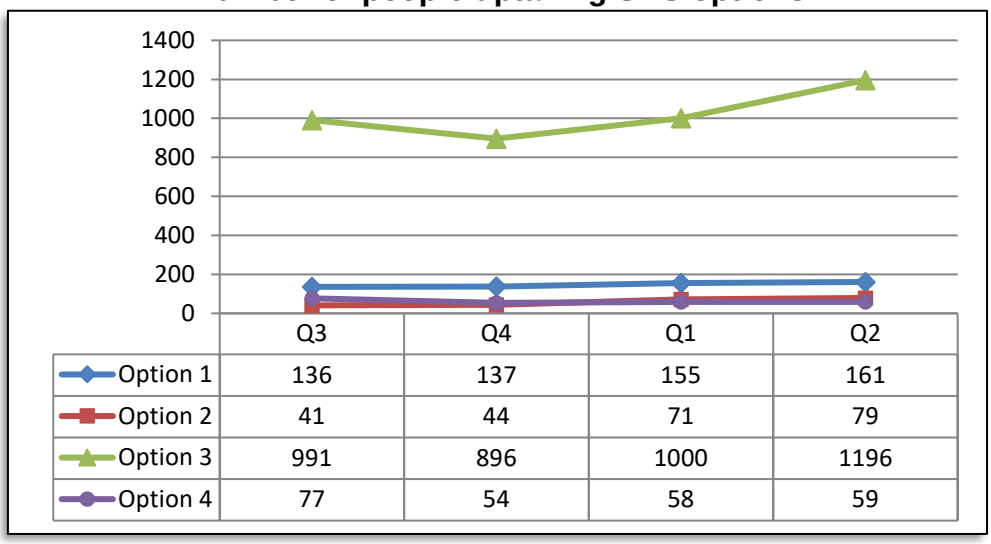
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week. Our policy of reablement and maximising independence aims to reduce the number of hours that a user requires. The data presented in this indicator refers to mainstream homecare and does not include hours of homecare from supported living services. There has been a slight increase in this quarter, taking us closer to target levels.

Improvement Actions:
We will continue to manage homecare demand on the basis of need, within the policy content of reablement and in line with eligibility criteria. As referred to the previous indicator, our Homecare Review aims to report in March 2019 regarding the most sustainable model for homecare services going forward – including how best to respond to those people with the highest level of need.

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.

Number of people uptaking SDS options

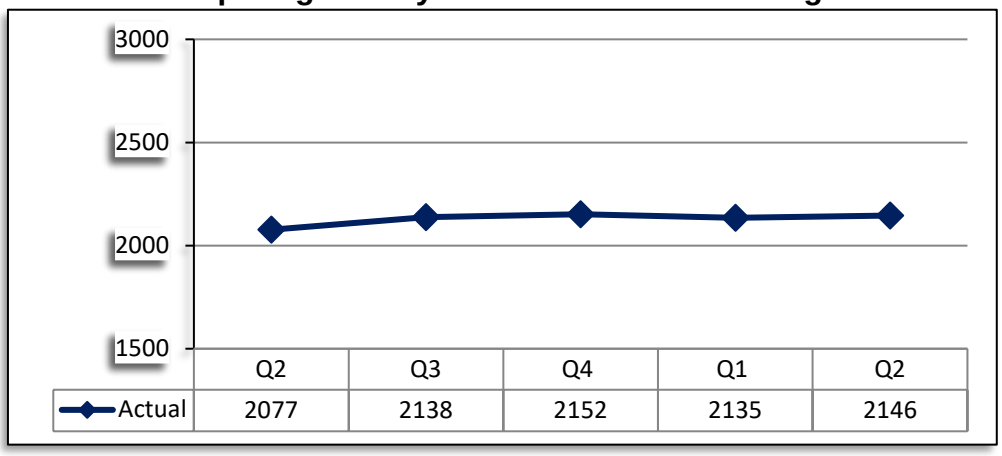


	Q3	Q4	Q1	Q2
Option 1	136	137	155	161
Option 2	41	44	71	79
Option 3	991	896	1000	1196
Option 4	77	54	58	59

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.

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.

People Aged 75+yrs with a Telecare Package



	Q2	Q3	Q4	Q1	Q2
Actual	2077	2138	2152	2135	2146

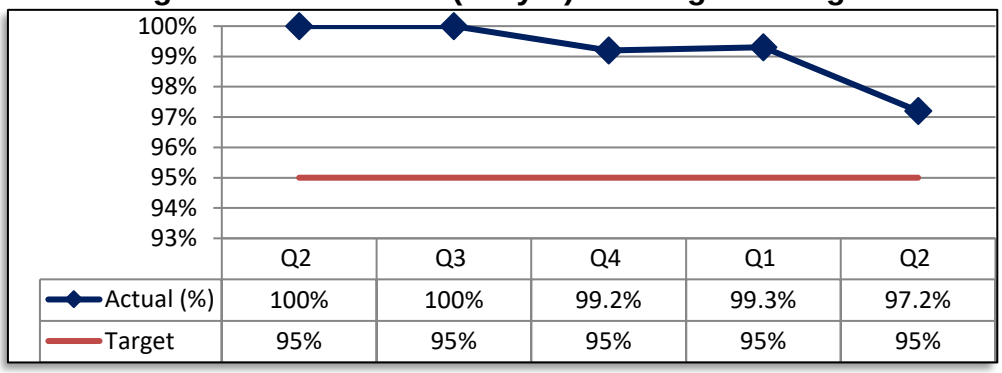
Situational Analysis:
There has been a marginal increase in the number of people aged 75 and over with a telecare package in this quarter. Much like with homecare, this figure fluctuates and changes rapidly as needs and customers change.

Improvement Actions:
We continue to implement our Assistive Technology Strategy, seeking to link traditional telecare with tele-heatlh monitoring and technology enabled care. A communication plan has been developed for this strategy to support increased workforce awareness of the opportunities technology can bring.

4.3 Community care assessment to service delivery timescale

Rationale Local authorities have a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. Operating within a six week target from assessment to service delivery encourages efficiency and minimises delays for service-users.

Figure 4.3 Percentage of service users (65+yrs) meeting 6wk target



	Q2	Q3	Q4	Q1	Q2
Actual (%)	100%	100%	99.2%	99.3%	97.2%
Target	95%	95%	95%	95%	95%

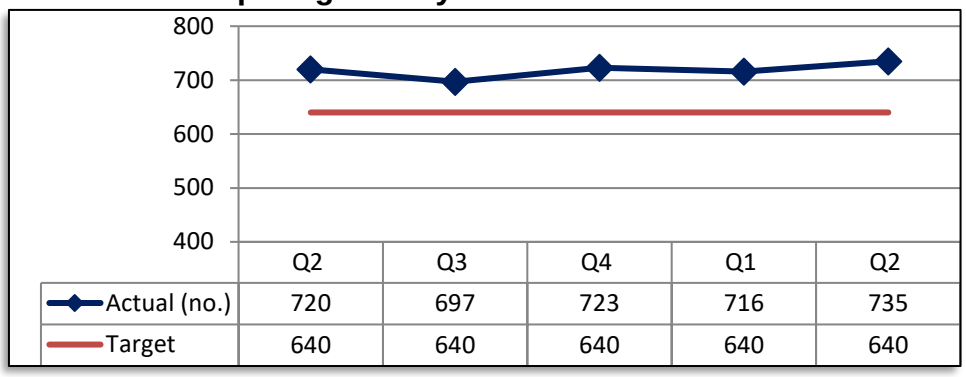
Situational Analysis:
There has been a decrease in this indicator in the period. Performance still remains above target.

Improvement Action:
Continue to manage performance in an ongoing basis.

4.4 Care Home Placements

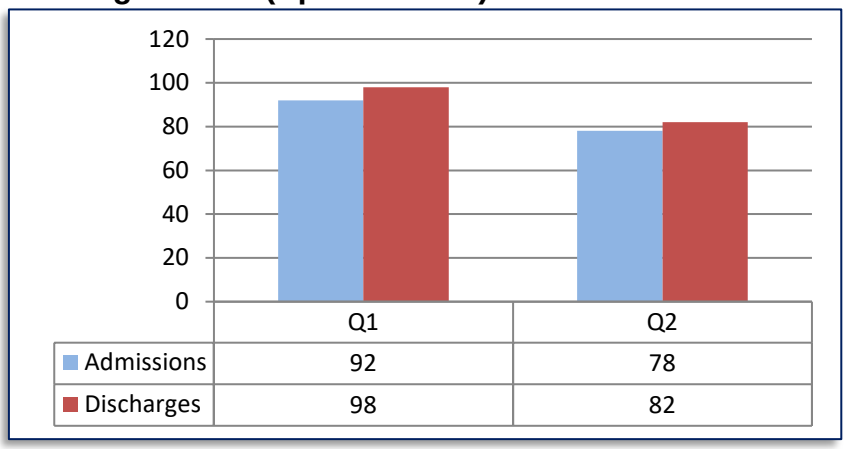
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions.

Figure 4.4 Number of People Aged 65+yrs in Permanent Care Home Placements



	Q2	Q3	Q4	Q1	Q2
Actual (no.)	720	697	723	716	735
Target	640	640	640	640	640

Figure 4.4a Number of Care Home Admissions and Discharges (including deaths) by funding source (Apr-Jun 2018)



	Q1	Q2
Admissions	92	78
Discharges	98	82

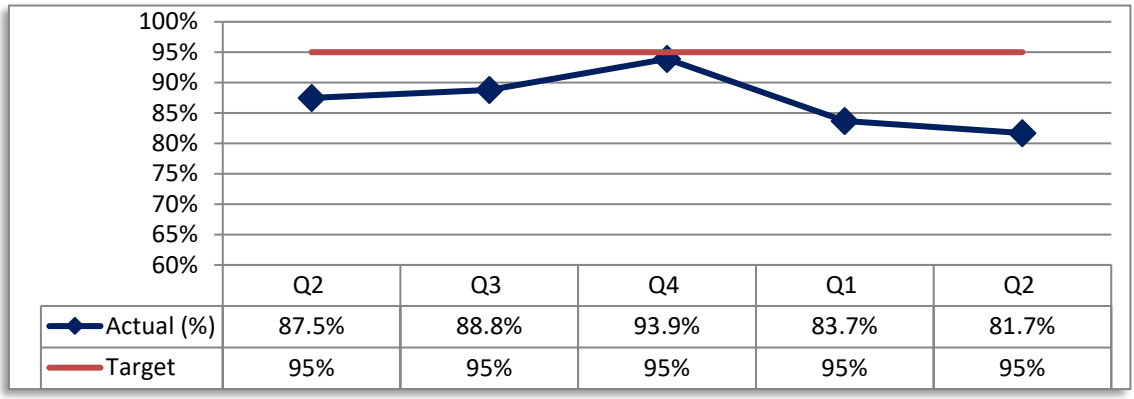
Situational Analysis:
The data presented shows a increase in this quarter in the number of people in long term care. This is in line with our policy position to support more older people to live independently at home, and only move to long term care when staying at home with support is no longer viable or in line with person's intended personal outcomes. Work is ongoing to improve the data capture and robustness in relation to this indicator.

Improvement Actions:
We will continue to manage placements in long term care in line with the agreed policy approach. We are working closely with care home sector partners to drive up quality of care and to reduce admission to secondary care from care homes. We will develop further our plans for an enhanced care home liaison service – *Caring Together* – via the introduction of a virtual team around care homes made up of clinical and contract monitoring staff, including our new Care Homes Advanced Nurse Practitioner.

4.5 Adult Protection Inquiry to Intervention Timescales

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures and monitors the speed with which sequential ASP actions are taken against timescales laid out in local social work procedures.

Figure 4.5 Percentage of Adult Protection cases where timescales were met



	Q2	Q3	Q4	Q1	Q2
Actual (%)	87.5%	88.8%	93.9%	83.7%	81.7%
Target	95%	95%	95%	95%	95%

Situational Analysis:
As noted in the quarter 1 performance report performance is lower than in the previous quarters shown above. This is the result of technical issues affecting receipt of Police concern forms. Excluding delays resulting from this issue, the performance figure is over 90%, which is more in line with expectations following the systems improvements introduced in Q3 of 2017-18.

Improvement Actions:
The technical issues arose during the period of industrial action in late June, and although they have since been addressed, the consequential impact of these issues on performance levels has, as anticipated in the quarter 1 report, continued to be observed into Q2. Over time the impact of this issue will be worked through in the adult support and protection system and it is anticipated that performance reporting will show a return to the previous higher levels.

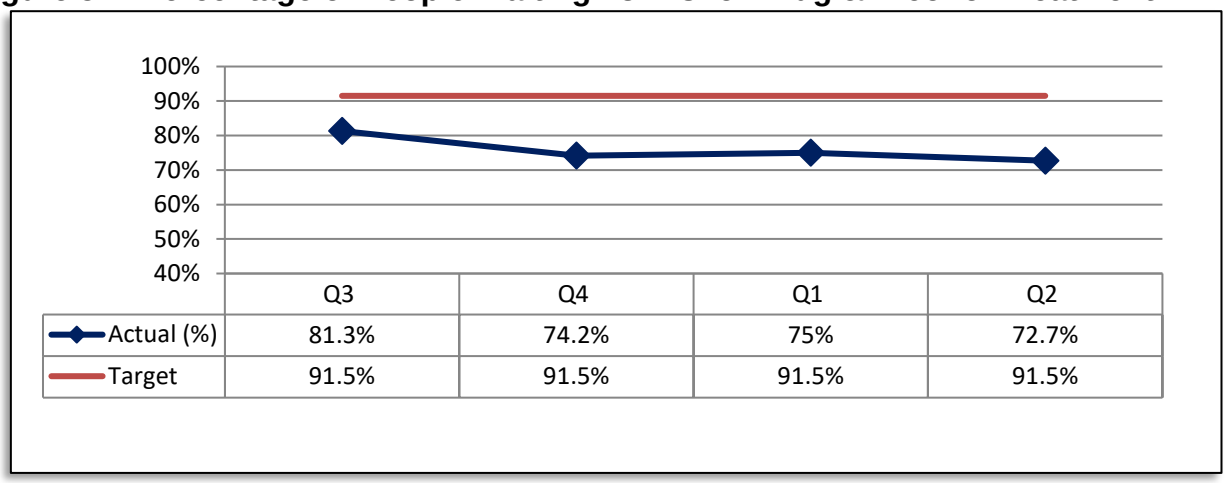
SECTION 5
Local Delivery Plan Standards

LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

5.1 Drugs & Alcohol Treatment Waiting Times

Rationale: The 3 weeks from referral received to appropriate drug or alcohol treatment target was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in supporting people to recover from drug and alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where they are needed.

Figure 5.1 Percentage of People Waiting <3wks for Drug & Alcohol Treatment



	Q3	Q4	Q1	Q2
Actual (%)	81.3%	74.2%	75%	72.7%
Target	91.5%	91.5%	91.5%	91.5%

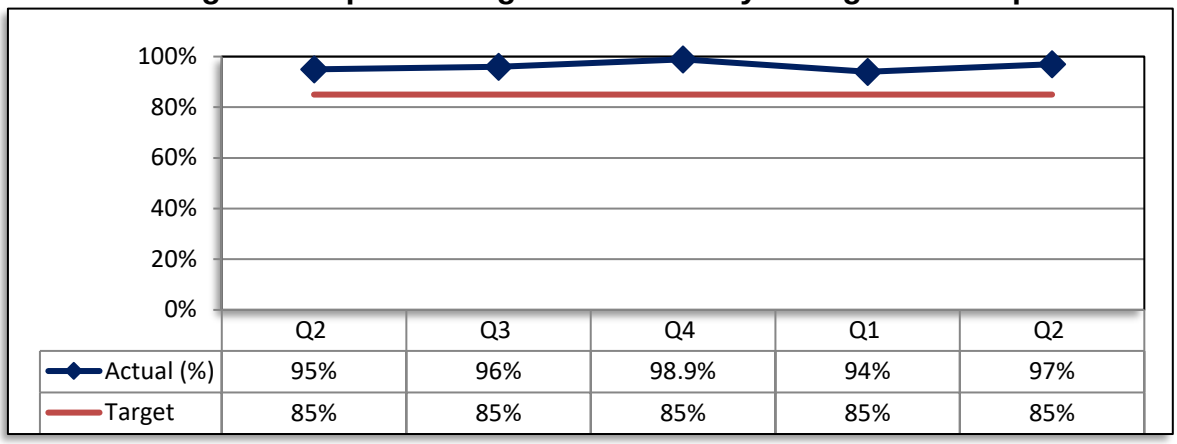
Situational Analysis:
The drug and alcohol team have been significantly impacted by 50% staffing shortages during the early part of the year due to long-term staff absence. This seriously affected the team's ability to respond to referrals, complete assessments and commence treatment within the three-week target. The remaining staff have been working extremely hard to maintain a service and there has been successful recruitment to the band 6 alcohol care and treatment nursing post which is crucial to the team's performance in this area.

Improvement Actions:
The new alcohol care and treatment nurse has now commenced in post and staff numbers within the team are improved. However, further vacancies are anticipated and although recruitment will be undertaken it is likely that the timescales for commencing new staff in post will result in a further temporary challenge around meeting the waiting times targets although every effort will be made to mitigate this as far as possible.

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 Waiting <18wks for Psychological Therapies



	Q2	Q3	Q4	Q1	Q2
Actual (%)	95%	96%	98.9%	94%	97%
Target	85%	85%	85%	85%	85%

Situational Analysis:
Current percentage of people seen within 18 weeks from referral to psychological therapy continues to exceed target and is improved on the last quarter.

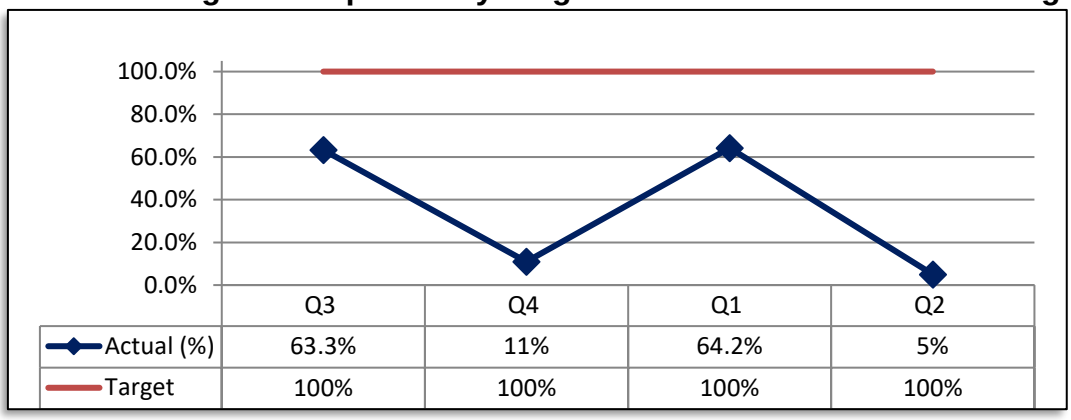
Improvement Action:
To maintain our good performance, the team are regularly monitoring possible risk of breaches and, when possible, putting processes into place to prevent these. This will be enhanced with the appointment to the Psychologist and Mental Health Practitioner posts which were recently advertised.

A Psychological Therapy group is also in place and monitors waits across the HSCP services. Services have also been utilising improvement tools to ensure clear pathways and processes/system are as efficient and effective as possible. This work has positively impacted on the service being more streamlined, and has assisted achieving the targets.

5.3 Dementia Post Diagnostic Support (PDS)

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



	Q3	Q4	Q1	Q2
Actual (%)	63.3%	11%	64.2%	5%
Target	100%	100%	100%	100%

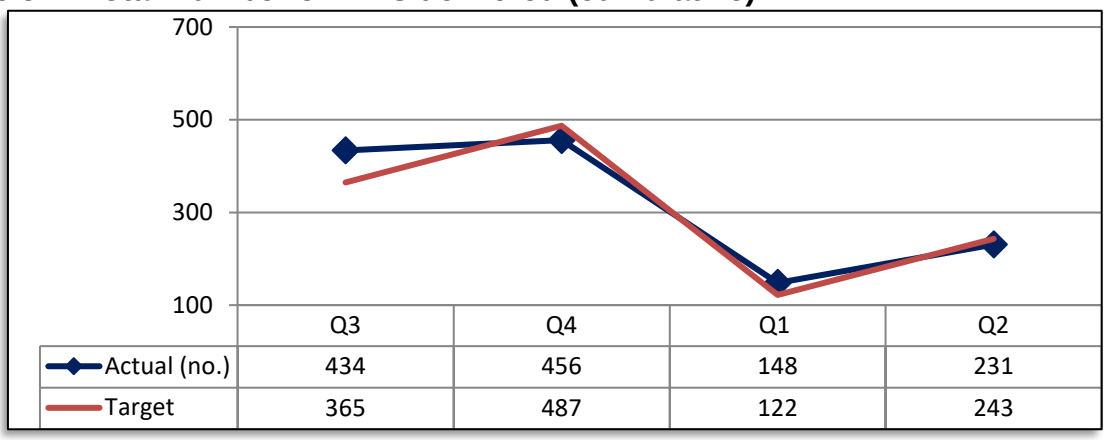
Situational Analysis:
The performance presented has improved since the last quarter. There have been some data capture issues in relation to this indicator which can account for some of that increase as uptake is often contingent on patient/carer choice availability and the small scale of the service which is vulnerable to staff leave etc.

Improvement Action:
Work will continue to improve our operating model and mitigate against staffing challenges that are impacting on performance or limiting patient/carer choice and flexibility.

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 (cumulative)



	Q3	Q4	Q1	Q2
Actual (no.)	434	456	148	231
Target	365	487	122	243

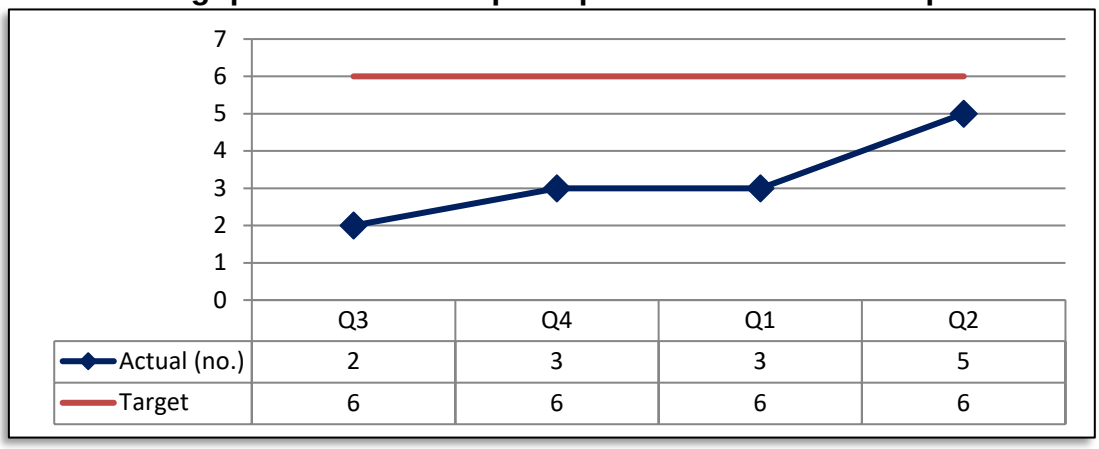
Situational Analysis:
Quarter 2 returns were slightly above the target, mirroring performance levels in previous returns with the exception of Q4 in the previous year.

Improvement Action:
The uptake of Alcohol Brief Intervention's within General Practice remains a challenge. This is not an uncommon situation within health and social care partnerships and it continues to be the subject of debate and action planning through the direction of the strategic Alcohol and Drugs Partnership. Consideration is also being given to how best to make Alcohol Brief Interventions available to older people; recognising alcohol misuse in older people has been identified as a factor in a significant proportion of adult support and protection referrals in the past year.

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking. Smoking has long been recognised as the biggest single cause of preventable ill-health and premature death. It is a key factor in health inequalities and is estimated to be linked to some 13,000 deaths and many more hospital admissions each year.

Figure 5.5 Smoking quits at 12 weeks post quit in the 40% most deprived areas



	Q3	Q4	Q1	Q2
Actual (no.)	2	3	3	5
Target	6	6	6	6

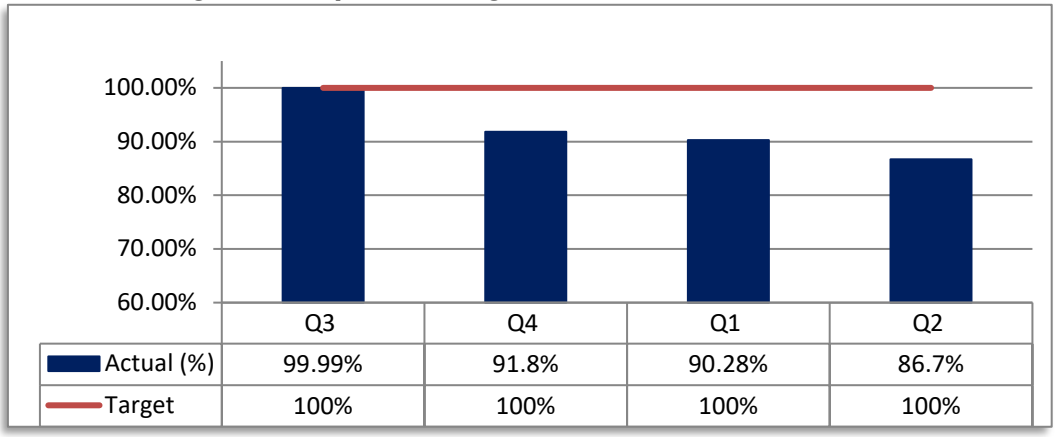
Situational Analysis:
The figures reported are from local data, as a new recording system is being introduced within NHS GG&C who deliver the service in East Dunbartonshire. This work is not yet complete.

Improvement Action:
Not applicable at present.

5.6 Child & Adolescent Mental Health Services (CAMHS) Waiting Times

Rationale: 90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

Figure 5.6 Percentage of People Waiting <18wks for CAMHS



	Q3	Q4	Q1	Q2
Actual (%)	99.99%	91.8%	90.28%	86.7%
Target	100%	100%	100%	100%

Situational Analysis:
In 2017, at least 98% of children whose referral was accepted by East Dunbartonshire CAMH services were seen within 18 weeks of referral. NHSGGC are acutely aware of the recent dip in percentage of children seen within 18 weeks. The dip in percentage of children seen within 18 weeks has arisen due to a number of factors. This includes significant workforce issues and recent changes implemented to increase the level of accepted referrals, which has in turn created increased demand on resources.

Improvement Actions:
A number of approaches are being undertaken to ensure as many children as possible are seen within 18 weeks of referral. This includes temporarily extending our core hours of business within some Glasgow CAMHS teams (including services to East Dun) to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on reviewing overall service provision, leadership and culture; service improvements; training and support; and supervision and leadership.
CAMHS endeavour to see every child and young person who requires CAMHS support as soon as possible following their referral. The median average wait from referral to treatment is 13 weeks for GGC CAMHS (ISD, Sep 18). Improvement work has been on ongoing. CAMHS have decreased the rejected referral rate to 17%, which is now under the UK (23%) and Scottish (22%) national averages. GGC CAMHS have also decreased the DNA rate to 11%, which is a reduction from 18% over the last year. This means that more young people are being seen and accessing services appropriately.

CAMHS aims to be back within the 90% HEAT Target threshold by the end of December 2018.

SECTION 6
Children's Service Performance

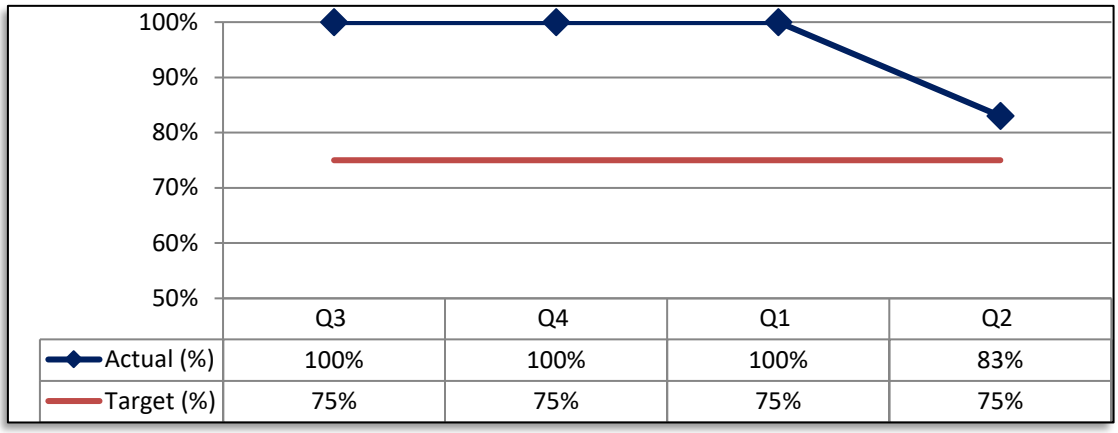
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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 Reported Administration (SCRA) Timescales

Rationale: This is a national target that is reported to (SCRA) and Scottish Government in accordance with time intervals.

Figure 6.1 Percentage of Child Care Integrated Assessments ICA for SCRA completed within 20 days



	Q3	Q4	Q1	Q2
Actual (%)	100%	100%	100%	83%
Target (%)	75%	75%	75%	75%

Situational Analysis:

In Quarter 2 the majority of reports submitted to Scottish Children's Reporters Administration were submitted within the timescale. One report was submitted late due to competing demands.

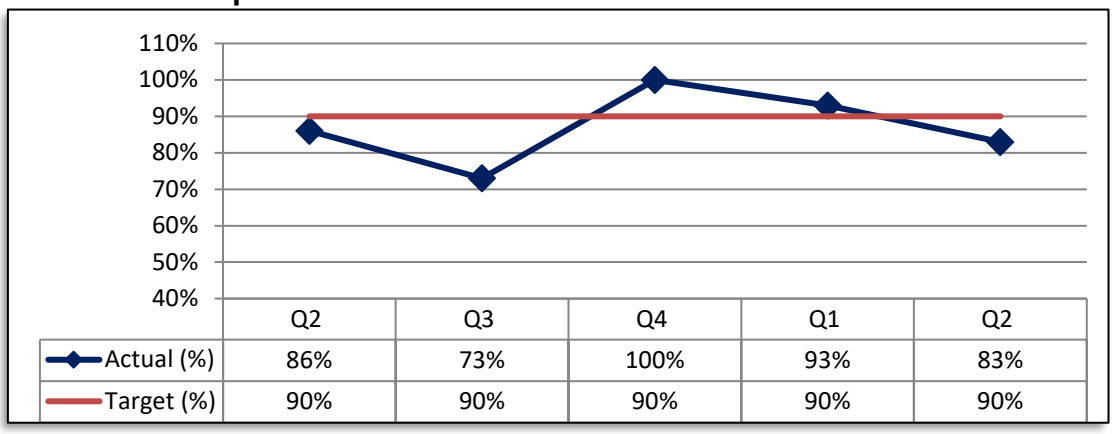
Improvement Action:

Team Managers will endeavour to ensure all reports are submitted on time.

6.2 Initial Child Protection Case Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee.

Figure 6.2 Percentage of Initial Case Conferences taking place within 21 days from receipt of referral



	Q2	Q3	Q4	Q1	Q2
Actual (%)	86%	73%	100%	93%	83%
Target (%)	90%	90%	90%	90%	90%

Situational Analysis:

There has been a decline in performance in this area. The number of Initial Case Conferences is small so even one meeting being held outwith the 21day timescale can have a significant impact on the statistics.

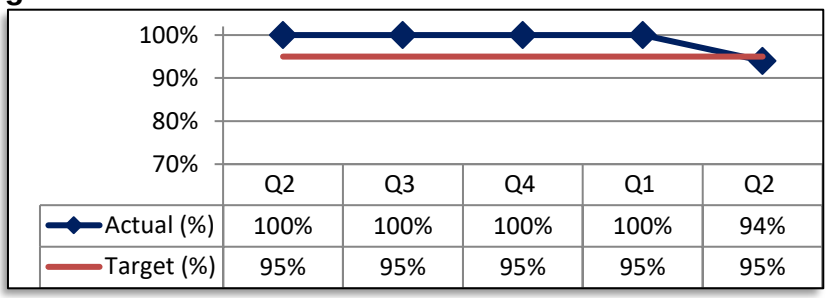
Improvement Action:

Team Managers continue to ensure Initial Child Protection Case Conferences are held within 21 days.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee.

Figure 6.3 Percentage of first review conferences taking place within 3 months of registration



	Q2	Q3	Q4	Q1	Q2
Actual (%)	100%	100%	100%	100%	94%
Target (%)	95%	95%	95%	95%	95%

Situational Analysis:

This area has declined slightly in Quarter 2.

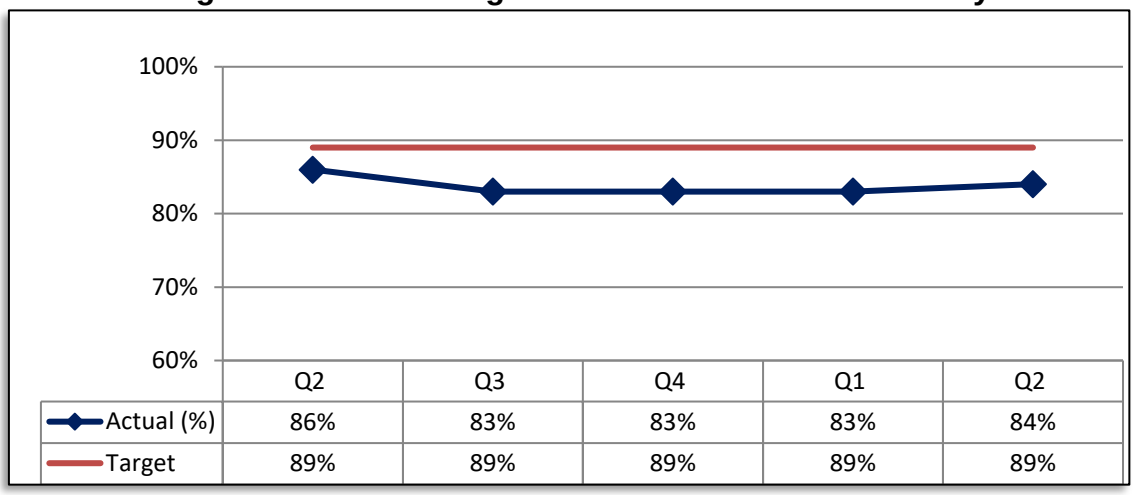
Improvement Action:

Team Managers continue to ensure Review Case Conferences take place on time.

6.4 Balance of Care for Looked After Children

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies.

Figure 6.4 Percentage of Children being Looked After in the Community



	Q2	Q3	Q4	Q1	Q2
Actual (%)	86%	83%	83%	83%	84%
Target	89%	89%	89%	89%	89%

Situational Analysis:

There has been a slight increase in the percentage of children looked after in the community. This is positive, however, the target has not yet been reached.

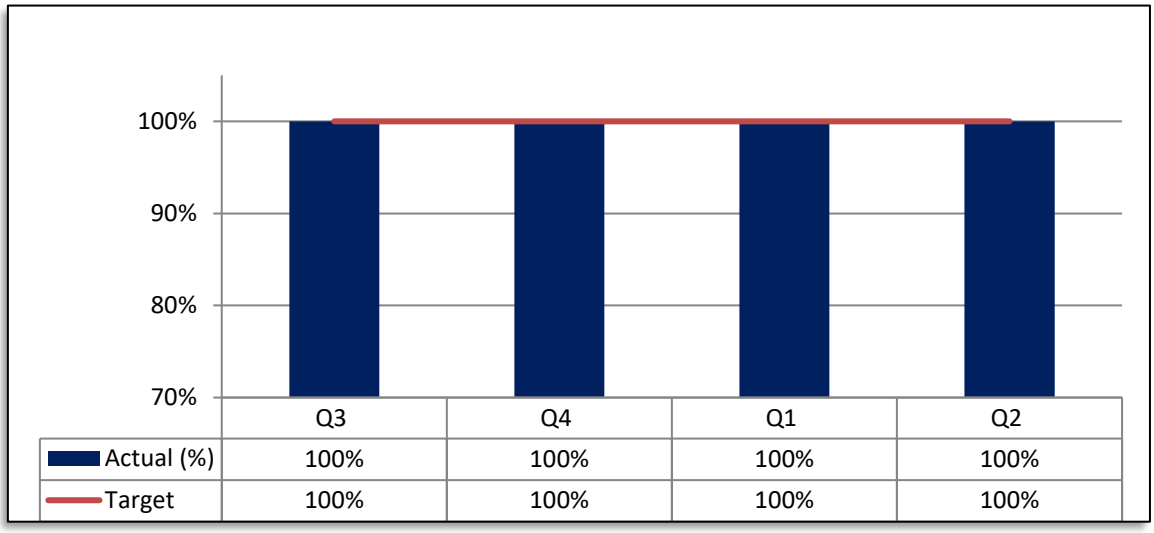
Improvement Actions:

Team Managers will continue to ensure care plans are reviewed and, where compulsory measures of care are required, children are looked after in the community where it is appropriate and safe.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

Rationale: This is a local standard reflecting best practice and reported to Corporate Parenting Board

Figure 6.5 Percentage of first LAAC reviews taking place within 4 weeks of accommodation



	Q3	Q4	Q1	Q2
Actual (%)	100%	100%	100%	100%
Target	100%	100%	100%	100%

Situational Analysis:

100% of first LAAC reviews take place within 4 weeks of accommodation.

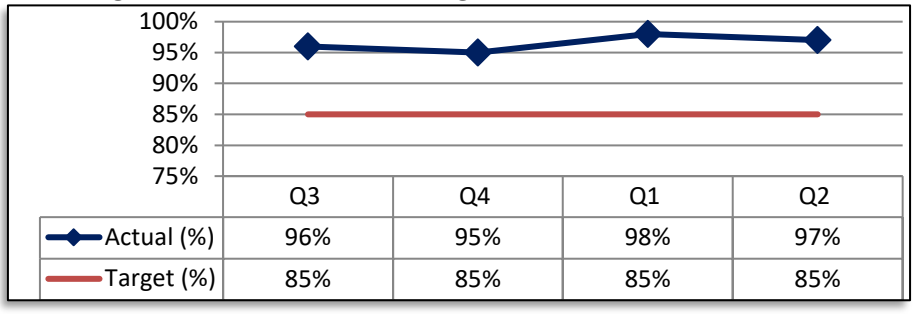
Improvement Actions:

Continue to achieve this target.

6.6 Children receiving 27-30 month Assessment

Rationale: The Scottish Government set a target that by 2020, 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



	Q3	Q4	Q1	Q2
Actual (%)	96%	95%	98%	97%
Target (%)	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred onto specialist services. During Q2, 3% children were identified as requiring onward referral to specialist services.

Improvement Action:
Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed if required.

SECTION 7
Community Justice Performance

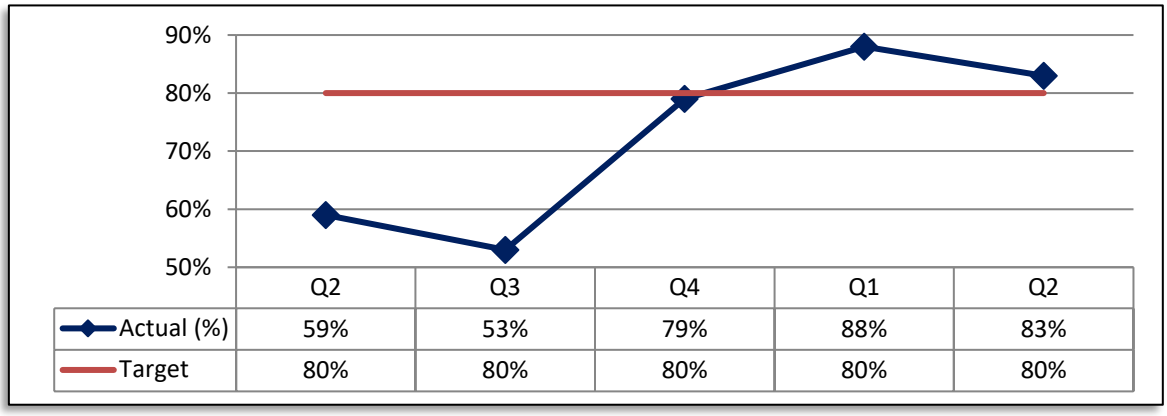
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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



	Q2	Q3	Q4	Q1	Q2
Actual (%)	59%	53%	79%	88%	83%
Target	80%	80%	80%	80%	80%

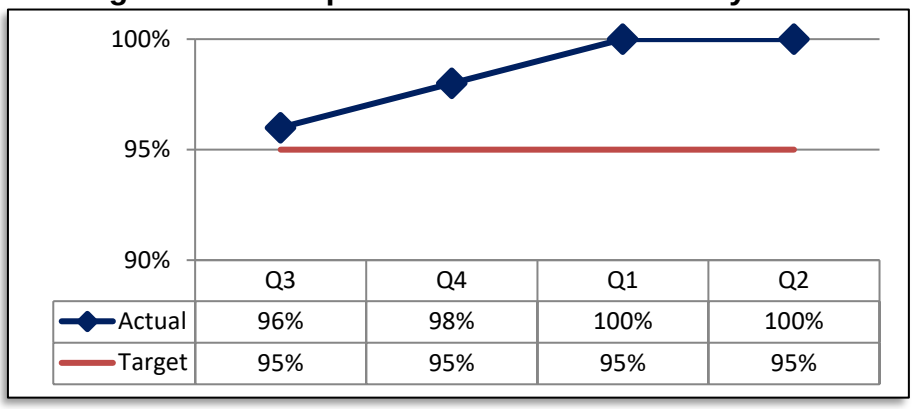
Situational Analysis:
Maintain performance in meeting this target.

Improvement Action:

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



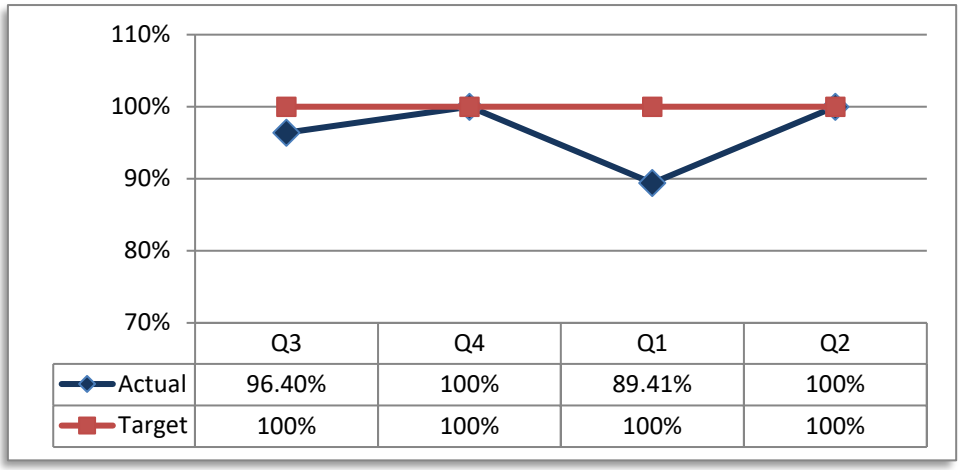
Situational Analysis:
Maintain performance in meeting this target.

Improvement Action:

7.3 Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Rationale: National Outcomes & Standards (2010) places responsibility on Criminal justice service to provide a fast, fair and flexible service ensuring the offenders have an allocated criminal justice worker within 24 hours of the Court imposing the community sentence.

7.3 **Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt**



Situational Analysis:
Maintain performance in meeting this target.

Improvement Action:

SECTION 8
Corporate Performance

The following data focus on corporate performance indicators, namely:

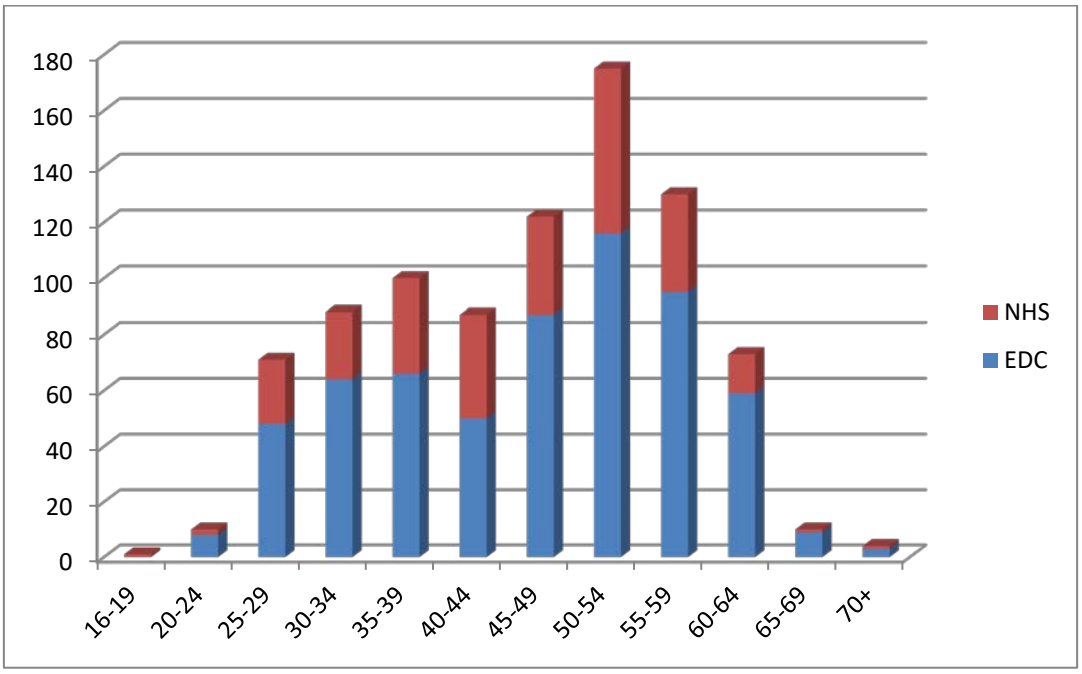
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount			WTE		
	Mar-18	Jun-18	Sept -18	Mar-18	Jun-18	Sept -18
NHSGGC	266	268	266	223.34	224.97	223.71
EDC	604	606	605	492.49	494.99	493.08
Total	870	874	871	715.83	719.96	716.79

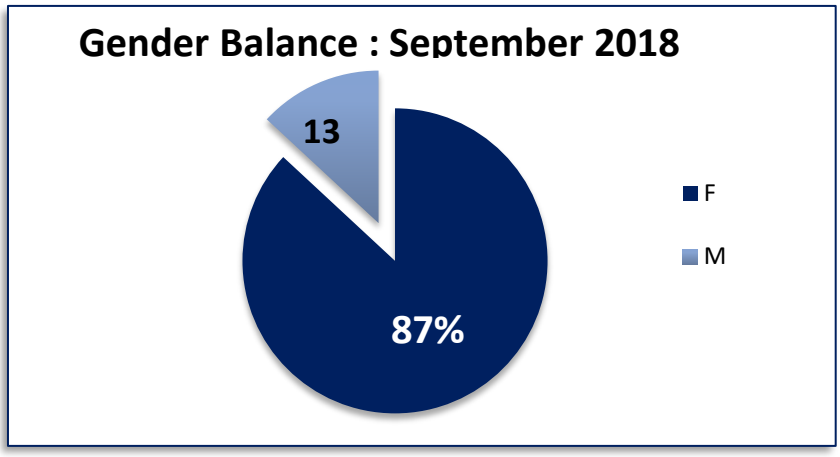
The picture on workforce shows a slight decrease overall since June 2018 of 3 WTE. However, the overall picture for the April – September 2018 is one of consistency in staffing levels.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remain aged over 45yrs and that we have a very low number of staff under 25yrs of age. 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 by %



The gender ratio of female to male employed staff has remained constant over the last 12mths, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Month	EDC	NHS HSCP
Apr-18	8.61	5.62
May-18	8.56	5.18
June -18	7.44	4.78
Jul -18	10.65	5.8
Aug -18	9.44	5.16
Sept -18	9.78	5.82
Average	**8.20**	**5.19**

Absence has increased in the last quarter, however it is well managed within the HSCP, the main issues in both Health and Social Care is aligned with staff moving from short term to longer term absence due to health conditions.

8.5 KSF / PDP / PDR

	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
KSF %	40.3			33.5					
Trajectory %	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. The new TURAS platform is now in place, and we are once again able to monitor progress. We have some initial problems in the transfer from e-KSF to TURAS with limited activity in the first quarter but we had hoped to see progress during the second quarter. Unfortunately this has not materialised and the partnership is now looking at local service trajectories to rectify this situation.

8.6 Performance Development Review (PDR)

PDR	
Quarter	**% Complete on system**
Q1	39.31
Q2	79.1%
Q3	
Q4	

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives and deliver requirements. We have achieved a recording rate of 79.1% in this quarter and would envisage further progress in quarter 3.

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Oral Health Directorate Update – East Dunbartonshire OHD Performance Report**
Report By	**Frances McLinden – General Manager OHD**
Contact Officer	**Frances McLinden – General Manager OHD** **0141 201 4271** **Frances.McLinden@ggc.scot.nhs.uk**

Purpose of Report	To provide an overview of the activities carried out by the Oral Health Directorate within East Dunbartonshire HSCP.

Recommendations	To note the content.

Relevance to HSCP Board Strategic Plan	This report supports the strategic aims of the HSCP Board in relation to health improvement, the provision of general dental services and the priority group work carried out for oral health in the HSCP.

Implications for Health & Social Care Partnership

Human Resources	None.

Equalities:	None.

Financial:	None.

Legal:	None.

Economic Impact:	None.

Sustainability:	None.

Risk Implications:	None.

Implications for East Dunbartonshire Council:	None.

Implications for NHS Greater Glasgow & Clyde:	Review and agree direction of oral health services for HSCP area.

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

1.0	**MAIN REPORT**
1.1	This report provides an overview of the oral health services provided throughout East Dunbartonshire HSCP.
1.2	This report provides performance data in relation to oral health programmes and monitoring of oral health activities in East Dunbartonshire.

NHS GG&C
Oral Health Directorate
Performance Report
(December 2018)

East Dunbartonshire HSCP

“Working with our partners to deliver the best possible oral health services”

Foreword

This report outlines the activities carried out by the Oral Health Directorate within East Dunbartonshire.

We have looked to highlight where progress is being made and where the challenges remain to improve oral health and reduce inequalities for the population of East Dunbartonshire.

East Dunbartonshire can be proud of the progress made in improving oral health, particularly in addressing inequalities linked with deprivation, but there are still improvements to be made.

Overall Child Oral Health in East Dunbartonshire has steadily improved at a local level, but the latest Primary 1 detailed NDIP has shown a concerning decline on the previous year. Registration of very young children with an NHS dentist remains low and needs urgent action to address to prevent further decline in oral health in this age group.

The Scottish Government has set challenging targets for child dental health: by 2022, there needs to be a 10% increase in Primary 1 and Primary 7 children who have “no obvious decay” as reported through the NDIP programme for each Health Board area. East Dunbartonshire HSCP will contribute to meeting these targets and we have provided trajectories of where we expect NDIP outcomes to be leading up to 2022.

The launch this year of the Oral Health Improvement Plan for Scotland has provided a road map to how dental services will evolve in Scotland. There will be a greater focus on prevention and shared working to meet the needs of an ageing population, with complex dental needs. To meet these challenges, oral health targets will require continued partnership working and community development with our colleagues in East Dunbartonshire HSCP and elsewhere.

We will strive to work collaboratively, innovatively and effectively to improve the health of the population in East Dunbartonshire. We will continue to deliver a safe, person-centred, effective and efficient oral health service across East Dunbartonshire.

Frances McLinden
General Manager Oral Health and Lead Officer for Dental Services NHS GG&C

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GENERAL DENTAL SERVICES

There are 26 independent contractor practices providing NHS dentistry in East Dunbartonshire. These practices provide General Dental Services (GDS) and include 2 practices providing sedation services. East Dunbartonshire has 2 practices that provide only orthodontic services meaning no patients are registered with them for GDS.

Registration with NHS Dental Services

Data available from Information Services Division (ISD) (September 2017) shows the proportion of patients registered in East Dunbartonshire are:

- 90.3% Children (compared to 93.8% Scotland; 95.8% GG&C)
- 93.6% Adults (compared to 92.2% Scotland: 96.1% GG&C)

The registration data for children in East Dunbartonshire are lower than the data for GG&C and for Scotland. The proportion for registered adult patients in East Dunbartonshire is also lower than the average for GG&C, but slightly higher than for Scotland. Encouragingly, the proportion of children and adults registered with an NHS dentist in East Dunbartonshire has increased in the last year. The previous data for child and adult registrations were 89.3% and 91.8% respectively.

A number of patients (particularly adults) may be registered with non-NHS dentists, or may travel outside of East Dunbartonshire for dental treatment. As these statistics are not collected for non-NHS dental practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS. This explanation will not hold as robustly for children, as dentists may hold list numbers with NHS GG&C to provide NHS dental registration and treatment for children, whilst providing non-NHS treatment for parents.

More detailed data on dental registrations from ISD[1] highlights a continuing issue relating to the registration of very young children (aged 0-2 years). In East Dunbartonshire the proportion of children aged 0-2 years who are registered with a dentist is 50.0%. This compares to 47.6% for Scotland and 52.2% for NHS GG&C. For children aged 0 to 11 months, the proportion of children registered is extremely low, with fewer than 15% registered with an NHS dentist in East Dunbartonshire. A pilot scheme engaging with the Registrar and Health Visiting Teams is underway in East Dunbartonshire to target very young children who are not yet registered with an NHS Dentist.

[1] **Dental Statistics - NHS Registration and Participation Statistics as at 30 September 2017**
http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables2017.asp?id=1843#1843

Registration data provides only details of patients registered with an NHS dentist. Data is available for participation, which is defined as contact with General Dental Services for patients who are registered with an NHS dentist for an examination or treatment in the previous two years. Unfortunately, detailed participation data at an HSCP level is not available.

It is probable the proportion of patients with routine or regular dental attendance is lower than the proportion of patients registered with an NHS dentist.

The most recent data available for Childsmile Practices activity demonstrates 2 practices with no activity as at 30th September 2018.

General Dental Services Administration

The Oral Health Directorate performs an administrative function in relation to clinical and financial governance in all NHS practices within East Dunbartonshire. This is to ensure that General Dental Services are delivered to an expected professional standard and includes carrying out Combined Practice Inspections and Sedation Practice Inspections on a minimum three yearly basis in line with General Dental Service Regulations.

We also work with Practitioner Services Division and National Services Scotland in relation to financial oversight/activity and regulatory functions in relation to Primary Care Dental Services.

Emergency and Out of Hours Attendances

The Oral Health Directorate provides emergency daytime and Out of Hours (OOH) cover for the population of GG&C. The Emergency Dental Treatment Centre (EDTC) is located on Floor 1 of Glasgow Dental Hospital and is operated by the Public Dental Service. The daytime service provides emergency cover for unregistered patients and patients from outwith the area who are unable to attend their own dentist. The evening and weekend Out of Hours service provides emergency cover for patients registered in GG&C on behalf of GDPs as well as unregistered patients. OOHs appointments are via NHS 24.

The following table details the number of patients residing in East Dunbartonshire who attended these services during the year 2016/17. (2017/18 data will be available in the new year).

Age Group	Daytime Service (popⁿ rate/1000)		Out of Hours (popⁿ rate/1000)	
0 to 4	2	0.37	6	1.1
5 to 9	1	0.16	21	3.46
10 to 15	2	0.27	22	3.02
16 to 29	65	3.96	146	8.89
30 to 44	52	3.07	146	8.61
45 to 64	46	1.50	106	3.45
65+	21	0.85	44	1.78
Total	**189**		**491**	

Table of East Dunbartonshire Residents Attending the Emergency Dental Treatment Centre during 2016/17

The data from the table suggests the age range of patients in relation to population size who most frequently attend the EDTC is 16 to 44. This age range is predominantly the working population and those in higher education. These age groups are also the least likely to maintain regular participation with their own dentist. It is possible a number of the attendances at the Out of Hours service are registered patients who for a variety of reasons are unable to arrange appointments at their own dentist during the daytime, examples of these could be work commitments, distance from place of work to dentist.

It is clear from the data available there are opportunities to explore how more people in this age range can be encouraged to attend their own dentist for routine care regularly and review educational campaigns and opportunities to encourage resolution of care with their own GDP. We will work with local General Dental Practitioner's and the Health Improvement teams in East Dunbartonshire to seek ways to widely advertise dental services and seek greater participation in routine care.

East Dunbartonshire Health & Social Care Partnership

NHS Greater Glasgow and Clyde

Details for NHS Dental Practices as at 30th September 2018

(Patient Registrations Source: ISD as at 30th September 2018)

Practice_Name	Address1	Address2	Postcode	Date of Combined PI	Date of Sedation PI	Orthodontic Practice	Sedation Practice	Childsmile activity (Y/N)	Age 0-2	Age 3-5	Age 6-12	Age 13-17	Age 18-64	Age 65+	Grand Total
Kessington Dental Practice	53 Milngavie Road	Bearsden	G61 2DW	31/10/17				Y	73	176	490	369	3541	1087	**5,736**
Boclair Dental Care	91 Milngavie Road	Bearsden	G61 2EN	08/02/18				Y	99	170	385	176	2141	757	**3,728**
Dental FX	84 Drymen Road	Bearsden	G61 2RH	14/12/16				Y	16	40	140	97	1023	227	**1,543**
Park Cottage Dental Practice	8a Roman Road	Bearsden	G61 2SW	08/11/17				Y	75	130	378	279	1746	401	**3,009**
Chartwell Dental Care	148-150 Drymen Road	Bearsden	G61 3RE	15/09/17				Y	26	73	268	254	917	47	**1,585**
Bearsden Dental Care	8 - 12 Ledi Drive	Bearsden	G61 4JJ	15/09/17	14/09/17		Y	Y	162	288	716	512	4491	1775	**7,944**
Milngavie Orthodontics	Suite 1, 13 Main Street	Milngavie	G62 6BJ	10/02/16		Y		N/A	-	-	-	-	-	-	**0**
Milngavie Dental Care	Suite 6, Douglas House	42 Main Street, Milngavie	G62 6BU	08/09/17				N	7	13	70	63	291	188	**632**
Allander Dental Care	7 Stewart Street	Milngavie	G62 6BW	14/12/17				Y	92	217	635	504	6290	2696	**10,434**
Jennings Dental Care	4 Station Road	Milngavie	G62 8AB	08/12/17				N	57	140	360	269	2815	1464	**5,105**
Woodhill Dental Care	176 Woodhill Road	Bishopbriggs	G64 1DH	21/08/17				Y	69	105	328	279	1450	228	**2,459**
One Eighty Dental	180 Woodhill Road	Bishopbriggs	G64 1DH	17/08/18				Y	42	100	314	188	2146	445	**3,235**
Bishopbriggs Dental Care	17 Arnold Avenue	Bishopbriggs	G64 1PE	28/09/18				Y	78	151	437	288	3216	1129	**5,299**
Dental Care By Claire Tierney Bds Mfds	Unit 1	122 Kirkintilloch Road	G64 2AB	20/11/17				Y	37	86	237	164	1398	359	**2,281**
Dental Professionals Bishopbriggs	171 Kirkintilloch Road	Bishopbriggs	G64 2LS	01/11/17				Y	75	122	362	282	3915	1235	**5,991**

F J Murphy	4 Morar Crescent	Bishopbriggs	G64 3DQ	16/08/17				Y	41	85	206	150	1601	676	**2,759**
Torrance Dental Practice	22-24a Main Street	Torrance	G64 4EL	13/09/17				Y	24	56	145	121	1165	335	**1,846**
Kirkintilloch Orthodontic Clinic	22 West High Street	Kirkintilloch	G66 1AA	23/10/17		Y		N/A	-	-	-	-	-	-	**0**
Cowgate Dental Surgery	11 Cowgate	Kirkintilloch	G66 1HW	13/03/18				Y	70	134	362	214	2967	847	**4,594**
Oak Tree Dental Kirkintilloch	14-16 Townhead	Kirkintilloch	G66 1NL	04/02/16				Y	76	173	382	242	2903	700	**4,476**
Hazel Hiram Dental Care	26 Townhead	Kirkintilloch	G66 1NL	19/05/17				Y	47	71	170	127	1511	551	**2,477**
MacKenzie Dental	69 Townhead	Kirkintilloch	G66 1NN	20/09/17	12/03/18		Y	Y	54	109	382	310	3712	1199	**5,766**
Marina Dental Care	Southbank Marina, 8 Strathkelvin Place	Kirkintilloch	G66 1XQ	08/10/18				Y	125	308	739	475	5553	1949	**9,149**
Richard Skillen Dental Care	95 Hillhead Road	Kirkintilloch	G66 2JD	07/11/17				Y	15	41	123	142	967	415	**1,703**
Millersneuk Dental Practice	112 Kirkintilloch Road	Lenzie	G66 4LQ	18/07/17				Y	112	190	491	318	1400	213	**2,724**
Campsie Dental Practice	127 Main Street	Lennoxtown	G66 7DB	31/08/16				Y	42	105	280	169	2036	620	**3,252**
TOTAL									**1514**	**3083**	**8400**	**5992**	**59195**	**19543**	**97727**

Dental practices who are not participating in Childsmile activity are carefully monitored to ensure that if more than two quarters data highlights no activity the Health Improvement team engage with the practice to ascertain the reason for non participation and provide support to engage with the programme.

PUBLIC DENTAL SERVICE

The Public Dental Service (PDS) provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and all groups of children. Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital units, domiciliary visits, prisons and undergraduate outreach clinics.

We are in the process of conducting a review of the Public Dental Service the outcome of which will be available in the coming months. As part of this review we are looking to produce a dental premises strategy for the Board. This should include not just PDS sites but also locations of GDP practices within each HSCP area and overall within the Board. As part of this process we will be engaging with HSCP colleagues to discuss any changes to services.

The dental suite at KHCC is not fully utilised and there is not an unmet need to support a PDS surgery in this area.

Location and services delivered by the PDS

Locations/Services	Paediatric Dentistry	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Intravenous Sedation	General Dental Services	Oral Hygiene Services	Domiciliary Care
Kirkintilloch Health Centre	√						√	√

PRISON DENTAL SERVICE

HMP Low Moss is a modern facility opened in 2012. It has capacity for 784 male inmates on remand, serving short and long term sentences, life offenders and extended sentence offenders.

The PDS Prison dental service clinical offer has been largely defined by Scottish Government and set out in guidance[1]. This guidance rationalises the type of treatment an inmate could expect according to the nature of confinement whether classified as remand, short-term or long-term sentence. There is a clinical dental service in HMP Low Moss on 4 sessions per week. This is a combination of hygienist and dentist care. Glasgow City HSCP manages the prison dental service on behalf of GG&C as they have overall responsibility for all SPS healthcare provision.

Oral Health Improvement in Prisons

Currently there is 1 WTE (DHSW) to support Oral Health Improvement activities across the three prisons in NHS GGC. This support worker delivers both group and one to one sessions to assist prisoners with their oral health needs. OHD staff also support health events across the three prisons by providing stalls with information and free resources. This year we have also planned to supply free toothpaste and toothbrushes on at least one occasion to all prisoners.

Low Moss prison has also recently employed an early year's worker. The early year's worker offers toothbrushing to all children who visit their fathers in the family centre following support and training by an Oral Health Educator (OHE).

Successful peer mentor and health coaching schemes have been developed in prisons in Scotland. The Training Officers from the OHD have supported a peer mentor programme in Low Moss prison but now aim to build on this to encourage additional peer mentors and explore the possibility of introducing the prison based health coaching schemes and subsequent qualifications that have been piloted in HMP Perth. This scheme has led to all participants receiving a health coaching certification and qualifications from the Royal Society of Public Health, accredited by the International Coaching Federation. Prisoners have spoken about the life skills developed during this training which they feel will assist them on liberation to develop more positive lifestyles and relationships which may prevent them from re-offending.

[1] Oral Health Improvement and Dental Services in Scottish Prisons. http://www.gov.scot/Resource/0048/00481744.pdf

DENTAL PUBLIC HEALTH

The oral health of children in NHS GG&C has improved significantly over the last 20 years. A major contributing factor in this has been the implementation of the Childsmile Programme. Children in East Dunbartonshire have generally demonstrated better levels of oral health than the average for GG&C and Scotland, supported by data from the National Dental Inspection Programme (NDIP). The national report for NDIP is published during autumn each year. The most recent report is dated October 2018 and included the latest data for P1 detailed NDIP and P1/P7 Basic NDIP. The headline data for detailed is listed below. For completeness we have also included the most recent P7 detailed NDIP results published in 2017.

NDIP Data for Primary 1 (Detailed Inspections 2016/18)

% of Primary 1, with no obvious decay experience		
	2016	2018
Scotland	69.4%	71.1%
NHSGGC	68.2%	67.1%
East Dunbartonshire	81.3%	75.7%

Pr 1 Mean dmft for Children With dmft>0		
	2016	2018
Scotland	3.93	3.94
NHSGGC	4.07	4.07
East Dunbartonshire	3.6	3.9

NDIP Data for Primary 7 (Detailed Inspections 2015/17)

% of Primary 7, with no obvious decay experience		
	2015	2017
Scotland	75.3%	77.1%
NHSGGC	72.5%	73.1%
East Dunbartonshire	81.4%	83.5%

Pr 7 Mean DMFT for Children With DMFT>0		
	2015	2017
Scotland	2.16	2.16
NHSGGC	2.27	2.24
East Dunbartonshire	1.9	2.1

Comparison of data between 2015 and 2018 suggests a slight improvement in oral health at national level. In East Dunbartonshire the proportion of children who do not have obvious dental decay is higher than in GG&C and Scotland. Traditionally East Dunbartonshire performs significantly better than the national average and the average for NHS GG&C. However, there has been a significant decline in the proportion of P1 children with no obvious decay with 75.7% reported in 2018, down from 81.3% in 2016, this is concerning.

Where children have decay experience, the average dmft/DMFT (number of decayed, missing or filled teeth) is lower in East Dunbartonshire than the average for GG&C and Scotland, but, for both P1 and P7 children, the dmft/DMFT in East Dunbartonshire has not improved since the last NDIP data collection point, and has actually worsened slightly for the P7 group in 2017 and for P1 in 2018.

Analysis of detailed inspection data at HSCP level may be less precise than data at a NHS Board or national level because it is from a sampled population. The detailed data still supports the position that the oral health of children in East Dunbartonshire is better than the average for GG&C and Scotland as a whole. The percentage with no obvious decay results demonstrates a significant decline and this together with the fact that oral health is not improving in those with decay requires attention.

The NDIP programme also reports on all children attending state schools in P1 and P7 at a more basic level. This provides an overall assessment of oral health. Data are reported as three categories A, B & C. The B and C category definitions changed in 2015/16 to reflect an assessment, which now relates only to dental decay. Careful interpretation and comparison with previous results are therefore required.

- Category A- should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess; or

- Category B- should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay ; or

- Category C- no obvious decay experience but should continue to see the family dentist on a regular basis

Summary data for P1 and P7 Basic NDIP for East Dunbartonshire (2017/18) is illustrated on page 13. A summary of the totals (and proportions) of each category letter is also displayed, together with corresponding summaries for the year 2015/16 and 2016/17 for comparison.

Basic NDIP P1 Schools 2017/18

Letter A : child should seek immediate dental care on account of severe decay or abscess
Letter B : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics
Letter C : no obvious decay experience but child should continue to see the family dentist on a regular basis

School	Class	Letter A (n)	Letter B (n)	Letter C (n)	Not Inspected (n)
Baldernock	P1	0	1	4	1
Baljaffray	P1	0	4	38	1
Balmuildy	P1	5	5	40	3
Bearsden	P1	3	3	40	2
Castlehill	P1	1	1	26	1
Clober	P1	2	5	49	2
Colquhoun Park	P1	2	6	14	3
Craigdhu	P1	2	3	31	3
Craighead	P1	1	10	24	1
Gartconner	P1	2	3	13	0
Harestanes	P1	1	3	21	0
Hillhead (Kirkintilloch)	P1	4	5	7	2
Holy Family	P1	0	5	30	2
Holy Trinity	P1	1	13	18	1
Killermont	P1	1	6	52	0
Lairdsland	P1	3	7	34	1
Lennoxtown	P1	1	3	15	5
Lenzie Meadow	P1	0	8	73	2
Meadowburn	P1	3	2	40	1
Millersneuk	P1	1	6	42	1
Milngavie	P1	0	2	29	0
Mosshead	P1	0	8	42	2
Oxgang	P1	3	9	24	3
St Andrew's (Bearsden)	P1	1	7	32	1
St Helen's	P1	10	7	45	2
St Joseph's (Milngavie)	P1	1	0	6	2
St Machan's	P1	0	7	18	2
St Matthew's	P1	2	4	36	1
Thomas Muir	P1	7	15	59	1
Torrance	P1	0	4	19	1
Twechar	P1	4	8	3	2
Wester Cleddens	P1	0	4	19	1
Westerton	P1	2	3	32	2
Campsie View	P1	0	0	6	3
Merkland	P1	0	0	2	2
Total		**63**	**177**	**983**	**57**

	2015/16		2016/17		2017/18	
Number of NDIP Schools	36		37		35	
Total number of P1's on Roll	1310		1242		1280	
Total number of P1's not receiving NDIP	85		59		57	
Number (%) Children Inspected: Letter A	54	4.4%	61	5.2%	63	5.2%
Number (%) Children Inspected: Letter B	212	17.3%	191	16.1%	177	14.5%
Number (%) Children Inspected: Letter C	959	78.3%	931	78.7%	983	80.4%

Basic NDIP Data P7 Schools 2017/18

Letter A : child should seek immediate dental care on account of severe decay or abscess
Letter B : child should seek dental care in the near future due to one or more of the following: presence of decay, a broken or damaged front tooth, poor oral hygiene or may require orthodontics
Letter C : no obvious decay experience but child should continue to see the family dentist on a regular basis

School	Class	Letter A (n)	Letter B (n)	Letter C (n)	Not Inspected (n)
Baldernock	P7	1	0	5	2
Baljaffray	P7	2	12	36	7
Balmuildy	P7	2	7	29	2
Bearsden	P7	1	8	64	2
Castlehill	P7	0	3	17	0
Clober	P7	1	7	23	1
Colquhoun Park	P7	1	15	22	1
Craigdhu	P7	0	7	25	4
Craighead	P7	0	9	25	5
Gartconner	P7	0	7	11	1
Harestanes	P7	0	8	13	0
Hillhead (Kirkintilloch)	P7	2	7	13	2
Holy Family	P7	1	16	20	6
Holy Trinity	P7	1	17	18	4
Killermont	P7	0	8	34	0
Lairdsland	P7	0	12	26	7
Lennoxtown	P7	0	3	3	4
Lenzie Meadow	P7	1	19	64	8
Meadowburn	P7	0	7	28	0
Millersneuk	P7	0	3	35	3
Milngavie	P7	1	6	48	3
Mosshead	P7	0	6	46	1
Oxgang	P7	0	6	23	3
St Andrew's (Bearsden)	P7	0	5	30	4
St Helen's	P7	2	9	37	1
St Joseph's (Milngavie)	P7	0	3	13	1
St Machan's	P7	0	11	11	3
St Matthew's	P7	0	8	33	5
Thomas Muir	P7	4	22	44	6
Torrance	P7	0	9	11	1
Twechar	P7	0	5	5	0
Wester Cleddens	P7	1	9	11	2
Westerton	P7	1	8	25	5
Campsie View	P7	0	0	4	2
Merkland	P7	0	1	4	0
Total		**22**	**283**	**856**	**96**

	2015/16		2016/17		2017/18	
Number of NDIP Schools	36		37		35	
Total number of P7's on Roll	1191		1233		1257	
Total number of P7's not receiving NDIP	70		83		96	
Number (%) Children Inspected: Letter A	11	1.0%	13	1.1%	22	1.9%
Number (%) Children Inspected: Letter B	256	22.8%	273	23.7%	283	24.4%
Number (%) Children Inspected: Letter C	854	76.2%	864	75.1%	856	73.7%

The data for Basic NDIP is generally supportive of the Detailed NDIP findings. The percentage of “C” letters (which represents no obvious decay experience) for P7 will always be slightly lower than the Detailed NDIP results due to teeth from both the primary and secondary dentition being included in the Basic but not the Detailed NDIP dataset.

The Basic NDIP results for both P1 and P7 suggest that levels of child dental health in East Dunbartonshire have been static over the past year, with a suggestion child oral health is getting worse, not better.

Closer examination of the data at a school level suggests whilst the overall picture of oral health in East Dunbartonshire is good, there are areas where oral health is poor and the overall results suggesting oral health has declined should be a concern to the HSCP. There are a number of schools where higher numbers of category A and B letters were issued. This relates to both P1 and P7 classes. Caution should be used when interpreting this data as the sample sizes are low and comparisons between schools may not be robust. However, the data are suggestive that there are areas of East Dunbartonshire where closer scrutiny of population oral health may be needed. This is in agreement with the findings from the latest Detailed NDIP surveys, which highlighted no improvement in the severity of decay for those with decay experience.

NDIP Trajectories for East Dunbartonshire

A major driver for oral health improvement is the need to meet Scottish Government targets for NHS Boards and NDIP outcomes by 2022. There is an expectation there will be 10% improvement in the proportion of caries-free children based upon 2014 data.

For NHS GG&C this equates to:

An improvement in the proportion of caries-free P1 children from 65.3% (2014) to 71.8% (2022)

An improvement in the proportion of caries-free P7 children from 67.8% (2013) to 74.6% (2021)[2]

The data from NDIP provides an indication of how effective oral health improvement initiatives have been in a population. There is an obvious delay or lag between an intervention and its effect on a population, as determined by NDIP. In simple terms, the NDIP outcomes for Primary 1 will be influenced mostly by health behaviours established from birth and any contact with dental professionals and oral health improvement interventions. This is the rationale behind encouraging very young children to register with an NHS dentist in the HSCP area.

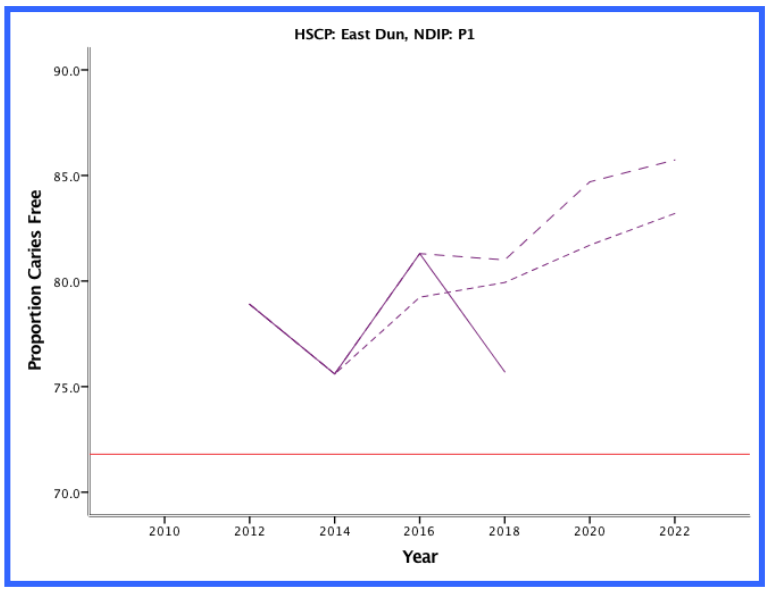
Childsmile activity in nurseries would have less of an impact on Primary 1 NDIP outcomes than establishing good oral health behaviours in early years but nevertheless remain important. Early engagement with a GDP is essential in starting the journey to good oral health, therefore registration and attendance as young as possible should be encouraged. The desire would be to sustain and build on good oral health behaviours with additional benefits received from Childsmile Core Programmes.

The Scottish Government targets for NDIP lie at a Board level. However, each HSCP has a contribution to make to meet these targets. Historically, child oral health and the NDIP outcomes in East Dunbartonshire have been largely favourable and significantly better than the average for GG&C. A 10% improvement on outcomes in East Dunbartonshire would be an unrealistic target to set, based upon the high baseline, but a drive for continued improvement would benefit the population of East Dunbartonshire.

Indeed if the P1 data was to fall again in the next report by the same level East Dunbartonshire would be below the target for GG&C in relation to improvement trajectories.

Trajectories for P1 and P7 for East Dunbartonshire are illustrated overleaf, demonstrating historical performance at NDIP and providing an indication of what desirable future NDIP outcomes would look like.

[2] Scottish Government targets based on 2014 P1 data. Nearest available P7 data is 2013.

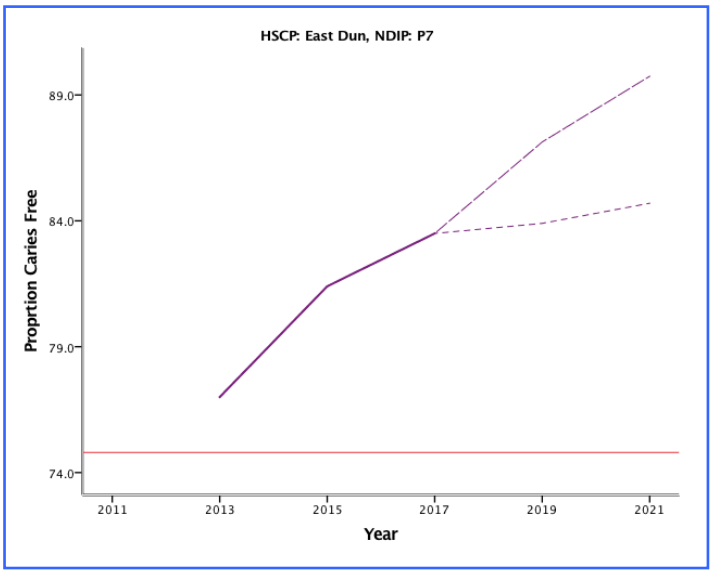


P1 NDIP Trajectory for East Dunbartonshire HSCP

The chart above illustrates the proportion of P1 children free from “obvious” decay for each year of NDIP. The horizontal red line on the charts is the overall NHS GG&C target for 2022.

The solid line shows the outcomes from NDIP. The area between the dotted lines represents the possible or anticipated HSCP outcomes in order for the Board to meet the 2022 targets.

The data for East Dunbartonshire is significantly better than the 2022 Board target. However, the latest results represent a significant and concerning deviation from where we would expect progress to be. This will form part of the discussion the Oral Health Directorate will hold with the HSCP and the recommendations from the report to the HSCP.



P7 NDIP Trajectory for East Dunbartonshire HSCP

The corresponding chart for outcomes for Primary 7 NDIP in East Dunbartonshire demonstrates steady improvement year on year and are already significantly above the Board target for 2022.

If current progress continues through to 2022, this would be considered a successful outcome for East Dunbartonshire.

The progress of NDIP up to 2022 will be monitored against these trajectories and adjusted, if required.

Dental Extraction under General Anaesthetic

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic – a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHS GG&C. Data are available for the numbers of referrals of children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health. The numbers of referrals of children for dental extractions under general anaesthetic is updated on an annual basis and will be available within the next report.

ORAL HEALTH IMPROVEMENT

Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components; Childsmile Practice, Childsmile Core Toothbrushing Programme and the Childsmile Fluoride Varnish Programme.

Childsmile Practice

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It is being developed to provide a universally accessible child-centred NHS dental service.

An important link is established between Health Visitors and Dental Health Support Workers (DHSW) and dental practices (see appendix 2). Assistance is provided in locating and facilitating attendance at a dentist for new parents. The table below outlines the patient contacts for Childsmile Practice staff providing home visit support.

Children Successfully Contacted and Not Contacted by DHSW, and Families Who Refused Childsmile 2017/2018

SIMD	Children with (at least one) kept DHSW appointment	Children whose families refused Childsmile	'Family could not be contacted'	Families with outcome 'FTA / Not at home' (Further contact required)
1	16	0	0	4
2	19	0	0	4
3	2	1	0	1
4	13	0	0	3
5	27	0	0	2
Total	77	1	0	14

Data taken from Health Informatics Centre system

The DHSWs involved in home visits now has a greater commitment to delivering the toothbrushing programmes. This has resulted in a reduced capacity for home visits. Dialogue between partners in the Oral Health Directorate and East Dunbartonshire will be required to discuss options to address this situation. This is of importance notably as despite being an affluent area, East Dunbartonshire has vulnerable families. The latest P1 NDIP figures suggest a decline in oral health, which needs attention.

Childsmile Core (2017/2018) Session August 2017 – June 2018

Childsmile Core Toothbrushing Programme was established within the East Dunbartonshire area in 2006. There are currently 33 out of 35 mainstream schools and 2 Additional Support Needs schools taking part in the programme. Oral Health Educator's (OHE's) have established effective partnership working with HSCP colleagues (see appendix 2).

The 2 non-participating schools, St Helen's and Castlehill Primary have both been contacted on a regular basis to review interest in participation and offered support to implement Childsmile. St Helen's had a high number of Category A letters for P1 in the latest NDIP results.

The partnership may wish to raise non-participation with educational colleagues to encourage participation and work collaboratively to support programmes with these schools.

SIMD	Nurseries	Primary Schools	Total (N+P+S)	Additional Support Needs Establishments
1	1	0	1	0
2	3	5	8	1
3	8	7	15	0
4	12	4	16	1
5	24	19	43	0
Total	48	35	83	2

Oral Health Educators Activity Session August 2017 – June 2018

The OHE linked to the East Dunbartonshire HSCP attends health events in primary schools, delivers oral health advice related to toothbrushing, diet and dental attendance. The OHE work with school staff to provide support to families who have received a Category A NDIP letter. The support offered includes 1-1 advice to parents to address their individual needs and encourage registration and attendance at a dentist. Support is also offered to children who have a fear of visiting the dentist by offering acclimatisation sessions before their dental appointment. OHEs have also followed up all families who contacted NHS 24 for out-of hour's dental care to ensure they are registered with a GDP and assist in attending if required. This commenced in November 2016.

The OHE offers toothbrushing training to all educational establishments, this training re-enforces the national toothbrushing standards.

The OHE monitor all toothbrushing establishments' twice yearly and record data onto HIC (Health Informatics Centre) system hosted by Dundee University. Several parent's workshops and one to one oral health advice have been delivered to parents e.g. parent's evenings, induction days, providing dentists list to encourage dental registration.

OHE has been supporting East Dunbartonshire HSCP with the Core programme within the nurseries, owing to staffing issues relating to Community Nursery Nurses employed by HSCP. This situation requires review by the Partnership as it takes activity away from those areas the OHE needs to address.

Summary of OHE Activity Aug 2017- June 2018

Total Number of OHE talks within Schools	Number of Children at OHE talks	Number of HT visits	Number of parents sessions attended i.e Induction/parents evenings	Number of referrals from School nurses	Number of monitoring contacts	Number of children seen at monitoring
35	766	3	9	0	85	2872

National Smile Month 2018

National Smile Month is the UK's largest and longest-running oral health campaign. It is organised by the oral health charity, the British Dental Health Foundation and the campaign hopes to raise awareness of important health issues, and make a positive difference to the oral health of millions of people throughout the UK.

This year National Smile Month campaign ran from the 14th May - 14th June. To celebrate National Smile Month 2018, the Oral Health Improvement Team invited all Primary 5 children in schools across Glasgow to participate in a poster competition. The theme of this years' local campaign was to highlight the importance of dental attendance and positive dental experiences. The children were asked to produce a Dental Visit Poster. Certificates were awarded for the winning poster in each HSCP with an overall winner picked from the 6 finalists.

The winning school received the 'Sparkling Smile Trophy'. Seven schools in East Dunbartonshire participated in the National Smile Month poster campaign.

Holy Trinity Primary achieved 2nd prize overall and received, a silver medal certificate, £40 Build a Bear voucher (for the class) and an engraved Sparkling Star Trophy.

Caring for Smiles

Caring for Smiles (CfS) is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. The Caring for Smiles Programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

The Caring for Smiles Programme has been active within East Dunbartonshire since 2013.

All care homes in East Dunbartonshire have participated in the Caring for Smiles training however one care home does not participate in the ongoing monitoring of the programme. This issue has been raised with the HSCP to address with the care home. Recent contact has been made, but the care home advises they are not in a position to take forward CfS monitoring at this time.

The table below provides data on the number of Care Homes involved in the Caring for Smiles programme in East Dunbartonshire within 2016/17 – 2017/18.

East Dunbartonshire HSCP	Number of Care Homes	Number participating in CFS Training	Number participating in CFS Monitoring	Total number of Residents	Number registered & seen by a dentist within last 12 months	% of residents seen & registered with a dentist within last 12 months
2017/18	13	13	12	686	520	76%
2016/17	13	13	12	496	384	68%

The local NHS GG&C standard for training asks that 30% of care home staff have been trained in the Caring for Smiles dental programme. The overall total number of residents has increased significantly. The number of residents seen by a dentist in the last 12 months has increased from 384 to 520. The percentage of residents seen and registered with a dentist in the last twelve months has increased from 68% to 76%.

The Caring for Smiles SCQF Intermediate training programme acts as a "training for trainers" programme for care home staff, enabling staff to deliver this for other staff in the care home on CfS. This has been offered to those who passed Foundation level, 4 staff attended and have now completed at this level.

Caring for Smiles non-accredited training is offered to care homes on a quarterly basis at KHCC.

OHTO's have been in contact with Scottish Care, who are a membership organisation and the representative body for independent social care services in Scotland, to aid with training uptake.

The number of care homes in East Dunbartonshire was stable during 2016/2017 – 2017/18 remaining at 13. However there has been a continual rise in the number of residents within these establishments. Oral Health understand that a number of new care homes are currently planned.

Care Home	Total Number of staff	Number of WTE	Number of WTE trained	% of WTE trained	Cumulative Number of staff trained
Abbotsford House	20	15.0	8.3	55.4%	9
Antonine Care Home	70	65.0	36.7	56.4%	44
Buchanan House	80	70.0	9.5	13.5%	11
Buchanan Lodge	30	26.6	12.5	47.0%	18
Campsie View	125	90.0	31.8	35.3%	47
Canniesburn Care Home	101	69.0	26.9	38.9%	30
Lillyburn	80	42.3	21.4	50.5%	27
Mavis Bank	45	35.2	16.1	45.7%	19
Mugdock House	54	44.0	7.7	17.5%	8
Westerton Care Home	77	66.0	28.9	43.8%	33
Whitefield Lodge	41	36.0	18.7	52.0%	21
Clachan of Camspie	100	95.0	6.7	7.0%	7
Abbotsford House Exec	45	43.0	8.6	20.0%	11
	868	**697.1**	**233.7**	**33.5%**	**285**

Buchanan House - is currently below the recommended standard of 30% of WTE staff trained. Training sessions were arranged in-house but there was no uptake. Several contacts have been made with the care home manager to highlight training requirements, and monthly visits to the home continue. The oral health team will engage with the Care Home Liaison Team to facilitate a collaborative programme to allow this work to move forward.

Mugdock House – the training figures have dropped since the last report. Of note, this care home has recently changed ownership. Contact will be maintained to provide support for any future requirements.

Clachan of Campsie - has a moratorium in place and has not completed the required 30% WTE trained staff, nor does it receive CfS monthly visits. OHTO's have contacted this care home on several occasions to proceed with training and will work with the care home liaison team or with the HSCP to support work required to bring the home back into the programme.

Abbotsford House - is a relatively new care home which has been open for a year. We are in regular contact however the engagement and take up of training is slow.

These care homes are discussed at the quarterly Care Home Support Team meeting when we provide monitoring data.

Mouth Cancer Action Month November 2017/2018

Mouth Cancer Action Month is a charity campaign, which aims to raise awareness of mouth cancer and make a difference by saving thousands of lives through early detection.

Throughout November the aim was to encourage early detection and diagnosis of oral cancer by increasing education of the risk factors and signs and symptoms while encouraging everybody to discuss any concerns with their dental professional.

During Mouth Cancer Action Month we carried out focused work in all care homes they were:

- Offered instruction on the use of the 5-point check leaflets developed by Caring for Smiles. 4 care homes participated
- All care homes were given pen torches 1 per unit and offered advice on the 5-point check.
- An article was produced for care homes to use within their care home newsletter.
- All care homes were emailed a link to 'Lets talk about mouth cancer' video

We promote this event as widely as possible throughout the HSCP, however going forward we are keen to strengthen a shared approach to the promotion of mouth cancer prevention.

RECOMMENDATIONS AND PROGRESS FROM PREVIOUS REPORT

In the last report to the HSCP, a number of recommendations were made. The Oral Health Directorate has worked to deliver against these recommendations.

The Oral Health Improvement team will aim to improve links with NHS dental practice and provide support & training for Childsmile, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to the board.

- 96% of GDP's visited to encourage delivery of all aspects of the Childsmile programmes to all children.
- Second visits planned this year to review last years Childsmile activity compared to the number of children registered.
- We also plan visits to encourage the registration of children as early as possible and encourage practices to deliver the full range of Childsmile interventions especially Fluoride Varnish as we do not provide this in the community setting in East Dunbartonshire.

The Oral Health Improvement team will continue to work with partners in HSCP and education to improve the uptake and delivery of Childsmile programme, particularly in challenging areas where there is low uptake or sustainability of school toothbrushing.

- We continue to encourage all Schools to participate in the Toothbrushing programme. Non-Brushing schools have been encouraged to make a sugar pledge and create a school sugar display and choose from a menu of Oral Health Improvement activity. Our ultimate goal of working with the school is engage them in daily toothbrushing activity .
- However despite best efforts this is not being done and therefore we are seeking intervention of HSCP/Education to support.

The Oral Health team will work with the Children and Family's team in the HSCP to ensure our continued focus is on improving registration and outcome for NDIP national inspection.

- We have presented information on the Childsmile Programme and National Dental Inspection Programme (NDIP) to the Children and Families team and more recently have been meeting with the team on a monthly basis to discuss the OHI programmes.

The Oral Health Team will work with the HSCP to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working.

- Children and Families Team Leads made the suggestion that we encourage GDP's to use the parent held record for Children. We have now incorporated this into our forthcoming visits to GDP's.
- We are making better use of our data now offering support to families following contact with NHS24, receiving a Category A NDIP letter (High Risk) or, failing to attend GA appointment.
- Joint working is producing new actions to improve oral health.

The Oral Health Team will work with the HSCP and partners to implement the recommendations of the Scottish Oral Health Improvement Plan.

- The OHI team have implemented the Caring for Smiles programme across every care home in East Dunbartonshire and have developed good relationships with GDP's who are happy to provide domiciliary visits to care homes.
- The OHI Team Leaders have undergone ABI (alcohol brief intervention) training and have commenced delivery of this to prison dental staff.
- The team continue to strive to target vulnerable groups including Homeless Service Users, Prisoners and Prison Staff, LACC, ASN children and adults, to deliver key oral health advice and tackle some of the issues such as alcohol consumption and smoking that are discussed in the Oral Health Improvement Plan in line with the message putting oral health back in the body.

The Oral Health Team will work the Care Home Liaison teams to increase dental registration amongst the residents to ensure appropriate dental intervention when required.

- We are attending Care Home Liaison team meetings on a quarterly basis and will supply information on Caring for Smiles activity on a monthly basis, attending this forum has been a positive development to allow us to sustain and improve the Caring for Smiles activity across East Dunbartonshire's Care Homes.

NEW KEY FINDINGS AND RECOMMENDATIONS

- There needs to be a concerted effort to address issues in the delivery of Childsmile Core programmes in East Dunbartonshire to areas with vulnerable families

The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas:

- The Oral Health Improvement team will aim to continue to improve links with NHS dental practice and provide support & training for Childsmile, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to the board. A Board wide Quality Improvement programme with GDPs will aim to improve participation and recording of Childsmile Practice.

- The Oral Health Improvement team will continue to work with partners in the HSCP to influence partners in education to improve the uptake and delivery of Childsmile programme particularly in challenging areas where there is low uptake or sustainability of school toothbrushing.

- The Oral Health team will work with the Children and Family's team in the HSCP to ensure our continued focus is on improving registration to support better outcomes from the NDIP national inspection.

- The Oral Health Team will continue work with the HSCP to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working.

- The Oral Health Team will work with the HSCP and partners to implement the recommendations of the Scottish Oral Health Improvement Plan. In 2019 the first focus will be domiciliary care delivered by enhanced skills GDPs.

- The Oral Health Team will work with the Care Home Liaison teams to increase participation and monitoring of the CfS programme and to continue to increase dental registration amongst the residents to ensure appropriate dental intervention when required.

Specific Actions for coming year:

- Dedicated work in schools with higher levels of category A and B NDIP letters.
- Review more affluent areas to determine if there is a risk that children are being overlooked in oral health improvement programmes.
- Work with education/health improvement/children and family teams to support OHI for East Dunbartonshire.
- Continue to focus on early years work.
- Increase registration of 0-2 age group.
- Establish a short life working group to publicise use of dental services and regular attendance to prevent attendances at out of hours/emergency services.
- Engagement with Care Homes, HSCPS and GDPS to implement the Oral Health Improvement Plan priority for enhanced skills GDPS to deliver domiciliary care.

Appendix 1: Key Contacts

Oral Health Directorate Offices
Stobhill Hospital
300 Balgrayhill Road
Glasgow
G21 3UR
0141 201 3764

Frances McLinden
General Manager Oral Health and Lead Officer for Dentistry in Glasgow
0141 201 4271
Frances.McLinden@ggc.scot.nhs.uk

Lisa Johnston
Clinical Service Manager Primary Care Oral Health
0141 201 9702
Lisa.Johnston3@ggc.scot.nhs.uk

Michael McGrady
Consultant in Dental Public Health/ Professional Lead for Primary Care Dental Services
0141 201 4212
Michael.McGrady@ggc.scot.nhs.uk

Karen Gallacher
Operational Manager for Public Dental Services
07990786456
Karen.Gallacher2@ggc.scot.nhs.uk

Susan Frew
Operational Manager for Health Improvement
07984178049
Susan.Frew@ggc.scot.nhs.uk

Julie Reilly
Operational Manager for General Dental Services
01412019765
Julie.Reilly@ggc.scot.nhs.uk

Appendix 2: Childsmile Programme

The Childsmile programmes are delivered by a variety of staff, these staff are represented in the following document using the following key.

DHSW OHE CNN Oral Health Directorate OHI team

Childsmile Practice

All children will have access to a programme of care within Primary Care Dental Services at aged 0-2 years

AIM	RESPONSIBILITY	OBJECTIVES	KEY OUTCOMES	DEVELOPMENTS TO ACHIEVE KEY OUTCOMES
All children aged 0-2 years old will have access to a programme of care within Primary Care Dental Services	Health Visitors supported by: Dental Health Support Workers (DHSWs). General Dental Practitioners (GDPs). Public Dental Service (PDS) Oral Health Improvement	Encourage parents, at every contact, to register children with a dentist and promote participation on a 6 monthly basis Dental decay is reduced to improve health and tackle health inequality. A universal pathway of care is provided to all children. Target those most at risk of poor oral health outcomes and identify those most in need of additional support	100% of children are registered with a dentist Childsmile referrals made appropriately to ensure DHSW can contact families at 12 weeks All children have a health assessment carried out by the Health Visitor this includes assessment of dental health which is recorded in the childs notes. Continuation of 6-8 weeks child health surveillance	Promotion of registration of young children with all partners, including practice visits to GDPs Promotion of pathways to ensure most appropriate dental service is accessed. Audit of referrals to ensure vulnerable families are having needs met Childsmile is incorporated into EMIS system used by HV Distribution of Oral Health Packs and “Twist & Seal” cups within first year Follow up of NDIP A & B letters

Childsmile Core (Nursery)

Every nursery must be offered the opportunity to participate in the Childsmile Core (Nursery Toothbrushing) Programme. The target is for all children (part time and full time)

AIM	RESPONSIBILITY	OBJECTIVES	KEY OUTCOMES	DEVELOPMENTS TO ACHIEVE KEY OUTCOMES
Every nursery to be offered the opportunity to participate in Childsmile Core (Nursery Toothbrushing) to include all children attending either on a full time or part time basis	HSCP's Health Improvement Teams or equivalent e.g. skill mix includes; Health Improvement Dental Health Support Workers Oral Health Improvement	All nurseries to participate willingly in Childsmile core Ensure system for supply and distribution of rescources to support the nursery toothbrushing programmes Monitoring of the toothbrushing programme is completed once per term and recorded appropriately on the HIC system. All nursery children participating in toothbrushing programme have a valid consent and this is recorded appropriately. Ensure training available for all toothbrushing supervisors within the nursery establishment in line with Childsmile National Standards and recorded appropriately Support local maintenance of the HIC system is carried out on an on going basis Complete Childsmile data collection and evaluation reports on request.	100% of nurseries to provide a toothbrushing programme offered to all children whether part time or full time 100% of children receive two toothbrush packs per year. 100% of participating nurseries are monitored each term (twice per year) Entry of all monitoring data into the HIC system. Comprehensive system to record all parents who do not wish their children to toothbrush Entry of all monitoring data into the HIC system. 100% of appropriate nursery staff trained in line with Childsmile recommendations Entry of all monitoring data into the HIC system. Completion of relevant Childsmile evaluation data	Work to maximise the number of nursery establishments involved in the delivery of the daily, supervised toothbrushing scheme Pack delivered to all HV teams and Nurseries and Schools. Communication folders provided to all nurseries to capture details of those children whose parents or carers do not wish children to participate in the programme. Participation in Scottish Government toothbrushing census.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Oral Health Directorate Update - Overall GGC OHD Performance Report**
Report By	**Frances McLinden – General Manager OHD**
Contact Officer	**Frances McLinden – General Manager OHD** **0141 201 4271** **Frances.McLinden@ggc.scot.nhs.uk**

Purpose of Report	To provide an overview of the activities carried out by the Oral Health Directorate across NHS GG&C.

Recommendations	To note the content.

Relevance to HSCP Board Strategic Plan	This report supports the strategic aims of the HSCP Boards in relation to health improvement, the provision of general dental services and the priority group work carried out for oral health across NHS GG&C.

Implications for Health & Social Care Partnership

Human Resources	None.

Equalities:	None.

Financial:	None.

Legal:	None.

Economic Impact:	None.

Sustainability:	None.

Risk Implications:	None.

Implications for East Dunbartonshire Council:	None.

Implications for NHS Greater Glasgow & Clyde:	Review and agree direction of oral health services for HSCP area.

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

1.0 MAIN REPORT

1.1 This report provides an overview of the oral health services provided throughout NHS GG&C.

1.2 This report provides performance data in relation to oral health programmes and monitoring of oral health activities across GG&C.

NHS GG&C
Oral Health Directorate
Performance Report
(December 2018)

“Working with our partners to deliver the best possible oral health services”

Foreword

This report outlines the activities carried out by the Oral Health Directorate within Greater Glasgow and Clyde.

We have looked to highlight where progress is being made and where the challenges remain to improve oral health and reduce inequalities for the population of Greater Glasgow and Clyde.

We can be proud of the progress made in improving oral health, particularly in addressing inequalities linked with deprivation, but there are still improvements to be made.

Registration of adults and children is at the highest level we have ever seen in Greater Glasgow and Clyde and better than the average for Scotland. Registration of 0-2 year old children is higher than the Scottish average and continues to rise, but still remains low at 52.2%.

The Scottish Government has set challenging targets for child dental health. The board is required by 2022, to demonstrate a 10% increase in both P1 and P7 children who have “no obvious decay”.

The National Dental Inspection Programme (NDIP) shows that our Primary 1 and Primary 7 children have dental decay outcomes lower than the Scottish average. It is with this in mind that increasing the registration of young children will assist to improve oral health and the decay outcomes for the children in Greater Glasgow and Clyde.

The launch this year of the Oral Health Improvement Plan for Scotland has provided a road map to how dental services will evolve in Scotland. There will be a greater focus on prevention and shared working to meet the needs of an ageing population, with complex dental needs. To meet these challenges, oral health targets will require continued partnership working and community development with our colleagues in each HSCP in Greater Glasgow and Clyde.

We will strive to work collaboratively, innovatively and effectively to improve the oral health of the population of Greater Glasgow and Clyde. We will continue to deliver a safe, person-centered, effective and efficient oral health service across each HSCP.

Frances McLinden
General Manager and Lead Officer for Dental Services NHS GG&C Oral Health Directorate

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GENERAL DENTAL SERVICES

There are 258 independent contractor practices providing NHS dentistry in NHS GG&C. These practices provide General Dental Services (GDS) and in addition 68 practices provide sedation services. NHS GG&C has 11 practices that provide only orthodontic services meaning no patients are registered with them for GDS.

HSCP	No. Practices	No. Ortho Practices	No. Sedation Practices
West Dunbartonshire	16	0	5
Renfrewshire	35	1	11
Inverclyde	12	1	3
Glasgow South	57	1	18
Glasgow North West	65	3	14
Glasgow North East	40	1	13
East Renfrewshire	22	2	2
East Dunbartonshire	26	2	2

Registration with NHS Dental Services

Data available from Information Services Division (ISD) (September 2017) shows the proportion of patients registered in NHS GG&C are:

- 95.8% Children (compared to 93.8% Scotland)
- 96.1% Adults (compared to 92.2% Scotland)

The registration data for children in GG&C are higher than the data for Scotland. There are possible explanations for the data, relating to activities in addressing inequalities. A number of patients (particularly adults) may be registered with non-NHS dentists, or may travel outside of their HSCP area for dental treatment. As data is not collected for non-NHS dental practices, it is not possible to determine numbers of patients seeking treatment outside of the NHS. This explanation may not hold as robustly for children, as dentists may hold list numbers with NHS GG&C to provide NHS dental registration and treatment for children, whilst providing non-NHS treatment for parents. Registration rates in GG&C for children and adults have improved on the previous figures (March 2017), which were 95.1% and 94.6%, respectively.

The Oral Health Improvement Team will also seek to determine if there is a risk that more affluent children are being overlooked in oral health improvement programmes which are targeting more vulnerable, or deprived children. As we still see a number of children in SIMD4/5 areas experiencing dental extraction procedures for decay.

More detailed data on dental registrations from ISD[1] highlights an issue relating to the registration of very young children (aged 0-2 years).

[1] **Dental Statistics - NHS Registration and ParticipationStatistics as at 30 September 2017**
http://www.isdscotland.org/Health-Topics/Dental-Care/Publications/data-tables2017.asp?id=1843#1843

In GG&C the proportion of children aged 0-2 years who are registered with a dentist is 52.2%. This compares to 47.6% for Scotland. This represents a steady state on the previous figure for the Board, which was 52.9%.

Registration data provides only details of patients registered with an NHS dentist. Data is available for participation, which is defined as contact with General Dental Services for patients who are registered with an NHS dentist for an examination or treatment in the previous two years. Unfortunately, detailed participation data at an HSCP level is not available. For GG&C the most recent data[1] for participation is:

- 83.3% (children)
- 65.7% (adults)

General Dental Services Admin

The Oral Health Directorate performs an administrative function in relation to clinical and financial governance in all NHS practices within GG&C. This is to ensure that General Dental Services are delivered to an expected professional standard and includes carrying out Combined Practice Inspections and Sedation Practice Inspections on a minimum three yearly basis in line with General Dental Service Regulations.

We also work with Practitioner Services Division and National Services Scotland in relation to financial oversight/activity and regulatory functions in relation to Primary Care Dental Services.

Emergency and Out of Hours Attendances

The Oral Health Directorate provides emergency daytime and Out of Hours (OOH) cover for the population of GG&C. The Emergency Dental Treatment Centre (EDTC) service is located on Floor 1 of Glasgow Dental Hospital and is operated by the Public Dental Service. OOHs appointments are provided via NHS 24. The daytime service provides emergency cover for unregistered patients and patients from outwith the area who are unable to attend their own dentist. The evening and weekend Out of Hours service provides emergency cover for patients registered in GG&C on behalf of GDPs as well as unregistered patients residing in GG&C.

The following table details the number of patients residing in GG&C who attended these services during the year 2016/17. 2017/18 data will be available in the new year.

Age Group	Daytime Service (pop^{n} rate/1000)		Out of Hours (pop^{n} rate/1000)	
0 to 4	14	0.22	96	1.51
5 to 9	24	0.38	278	4.45
10 to 15	42	0.61	171	2.5
16 to 29	1735	7.31	2345	9.87
30 to 44	1120	4.90	1914	8.37
45 to 64	718	2.40	1249	4.18
65+	185	0.92	284	1.41
Total	**3838**		**6337**	

Table of GG&C Residents Attending the Emergency Dental Treatment Centre during 2016/17

The data from the table suggests the highest participation age range of patients in relation to population size who most frequently attend the EDTC is 16 to 44. This age range is predominantly the working population and those in higher education. These age groups are also the least likely to maintain regular participation with their own dentist, it is probable a number of the attendances at the Out of Hours service are registered patients who for a variety of reasons are unable to arrange appointments at their own dentist during the daytime, examples of these could be home/work commitments or distance from place of work to dentist.

It is clear from the data available there are opportunities to explore how more people in this age range can be encouraged to attend their own dentist for routine care regularly and review educational campaigns and opportunities to encourage resolution of care with their own GDP. We will work with local General Dental Practitioner's and the Health Improvement teams across GG&C to seek ways to widely advertise dental services and seek greater participation in routine care.

PUBLIC DENTAL SERVICE

The Public Dental Service provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and all groups of children. Treatment is provided in clinics, schools and nurseries, care homes, out patient daycentres, hospital units, domiciliary visits, prisons and undergraduate outreach clinics.

We are in the process of conducting a review of the Public Dental Service the outcome of which will be available in the coming months. As part of this review we are looking to produce a dental premises strategy for the Board. This should include not just PDS sites but also locations of GDP practices within each HSCP area and overall within the Board. As part of this process we will be engaging with HSCP colleagues to discuss any changes to services.

Location and services delivered by the PDS

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
East Dunbartonshire									
Kirkintilloch Health Centre	√							√	√
Low Moss Prison							√		
Inverclyde									
Greenock Health Centre	√	√	√			√	√	√	√
Inverclyde Royal Hospital	√**								
Greenock Prison							√	√	
Renfrewshire									
Royal Alexandra Hospital	√	√	√	√	√	√	√	√	√
West Dunbartonshire									
Vale Centre for Health & Care	√		√			√		√	√
Golden Jubilee National Hospital			√				√		√

Locations/Services	Paediatric Dentistry	Paediatric Inhalation Sedation	Special Care Dentistry	Adult Special Care – General Anaesthetic Assessment	Adult Special Care – General Anaesthetic	Adult Special Care – Sedation Services	General Dental Services	Oral Hygiene Services	Domiciliary Care
Glasgow City									
Stobhill ACH			√	√	√	√			
Springburn Health Centre*	√								√
Maryhill Health Centre	√	√	√						√
Drumchapel Health Centre	√	√							
Possilpark Health Centre	√	√							
Gartnavel General Hospital			√						
Easterhouse Health Centre			√					√	√
Townhead Health Centre	√		√					√	
Bridgeton Health Centre*	√								
Barlinnie Prison							√		
Gorbals Health Centre	√	√						√	
Pollock Health Centre*	√		√						
Govan Health Centre	√								
Victoria ACH			√			√			√
Castlemilk Health Centre*	√	√							
Govanhill Health Centre	√			√				√	

*Including outreach

** GA Extraction Service

PRISON DENTAL SERVICE

The PDS provide dental care for inmates and prisoners on remand in the three main prisons within the NHS GG&C boundaries. Healthcare provision within the Scottish Prison Service (SPS) was transferred to the NHS in 2011. The main driver for this was to reduce inequalities in healthcare provision for people with convictions by providing a service in line with the wider society. The aims were to:

- To tackle ongoing health inequalities within the prisoner population
- To meet international standards on prison health and treatment
- To provide continuity of care to prisoners on leaving prison; and
- To provide sustainability of services with the support of community based services

A Memorandum of Understanding (MOU) was developed to provide a frame work for service delivery with responsibilities set out for the Board and Scottish Prison Service[2].

The separate and joint roles of each partner were described as:

NHS Boards are responsible for:

- The smooth day to day running of the prison health centre
- Contracted dental services delivering care to prisoners
- Information management, technology and governance
- Maintenance and replacement of all clinical fixed and non-fixed assets
- Clinical dental service-related complaints
- Clinical performance management and monitoring

In relation to dental services the SPS are responsible for:

- Ensuring an environment within prisons that promotes oral health
- Security and good order within dental surgeries
- Structural maintenance, facilities management and cleaning services of the dental surgeries; including all fixed and non- fixed non clinical assets
- Escorting functions to facilitate attendance at dental appointments
- Non-clinical dental service related complaints

NHS Board and SPS joint responsibilities

- Development of a prison oral health strategy and delivery plan
- The management, training and support of the dental team
- Good governance and effective monitoring of the service
- Introduction of a networked dental clinical IT system
- Reporting and investigation of critical and adverse incidents
- Business continuity planning
- Effective and appropriate sharing of management and necessary clinically-related information

[2] National Memorandum of Understanding.
http://www.parliament.scot/S4_JusticeCommittee/Inquiries/20130226__FINAL_revised_MOU_Prison_Healthcare_HIS_December_2012.pdf

NHS GG&C deliver healthcare services from three prisons: HMP Barlinnie, HMP Greenock and HMP Low Moss.

HMP Barlinnie is the oldest and largest prison. It houses approximately 1,400 inmates ranging from prisoners on remand, prisoners awaiting transfer to another prison, those transferred awaiting liberation and long-term inmates. This maximum number of inmates is often exceeded. The long-term inmates include high risk and high security inmates and segregation.

Barlinnie Prison has a large and transient population. This is owing to the high numbers of inmates who are on remand awaiting trial, inmates awaiting transfer to another prison and those awaiting liberation.

HMP Greenock houses approximately 250 inmates. There is a wide variation within the inmate population at HMP Greenock, with remand, short-term and long-term inmates for males and females.

HMP Low Moss is a modern facility opened in 2012. It houses approximately 800 male inmates on remand, serving short and long term sentences, life offenders and extended sentence offenders.

The PDS Prison dental service clinical offer has been largely defined by Scottish Government and set out in guidance[3]. This guidance rationalises the type of treatment an inmate could expect according to the nature of confinement whether classified as remand, short-term or long-term sentence.

The current level of clinical dental resource across prisons in GG&C is 11 weekly clinical sessions.

The clinical sessions are divided across the prison sites accordingly:

- Barlinnie 5 sessions per week
- Greenock 2 sessions per week
- Low Moss 4 session per week

In general, prisoners tend to have high dental treatment need. This is often as a result of social deprivation and associated with a history of prolonged substance misuse (drugs, tobacco and alcohol). Dental attendance outside of the prison is often infrequent. Part of the rehabilitation process is to raise awareness of health issues and participation in detoxification programmes. The Oral Health Improvement team play an active part in this process in delivering Mouth Matters[4]. The national programme dedicated to prison dental care.

The high numbers of inmates, with high treatment need results in a significant demand for dental care and can often lead to longer waiting times.

[3] Oral Health Improvement and Dental Services in Scottish Prisons. http://www.gov.scot/Resource/0048/00481744.pdf
[4] Scottish Oral Health Improvement Prison Programme: SOHIPP http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-prison-programme-sohipp

The Oral Health Directorate are working closely with Glasgow City HSCP to ensure we work collaboratively to deliver services. Discussion around dental resource is part of this process.

Oral Health Improvement in Prisons

Scottish Government Guidance provides direction for the oral health improvement activities that should be carried out in Scottish prisons. The Oral Health Directorate (OHD) has developed a plan which details the progress made towards implementing the recommendations from this guidance. A significant contribution to delivering the recommendations from Scottish Governments guidance is made by the Dental Health Support Worker (DHSW) employed by Glasgow City HSCP.

Currently there is 1 WTE (DHSW) to support Oral Health Improvement activities across the three prisons in NHS GG&C. This support worker delivers both group and one to one sessions to assist prisoners with their oral health needs. We also support health events across the three prisons by providing stalls with information and free resources. This year we have also planned to supply free toothpaste and toothbrushes on at least one occasion to all prisoners.

Low Moss prison has also recently employed an early years worker. The early year's worker offers toothbrushing to all children who visit their fathers in the family centre following support and training by an Oral Health Educator (OHE). The aim is to replicate this model in Barlinnie and Greenock prisons once the scheme is validated and reviewed.

Successful peer mentor and health coaching schemes have been developed in prisons in Scotland. The Training Officers from the OHD have supported a peer mentor programme in Low Moss prison but now aim to build on this to encourage additional peer mentors and explore the possibility of introducing the prison based health coaching schemes and subsequent qualifications that have been piloted in HMP Perth. This scheme has led to all participants receiving a health coaching certification and qualifications from the Royal Society of Public Health, accredited by the International Coaching Federation. Prisoners have spoken about the life skills developed during this training which they feel will assist them on liberation to develop more positive lifestyles and relationships which may prevent them from re-offending.

DENTAL PUBLIC HEALTH

The oral health of children in GG&C has improved significantly over the last 20 years. A major contributing factor in this has been the implementation of the Childsmile Programme. Children in GG&C are now demonstrating child oral health levels comparable to the average for Scotland, supported by data from the National Dental Inspection Programme (NDIP). However, there remain wide variations within GG&C. The NDIP report is published in autumn each year. The most recent report is dated October 2018 and included the latest data for P1 detailed NDIP and P1/P7 Basic NDIP. The headline data for detailed is listed below. For completeness we have also included the most recent P7 detailed NDIP results published in 2017.

NDIP Data for Primary 1 (Detailed Inspections 2016/18)

% of Primary 1, with no obvious decay experience		
	2016	**2018**
Scotland	69.4%	71.1%
NHSGGC	68.2%	67.1%

Pr 1 Mean dmft for Children With dmft>0		
	2016	**2018**
Scotland	3.93	3.94
NHSGGC	4.07	4.07

NDIP Data for Primary 7 (Detailed Inspections 2015/17)

% of Primary 7, with no obvious decay experience		
	2015	**2017**
Scotland	75.3%	77.1%
NHSGGC	72.5%	73.1%

Pr 7 Mean DMFT for Children With DMFT>0		
	2015	**2017**
Scotland	2.16	2.16
NHSGGC	2.27	2.24

The proportion of children who do not have obvious dental decay in GG&C is approaching the levels for Scotland for both P1 and P7 children however it still lags behind the Scottish average. Where children have decay experience, the DMFT (number of decayed, missing or filled teeth) is slightly higher in GG&C than the average for Scotland.

Comparison of data between 2015 and 2017 suggests a steady improvement in oral health at a local and national level. The small decrease in P1 in 2018 is not significant and within the margins of error.

The NDIP programme also reports on all children attending state schools in P1 and P7 at a more basic level. This provides an overall assessment of oral health. Data are reported as three categories, A, B & C. The B and C category definitions changed in 2015/16 to reflect an assessment which now relates only to dental decay. Careful interpretation and comparison with previous results are therefore required.

- Category A - should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess; or

- Category B - should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay ; or

- Category C - no obvious decay experience but should continue to see the family dentist on a regular basis

Data for P1 and P7 Basic NDIP for Scotland (2017/18) is illustrated on page 14 and 15.

Summary of Basic P1 NDIP Programme 2017/18

NHS Board	2016 mid-year population estimate of P1 children in Local Authority schools	Total no. of P1 children inspected	Percentage (%) of P1 children inspected	Percentage (%) of A letters issued	Percentage (%) of B letters issued	Percentage (%) of C letters issued
Ayrshire & Arran	3,879	3,623	93.40	4.25	25.20	70.55
Borders	1,129	1,048	92.83	4.48	23.57	71.95
Dumfries & Galloway	1,539	1,314	85.38	4.95	23.74	71.31
Fife	4,265	2,571	60.28	4.67	26.64	68.69
Forth Valley	3,353	2,992	89.23	6.75	20.19	73.06
Grampian	6,734	5,697	84.60	7.06	17.90	75.04
Greater Glasgow & Clyde	12,314	11,638	94.51	10.31	23.17	66.51
Highland	3,284	2,886	87.88	6.83	19.47	73.70
Lanarkshire	7,436	7,063	94.98	7.82	21.76	70.42
Lothian	9,545	8,504	89.09	5.97	20.81	73.21
Orkney	224	198	88.39	2.02	14.14	83.84
Shetland	276	239	86.59	2.51	14.23	83.26
Tayside	4,255	3,896	91.56	8.86	21.66	69.48
Western Isles	264	230	87.12	4.35	20.43	75.22
Scotland	**61,695**	**52,324**	**84.81**	**7.27**	**22.35**	**70.39**

Summary of Basic P7 NDIP Programme 2017/18

NHS Board	2016 mid-year population estimate of P7 children in Local Authority schools	Total no. of P7 children inspected	Percentage (%) of P7 children inspected	Percentage (%) of A letters issued	Percentage (%) of B letters issued	Percentage (%) of C letters issued
Ayrshire & Arran	3,955	3,535	89.38	2.04	27.02	70.95
Borders	1,225	1,074	87.67	0.65	22.44	76.91
Dumfries & Galloway	1,569	1,420	90.50	5.00	27.96	67.04
Fife	3,942	3,588	91.02	1.81	32.72	65.47
Forth Valley	3,380	2,854	84.44	3.71	24.98	71.30
Grampian	5,852	5,096	87.08	1.33	23.14	75.31
Greater Glasgow & Clyde	11,627	10,679	91.85	2.58	30.82	66.61
Highland	3,430	2,896	84.43	1.45	18.23	80.32
Lanarkshire	7,376	6,878	93.25	2.20	27.60	70.21
Lothian	8,686	7,528	86.67	1.67	24.12	74.20
Orkney	237	240	101.27	0.00	10.00	90.00
Shetland	267	258	96.63	1.16	19.38	79.46
Tayside	4,324	3,590	83.02	1.56	27.66	70.78
Western Isles	272	278	102.21	1.80	29.50	68.71
Scotland	**56,142**	**49,914**	**88.91**	**2.10**	**26.73**	**71.15**

The data for Basic NDIP is supportive of the Detailed NDIP findings – the oral health of children in GG&C is steadily improving and approaching the average for Scotland.

NDIP Trajectories for NHS GG&C

A major driver for oral health improvement is the need to meet Scottish Government targets for NHS Boards and NDIP outcomes by 2022. There is an expectation there will be 10% improvement in the proportion of caries-free children based upon 2014 results for each board area.

For NHS GG&C this equates to:

An improvement in the proportion of caries-free P1 children from 65.3% (2014) to 71.8% (2022)

An improvement in the proportion of caries-free P7 children from 67.8% (2013) to 74.6% (2021)[5]

[5] Scottish Government targets based on 2014 P1 data. Nearest available P7 data is 2013.

The data from NDIP provides an indication of how effective oral health improvement initiatives have been in the child population. There is an obvious delay or lag between an intervention and its effect on a population, as determined by the NDIP results for a board area.

In simple terms, the NDIP outcomes for Primary 1 will be influenced mostly by health behaviours established from birth and any contact with dental professionals and oral health improvement interventions. Hence, the value of partners driving early contact and registration of very young children with an NHS dentist.

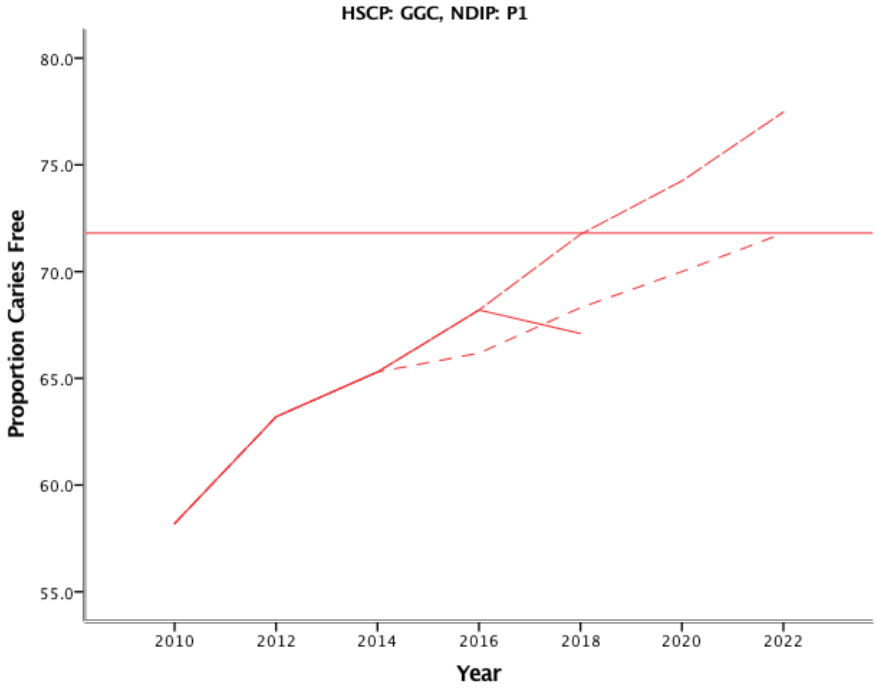
Childsmile activity in nurseries would have less of an impact on Primary 1 NDIP outcomes than establishing good oral health behaviours in early years but nevertheless remain important. Early engagement with a GDP is essential in starting the journey to good oral health, therefore registration and attendance as young as possible should be encouraged. The desire would be to sustain and build on good oral health behaviours with additional benefits received from Childsmile Core Programmes.

It would be advantageous to HSCPs to be able to monitor progress through the NDIP and this is one of the only measures we are able to gain data on.

It is possible for the board to make estimates of future NDIP outcomes based upon existing data and the Scottish Government targets for 2022.

The Scottish Government targets for NDIP lie at a Board level. However, each HSCP has a contribution to make to meet these targets. Owing to the disproportionately larger population resident in Glasgow City relative to other HSCPs, much of the burden for improvement will lie in Glasgow City.

Trajectories for P1 and P7 for GG&C are illustrated overleaf, demonstrating historical performance at NDIP and providing an indication of what desirable future NDIP outcomes would look like.

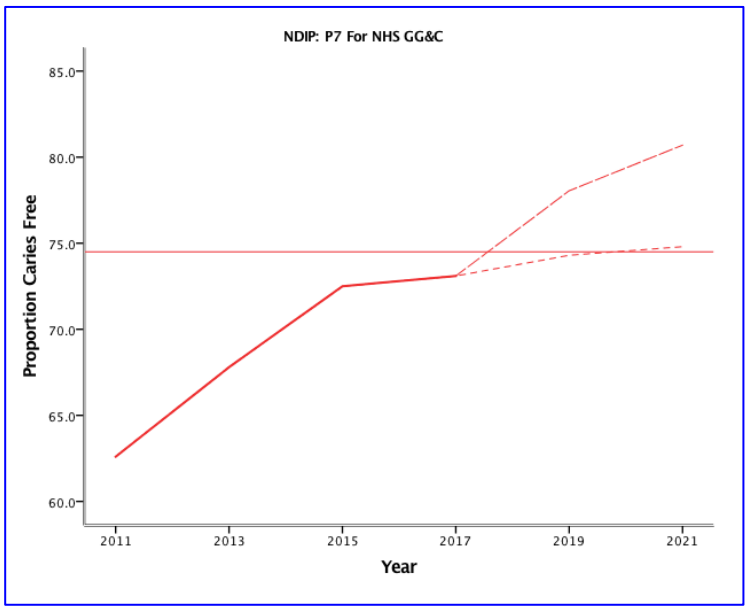


P1 NDIP Trajectory for NHS GG&C

The chart above illustrates the proportion of P1 children in GG&C free from “obvious” decay for each year of NDIP. The horizontal red line is the overall NHS GG&C target for 2022. The solid red line demonstrates the NDIP outcomes from previous years data. The data shows GG&C has been improving towards the 2022 Board target. The P1 NDIP for 2018 is marginally below trajectory but within margins of error.

The data has been modelled to estimate future NDIP outcomes. The dotted lines are estimates of what NDIP might look like from 2016 up to 2022. The lower dotted line is an estimate of what the NDIP outcomes might be if there was a 10% improvement on the NDIP data from 2014. The upper dotted line is an estimate of the NDIP might look like if progress continues at the same rate as previous years.

What the data suggests is the Board faces a significant challenge to meet the Scottish Government target. The above estimates suggest there should be continued improvement in P1 NDIP outcomes in GG&C. If the actual outcomes for future NDIP lie above the lower dotted line, this should be considered a successful outcome.



P7 NDIP Trajectory for NHS GG&C

The corresponding chart for outcomes for Primary 7 NDIP in GG&C provide a similar picture to that of Primary 1. The outcomes in GG&C have demonstrated steady improvement year on year but are beginning to plateau. This represents a challenge to meet the desired target.

Once again, if the actual delivery against NDIP lies above the lower dotted line, this would be considered a successful outcome for the Board.

The progress of NDIP up to 2022 will be monitored against these trajectories and adjusted, if required.

Dental Extraction under General Anaesthetic

The extraction of teeth is an end-point for dental decay experience. For young children this procedure is usually performed under general anaesthetic – a traumatic experience presenting a risk to children, loss of school time (work time for parents) and resource intensive for NHS GG&C. Data are available for the numbers of referrals of children for extraction of teeth under general anaesthetic and can assist in building a more comprehensive knowledge of population oral health. The numbers of referrals of children for dental extractions under general anaesthetic is updated on an annual basis and will be available within the next report.

ORAL HEALTH IMPROVEMENT

Childsmile

Childsmile is the National Dental Programme to improve the oral health of Scottish children. The programme has three main components; Childsmile Practice, Childsmile Core Toothbrushing Programme and the Childsmile Fluoride Varnish Programme.

Childsmile Practice

The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. It is being developed to provide a universally accessible child-centred NHS dental service.

An important link is established between Health Visitors and Dental Health Support Workers (DHSW) and dental practices (see appendix 2). Assistance is provided in locating and facilitating attendance at a dentist for new parents. The table below outlines the patient contacts for Childsmile Practice staff providing home visit support.

Dental practices who are not participating in Childsmile activity are carefully monitored to ensure that if more than two quarters data highlights the Health Improvement team engage with the practice to ascertain the reason for non participation and provide support to engage with the programme.

Children Successfully Contacted and Not Contacted by DHSW, and Families Who Refused Childsmile 2017-2018 (Apr-March)

SIMD	Children with (at least one) kept DHSW appointment	Children whose families refused Childsmile	'Family could not be contacted'	Families with outcome 'FTA / Not at home' (Further contact required)
1	3783	89	11	644
2	1361	44	1	175
3	850	36	1	109
4	864	35	0	61
5	806	47	0	69
Total	7870	254	13	1081
unknown	206	3	0	23

Data taken Health Informatics Centre (University of Dundee) ©2018

A total of 7870 home visits were made across GG&C during 2017/2018. There were 1081 family contacts where families were not at home at the time of the visits.

Repeated attempts are made to visit these families. In most areas DHSW will refer back to HV's if they are unsuccessful in completing a family visit.

The data recorded on the HIC (Health Informatics Centre) system which is hosted by Dundee University and is illustrated in the table relates to the contacts with families.

What is not clearly recorded or available from the data are the numbers of families where all attempts to engage have failed and the family have been referred back to the Health Visitor.

The Oral Health Improvement team need to engage with HSCPs and HIC to develop a more robust means of identifying families where contact has been unsuccessful.

Childsmile Core (2017/2018) August 2017- June 2018

Overall levels of activity have increased for Childsmile Core. GG&C has consistently performed well when compared in the national Childsmile report to all other boards in Scotland.

During the period 100% of nurseries and additional support needs schools (ASN) were participating in toothbrushing. A total of 292 out of 299 mainstream schools and 24 Additional Support Needs schools are taking part in the programme. A school is considered as toothbrushing if it has been observed on at least one occasion as toothbrushing in line with the National Toothbrushing standards.

Oral Health Educator's (OHEs) have established effective partnership working with HSCP colleagues to support the delivery of the Childsmile Programme.

The non-participating schools are contacted on a regular basis to review interest in participation and offered support to implement Childsmile.

The partnerships affected require to raise non-participation with educational links to support participation.

NHS GG&C Establishments Participating in Toothbrushing 2017-2018

SIMD	Nurseries	Primary Schools (including additional support needs establishments)	Total (N+P)
1	104	68	167
2	104	88	180
3	95	61	152
4	78	38	115
5	68	35	101
Unknown	3	2	5
Total	452	292	720

Data taken from Health Informatics Centre (University of Dundee) ©2018

The number of nurseries participating in the toothbrushing programmes remains stable. Gaining agreement from all Schools to brush on a daily basis is an ongoing challenge, particularly in the most deprived areas of GG&C. However, the total number of establishments has increased from 718 in (2016/2017) to 720 in (2017/2018). The number of ASN schools would appear to have fallen but this is due to the merger of establishments in the board area.

There needs to be improved collaboration between the Oral Health Directorate and the HSCPs to influence positive change by partners in education to improve the uptake and sustainability of toothbrushing schemes, particularly in establishments with high levels of deprivation, lower compliance and higher risk to developing dental disease.

Childsmile Fluoride Varnish Programme

The Oral Health Improvement Team work with HSCP partners to deliver the Childsmile Fluoride Varnish programme in nurseries and schools within GG&C. A total of 43,012 fluoride varnish applications were made by the FV team during 2017/2018. The aim is to apply varnish to children's teeth twice annually.

It should be noted that fluoride varnish can be accessed through the children's GDP so children can receive this treatment twice yearly at their own dentist.

The health board focuses targeted fluoride varnish on SIMD 1 and 2 schools and nurseries.

Childsmile Nursery and School: Fluoride Varnish activity 2017/2018

CLASS TYPE	Targeted Children	Children with validated consents		Children receiving at least one FVA			Children receiving two or more FVAs		
	T	V	% of T	n	% of T	% of V	n	% of T	% of V
nursery	9980	7114	71.3%	5534	55.5%	77.8%	3162	31.7%	44.4%
p1	5932	4777	80.5%	4465	75.3%	93.5%	3543	59.7%	74.2%
p2	6101	5200	85.2%	4793	78.6%	92.2%	4083	66.9%	78.5%
p3	5989	5173	86.4%	4772	79.7%	92.2%	4070	68.0%	78.7%
p4	5675	4963	87.5%	4612	81.3%	92.9%	3959	69.8%	79.8%
p5	239	18	7.5%	10	4.2%	55.6%	4	1.7%	22.2%
p6	39	4	10.3%	3	7.7%	75.0%	2	5.1%	50.0%

There are a number of points for discussion from the fluoride varnish data. Changes to the quality assurance processes in place for the fluoride varnish visits will be revisited to provide a more robust programme for results. The fluoride varnish programme will be monitored to identify ways to improve efficiency and increase uptake of fluoride varnish.

Summary of Oral Health Educators Activity

This year the Oral Health Educators (OHE's) have been involved in the universal Oral Health Improvement Programmes for children and vulnerable adults. Activities include toothbrushing, oral health training, oral health promotion sessions, monitoring visits, and health events both local and national.

In addition OHE's are involved in targeted Fluoride Varnish sessions, providing support to families who have received a category A NDIP letter, indicating an urgent need for dental treatment. They also provide support to families who have contacted NHS24, and oral health promotion to parents/carers at Glasgow Dental Hospital General Anaesthetic sessions.

The support offered includes 1-1 advice to parents on how to address their individual needs and to encourage registration with a dentist. Support is also offered to children with a fear of going to the dentist by offering acclimatisation sessions before their dental appointment.

OHEs offer all school staff training to re-enforce the national toothbrushing standards. OHEs also assist Oral Health Training Officers to provide training and support to care home staff.

In order to increase networking and support to General Dental Practitioners the OHEs have offered all GDP's in the Board update sessions on Childsmile and Caring for Smiles.

Targeted OHE Sessions

Targeted oral health improvement sessions include parents' workshops where one to one oral health advice can be delivered e.g. parent's evenings, induction days, providing lists of local dentists to encourage dental registration. Summer community led activities took place and oral health resources were distributed in communities with high oral health needs.

HSCP area	Total Number of OHE talks within Schools	Number of Children at OHE talks	Number of HT visits	Number of parents sessions attended i.e. Induction/parents evenings	Number of referrals from School nurses	Number of monitoring contacts	Number of children seen at monitoring
Glasgow City	108	5459	56	21	7	116	4440
East Ren	41	1403	0	0	0	48	4667
Inverclyde	67	4236	24	13	0	41	3024
Renfrewshire	116	6076	53	10	0	108	6295
West Dun	97	2387	26	4	2	63	3117
East Dun	35	766	3	9	0	85	2872
Totals	**464**	**20327**	**162**	**57**	**9**	**461**	**24415**

Social Media

In order to reach as many people as possible the OHE's have engaged the community via twitter by advertising events, showcasing oral health promotion activities, and promoting key oral health messages throughout the community. In the coming year OHD will consider its own twitter feed to cascade good oral health and dental access messages.

National Smile Month 2018

National Smile Month is the UK's largest and longest-running oral health campaign. It is organised by the oral health charity, the British Dental Health Foundation and the campaign hopes to raise awareness of important health issues, and make a positive difference to the oral health of millions of people throughout the UK.

The National Smile Month campaign ran from the 14th May to the 14th June. To celebrate National Smile Month 2018, the Oral Health Improvement team invited all schools to participate in the campaign. The theme of this years' local campaign was to highlight the importance of dental attendance and positive dental experiences. Primary 5 children were asked to produce a Dental Visit Poster for the NSM competition. A certificate was awarded for the winning poster in each HSCP with the overall winner picked by the 6 finalists.

The winning school received the ‘Sparkling Smile Trophy’. 15 Schools participated in the National Smile Month poster campaign, submitting 569 posters. The primary 5 children have drawn positive and amusing posters around visiting the dentist. We will endeavour to try new methods of encouraging participation from the North West schools as this has historically always been low. A North West school participant was awarded a highly commended prize for their poster on encouraging dental registration and attendance.


Mouth Cancer Action Month November 2017/2018

Mouth Cancer Action Month is a charity campaign, which aims to raise awareness of mouth cancer and make a difference by saving thousands of lives through early detection.

Throughout November the aim was to encourage early detection and diagnosis of oral cancer by increasing education of the risk factors and signs and symptoms while encouraging everybody to discuss any concerns with their dental professional.

During Mouth Cancer Action Month we carried out focused work in all care homes they were:

- Offered instruction on the use of the 5-point check leaflets developed by Caring for Smiles. 4 care homes participated
- All care homes were given pen torches 1 per unit and offered advice on the 5-point check.
- An article was produced for care homes to use within their care home newsletter.
- All care homes were emailed a link to ‘Lets talk about mouth cancer’ video.

We promote this event as widely as possible throughout the HSCP, however going forward we are keen to strengthen a shared approach to the promotion of mouth cancer prevention.

Caring for Smiles

Caring for Smiles is Scotland's national oral health promotion, training and support programme, which aims to improve the oral health of older people, particularly those living in care homes. The Caring for Smiles Programme contains information, which is adaptable to all adults, particularly those who are dependent or vulnerable.

Summary of Caring for Smiles Training

HEALTH BOARD AREA	Greater Glasgow & Clyde		
CARING FOR SMILE IN CARE HOMES			
No of care homes for older people in board area	146	No. of care staff in board area:	7424
SCQF-ACCREDITED TRAINING NUMBERS			
		2017-18	To date
Number of care homes participating (minimum of one staff member passing)		17	55
Number of care staff with pass at Foundation level		11	70
Number of care staff with pass at Intermediate level		0	21
NON-ACCREDITED TRAINING ATTENDANCE NUMBERS			
Number of care homes participating		40	167
Number of care staff attending a session		226	4677

The table below provides data on the number of Care Homes involved in the programme within GG&C.

East Dunbartonshire HSCP	Number of Care Homes	Number participating in CFS Training	Number participating in CFS Monitoring	Total number of Residents	Number registered & seen by a dentist within last 12 months	% of residents seen & registered with a dentist within last12 months
East Dun	13	13	12	686	520	76%
East Ren	14	14	13	608	495	81%
GC	70	70	70	3354	2208	66%
Inverclyde	18	18	18	647	541	84%
Renfrewshire	22	22	21	1118	747	67%
West Dun	11	11	11	509	346	68%
Totals	**148**	**148**	**145**	**6922**	**4857**	**70%**

All participating establishments are visited by an OHE on a monthly basis to carry out a baseline audit and update the dental registration figures which are reported back to the Oral Health Directorate.

Additional Caring for Smiles Activity

Adaptations of the Caring for Smiles programme are also delivered to other members of staff these include:

- All new HCSW staff receive training (acute setting)
- Care at Home i.e. Share Scotland
- Adult care homes for residents who have a learning disability
- Respite Care Homes
- OHE to relatives and residents
- Visits to Older People groups
- Oral Health Education to adult day care centres
- Care Home Liaison Teams (our DHSW for CFS are employed and based with this team)
- Care Home Education Facilitators
- Care home nutrition group
- SALT Teams on request

A total of 526 staff have been trained. This training is provided routinely for some groups whilst for other this is on an ad hoc request basis.

The team react positively to any opportunity to influence the oral health of the population of GG&C and will continue to seek every opportunity to support and improve the oral health of the community and citizens of GG&C.

Recommendations and Progress from Previous Report

The Oral Health Improvement team will aim to improve links with NHS dental practice and provide support & training for Childsmile, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to their HSCP area

- Visits have been made to on average 79% of GDP practices to encourage Childsmile activity. Last year priority was given to practices in areas with no FV community programme. This year priority will be given to practices with high numbers of children registered and low levels of activity also to practices in areas where there is no community FV activity. Further visits will be made this year again to encourage practices to deliver all aspects of the Childsmile programme and to discuss other topics such as the Oral Health Improvement Plan.

The Oral Health Improvement team will continue to work with partners in HSCP and education to improve the uptake and delivery of Childsmile programme, particularly in challenging areas where deprivation is high and there is low uptake or sustainability of school toothbrushing

- The Oral Health Educators have provided assistance to all schools who participate in the toothbrushing programmes to sustain the toothbrusing programme. This year they have also approached all non toothbrushing schools with a menu of oral health improvement activities. The aim is to work with all schools to encourage Oral Health promotion to be a topic delivered during the school year with the aim of encouraging participation in the toothbrushing programme. However in some areas despite best efforts this is not being done and therefore we are seeking intervention of HSCP/Education to support.

The Oral Health team will work with Children and Family's teams in HSCPs to ensure our continued focus is on improving registration to support outcomes for NDIP national inspection

- We have requested access to EMIS for our staff who are supporting families following contact with NHS24, receiving an A NDIP letter (High Risk), failing to attend GA appointments. We are also offer more intensive support to other vulnerable populations such as the Roma community. The vision is to update EMIS with details of our interventions to fully inform our HV and School Nursing colleagues. This should facilitate partnership working and a timely secure way to share informtion to support families to maintain or improve their families oral health.

The Oral Health Team will work with the HSCP and partners to implement the recommendations of the Scottish Oral Health Improvement Plan

- Our Oral Health Training Officers were trained in Alcohol brief Intervention (AbI) Training. The first session of this training has been delivered to our prison dentists and we will continue to work to raise awareness of the importance of ABI with all OHI staff and our partners. We have also been working in partnership with the Scottish Prison Services to support the delivery of Smoke Free prisons and deliver the objectives in the Scottish Oral Health Improvement Plan. The delivery of all aspect of the Childsmile programme is a key vehicle to deliver comprehensive oral health improvement programmes to all children and young people.

The Oral Health Team will work with the HSCP to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working

- We offered to meet with all operational managers and team leaders to facilitate access to the Childsmile reports which gives HSCP's daily information on all oral health improvement activity in their HSCP area.

The Oral Health Team will work the Care Home Liaison teams to increase dental registration amongst the residents to ensure appropriate dental intervention when required.

- The oral health directorate funds two part time DHSW who cover the care homes across Glasgow city, all other care homes are visited by the OHE aligned to the HSCP. Work is ongoing to get as many care home residents registered and participating with dental services as possible. Currently (Nov 2018)on average 71% of Care Home residents are registered with a GDP this is an increase from 61% registered in July 2016 (the first data collection).

The Oral Health Team will strive to raise the profile of oral health across the board area to improve the oral health of the population in GG&C

- The oral Health Improvement and clinical teams continue to raise the importance of good oral health on health and wellbeing with all patients one a one to one basis. The OHI team aim to offer advice and support to as many community groups as possible. We have also been working alongside the Sugarsmart campaign to ask Nurseries, Schools to make sugar reduction pledges.

Key Findings and Recommendations

- Improvements in child oral health has slowed in GG&C overall, and is still lower than the Scottish average

- Registration with an NHS dentist continues to rise in GG&C, but participation rates for young and middle aged adults could be improved

- The proportion of very young children registered with an NHS dentist remains unacceptably low

- Wide inequalities in oral health persist across the population and HSCP area in GG&C

- Innovative methods of spreading good oral health habits are bearing fruit in prison settings and with the Roma community

- Dental extraction under GA continues to reduce across the board area

The Oral Health Directorate would be keen to work in partnership with our colleagues in HSCP's to improve the oral health outcomes for their population, with a focus in the following areas:

- The Oral Health Improvement team will aim to improve links with NHS dental practices and provide support & training for Childsmile, particularly fluoride varnish application in areas where fluoride varnish programmes are not a focus to their HSCP area
- The Oral Health Improvement team will continue to work with partners in HSCP and education to improve the uptake and delivery of Childsmile programme, particularly in challenging areas where deprivation is high and there is low uptake or sustainability of school toothbrushing and where necessary seek their intervention
- The Oral Health team will work with Children and Family's teams in HSCPs to ensure our continued focus is on improving registration to support outcomes for NDIP national inspection
- The Oral Health Team will work with the HSCP and partners to implement the recommendations of the Scottish Oral Health Improvement Plan
- The Oral Health Team will work with the HSCP to look for innovative ways to improve the oral health of their population and use HSCP intelligence to drive new methods of working
- The Oral Health Team will work the Care Home Liaison teams to increase dental registration amongst the residents to ensure appropriate dental intervention when required
- The Oral Health Team will strive to raise the profile of oral health across the board area to improve the oral health of the population in GG&C

Specific Actions for coming year:

- Dedicated work in schools with higher levels of category A and B NDIP letters.
- Review more affluent areas to determine if there is a risk that children are being overlooked in oral health improvement programmes.
- Work with education/health improvement/children and family teams to support OHI.
- Continue to focus on early years work.
- Increase registration of 0-2 age group.
- Establish a short life working group to publicise use of dental services and regular attendance to prevent attendances at out of hours/emergency services.
- Engagement with Care Homes, HSCPS and GDPS to implement the Oral Health Improvement Plan priority for enhanced skills GDPS to deliver domiciliary care.

Appendix 1: Key Contacts

Oral Health Directorate Offices
Stobhill Hospital
300 Balgrayhill Road
Glasgow
G21 3UR
0141 201 3764

Frances McLinden
General Manager Oral Health/Lead Officer for Dentistry in Glasgow
0141 201 4271
Frances.McLinden@ggc.scot.nhs.uk

Lisa Johnston
Clinical Service Manager Primary Care Oral Health
0141 201 9702
Lisa.Johnston3@ggc.scot.nhs.uk

Michael McGrady
Consultant in Dental Public Health/ Professional Lead for Primary Care Dental Services
0141 201 4212
Michael.McGrady@ggc.scot.nhs.uk

Karen Gallacher
Operational Manager for Public Dental Services
07990786456
Karen.Gallacher2@ggc.scot.nhs.uk

Susan Frew
Operational Manager for Health Improvement
07984178049
Susan.Frew@ggc.scot.nhs.uk

Julie Reilly
Operational Manager for General Dental Services
0141 201 9765
Julie.Reilly@ggc.scot.nhs.uk

Appendix 2: Childsmile Programme

The Childsmile programmes are delivered by a variety of staff, these staff are represented in the following document using the following key.

DHSW  OHE  CNN  Oral Health Directorate OHI team 

Childsmile Practice

All children will have access to a programme of care within Primary Care Dental Services at aged 0-2 years

AIM	RESPONSIBILITY	OBJECTIVES	KEY OUTCOMES	DEVELOPMENTS TO ACHIEVE KEY OUTCOMES
All children aged 0-2 years old will have access to a programme of care within Primary Care Dental Services	Health Visitors supported by: Dental Health Support Workers (DHSWs). General Dental Practitioners (GDPs). Public Dental Service (PDS) Oral Health Improvement	Encourage parents, at every contact, to register children with a dentist and promote participation on a 6 monthly basis Dental decay is reduced to improve health and tackle health inequality. A universal pathway of care is provided to all children. Target those most at risk of poor oral health outcomes and identify those most in need of additional support	100% of children are registered with a dentist Childsmile referrals made appropriately to ensure DHSW can contact families at 12 weeks All children have a health assessment carried out by the Health Visitor, this includes assessment of dental health which is recorded in the child's notes Continuation of 6-8 weeks child health surveillance	Promotion of registration of young children with all partners, including practice visits to GDPs Promotion of pathways to ensure most appropriate dental service is accessed. Audit of referrals to ensure vulnerable families are having needs met Childsmile is incorporated into EMIS system used by HV Distribution of Oral Health Packs and "Twist & Seal" cups within first year Follow up of NDIP A & B letters

Childsmile Core (Nursery)

Every nursery must be offered the opportunity to participate in the Childsmile Core (Nursery Toothbrushing) Programme. The target is for all children (part time and full time)

AIM	RESPONSIBILITY	OBJECTIVES	KEY OUTCOMES	DEVELOPMENTS TO ACHIEVE KEY OUTCOMES
Every nursery to be offer the opportunity to participate in Childsmile Core (Nursery Toothbrushing) to include all children attending either on a full time or part time basis	HSCP's Health Improvement Teams or equivalent e.g. skill mix includes; Health Improvement Dental Health Support Workers Oral Health Improvement	All nurseries to participate in Childsmile core Ensure system for supply and distribution of resources to support the nursery toothbrushing programmes Monitoring of the toothbrushing programme is completed once per term and recorded appropriately on the HIC system. All nursery children participating in toothbrushing programme have a valid consent and this is recorded appropriately. Ensure training available for all toothbrushing supervisors within the nursery establishment in line with Childsmile National Standards and recorded appropriately Support local maintenance of the HIC system is carried out on an ongoing basis Complete Childsmile data collection and evaluation reports on request.	100% of nurseries to provide a toothbrushing programme offered to all children whether part time or full time 100% of children receive two toothbrush packs per year. 100% of participating nurseries are monitored each term (twice per year) Entry of all monitoring data into the HIC system. Comprehensive system to record all parents who do not wish their children to toothbrush Entry of all monitoring data into the HIC system. 100% of appropriate nursery staff trained in line with Childsmile recommendations Entry of all monitoring data into the HIC system. Completion of relevant Childsmile evaluation data	Work to maximise the number of nursery establishments involved in the delivery of the daily, supervised toothbrushing scheme. Pack delivered to all HV teams and Nurseries and Schools. Communication folders provided to all nurseries to capture details of those children whose parents or carers do not wish to participate in the programme. Participation in Scottish Government toothbrushing census.

Agenda Item Number: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17 January 2019**
Subject Title	**Public, Service User & Carer (PSUC) Representative Support Group report**
Report By	**Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)**
Contact Officer	**David Radford, Health Improvement & Inequalities Manager** **David.radford@ggc.scot.nhs.uk** **0141 355 2391**

Purpose of Report	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)

Recommendations	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUC Representative Support Group, highlighting their progress as detailed in **Appendix 1**.
2.0	**SUMMARY**
2.1	The most recent PSUC meeting was on 10 December 2018, where members received a presentation from Mr Alan Cairns, HSCP Service Redesign Officer.
2.2	The members noted the presentation from Mr. Cairns which outlined the HSCP's draft 'Fair Access to Community Care Policy'
2.3	The members noted and discussed the forthcoming inspection on adult services.
2.4	The group received and discussed the draft 'PSUC Evaluation' Report which detailed the feedback from the member's review of their Training Needs.
2.5	The recommendations from the draft Evaluation report will be taken forward into the 2019/2020 action plan.
2.6	The members have received replies from their recent missives sent to the Scottish Governments local elected representatives. The HSCP Board will be updated on the outcome of the two meetings in 2019.
3.1	It is recommended that the HSCP Board: ▪ Note the progress of the Public, Service User & Carer Representatives Support Group.

East Dunbartonshire Health & Social Care Partnership

Appendix 1

Public Service User and Carer Support Group – 10 December 2018 – The Woodlands Centre, Waterloo Close, John St, Kirkintilloch.

Attending; David Bain, Martin Brickley, Suzanne McGlennan Briggs, Sandra Docherty, Avril Jamieson, Linda Jolly, Fiona McManus and Jenny Proctor.

Apologies; Karen Albrow, Gordon Cox and Susan Manion.

HSCP Staff in attendance; Alan Cairns and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
PSUC 'Evaluation Report' to be shared with members for discussion and input. Next PSUC meeting agenda to include time for this feedback.	AC	By next meeting (14/01/19)			
The 'Fair Access' presentation by A Cairns to be shared with the members.	AC	By next meeting (14/01/19)			
The 'Fair Access' policy paper by A Cairns to be shared with the members.	AC	By next meeting (14/01/19)			
The Adult Inspection presentation to be shared with the members.	AC	By end of year (31/12/19)			
LPG's action plansx2 to be shared with members.	AC	By next meeting (14/01/19)			
LPG's 2019 meeting dates to be sourced and shared with members.	AC	By next meeting (14/01/19)			
Members have requested an update on the HSCP 'Falls Prevention' programme - Discuss with Fiona Munro, re; appropriate staff to discuss work stream and present on.	AC	By next meeting (14/01/19)			
HSCP staff to source out printing and costs for a PSUC pop-up banner.	AC	By next meeting (14/01/19)			
HSCP officer to adapt and present the health and wellbeing questionnaire and share with group for discussion/work stream for 2019.	AC	By next meeting (14/01/19)			

Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**East Dunbartonshire HSCP Clinical & Care Governance Sub Group minutes of meeting held on 28 November 2018**
Report By	**Lisa Williams, Clinical Director**
Contact Officer	**Lisa Williams, Clinical Director** **Tel: 0141 304 7425** **Lisa.Williams@ggc.scot.nhs.uk**

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

Recommendations	The Health and Social Care Partnership Board is asked to: • Note the contents of the draft minute of the Clinical & Care Governance Sub Group held on the 28th November 2018.

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

Implications for Health & Social Care Partnership

Human Resources	None

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

Financial:	None.

Legal:	None.

Economic Impact:	None

Sustainability:	None

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

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

Appendix 1 - Draft minute of the Clinical & Care Governance Sub Group held on the 28th November 2018

Clinical & Care Governance Sub Group
28th November 2018, 2.30pm
Corporate Meeting Room, OHD HQ, Stobhill

Members Present

Name	Designation
Lisa Williams	Clinical Director
Paolo Mazzoncini	Chief Social Work Officer/Head of Children and Criminal Justice Services
Alex O'Donnell	Criminal Justice Service Manager
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Leanne Connell	Senior Nurse, Adult Nursing
Lorraine Currie	Operations Manager, Mental Health
Suzanne Greig	Interim Fieldwork Manager

In Attendance

Name	Designation
Dianne Rice	Clinical Governance Support Officer
Philip O'Hare	Clinical Risk Coordinator

Apologies

Name	Designation
Susan Manion	Chief Officer
Caroline Sinclair	Head of Community Mental Health, LD & Addictions
David Aitken	Joint Adult Services Manager
Gillian Notman	Change & Redesign Manager
Derrick Pearce	Head of Community Health and Care Services
Stephen McLeod	Head of Specialist Children's Services
Claire Carthy	Fieldwork Manager
Lorna Hood	Senior Nurse, Children & Families
Fraser Sloan	Clinical Risk Analysis
Fiona Munro	Manager, Rehab & Older Peoples Services
Michael McGrady	Consultant in Dental Public Health Clinical Effectiveness Coordinator
Andrew Millar	Clinical Effectiveness Co-ordinator
Raymond Carruthers	Operational Service Manager, Oral Health
Raymond Walsh	Resources Manager

No.	Topic	Action
1	**Apologies and attendance**	
	Apologies and attendance are detailed on page 1 Lisa Williams welcomed all attendees to the group.	
2.	**Presentation – Child Protection**	
	Suzanne Greig, Interim Fieldwork Manager attended the meeting today and provided the group with a PowerPoint presentation relating to Child Protection facts and statistics. Suzanne advised the group that the Scottish Government had introduced the National Child Protection Improvement Programme. The purpose and aim of this programme was to make improvements in all areas of child protection and put children's well-being first to keep them safe from abuse and neglect. A report was published in March 2017 setting out the actions which required to be taken to improve child protection in Scotland.	
2	**(a) Minutes of Previous Meeting – 9th October 2018**	
	The minutes of the 9th October were agreed as an accurate reflection of the meeting.	
4	**Rolling Action List**	
	The group viewed the outstanding actions from the previous meeting. Dianne will update the document to reflect updates.	**DR**
5	**Matters Arising**	
	HSE Audit – Building User Group progress Derrick Pearce was unfortunately unable to attend the meeting and it was agreed that this item would be deferred to the January 2019 meeting.	**DP/DR**
	Service Gap within CAMHS A gap in service was highlighted when a patient who unfortunately never received treatment due to a number of issues. The issues arose due to boundary and age restrictions. Stephen McLeod, Head of Specialist Children's Services was unable to attend the group, however, had previously provided an update on the recent gap in service. Lorraine Currie provided the group with a timeline of events in relation to the incident. Guidance states that people >18, or approaching 18 should be triaged and seen by CAMHS. Once the individual is 18+ they referrals should be directed to CMHT. Lisa Williams will highlight this at the next GP Forum for clarity. **Homecare Inspection Update** Derrick Pearce was unfortunately unable to attend the meeting and it was agreed that this item would be deferred to the January 2019 meeting.	**LW** **DP/DR**
6	**Governance Leads Update / Reports**	
a.	Core Audit Reports No issues were noted for the majority of audits, however, it was noted that Children & Families had a lower score of 84%. Lorna Hood will investigate reasons for low scores and feedback to the group.	**LH**

b.	**Adult Services** LD The group were informed that it had been highlighted that there was a lack of training for staff and carers in relation to fitting of tracheas. David Aitken has escalated this to NHSGG&C Board. Leanne Connell advised that training is challenging, however, Acute sector has opened current training to carers, however, the training is theory based and there is not a "hands on" element included. The group agreed to discuss this issue further at the January meeting. Mental Health An update was circulated previously with the agenda. Lorraine Currie informed the group that there had been 2 SCIs with identified actions that have since completed and closed off. One 4/5 review has been circulated to the SCI Review group. Within this period Mental Health had received 1 complaint. This complaint was subsequently withdrawn. Lorraine mentioned the recent CBT pilot. She will bring this to the next meeting for noting. EDADS David Aitken advised that a Drug Related Death group has been established to look at joint issues. Alex O'Donnell expressed interest in attending the group. David Aitken will invite Alex to the meetings. Adult Social Work No relevant update to give.	**DR** **LC**
	Adult Nursing Leanne Connell informed that the service is experiencing significant challenges due to staff shortages. The Adult Nursing Team is running at 50% under GG&C recommendations due to sick leave and retirement. Leanne advised that the Diabetic Specialist Nurse would be retiring and although interviews had taken place, they were unable to appoint. A paper will feature at the next SMT for discussion in relation to the above issues. Leanne explained that there have been some benefits gained by being integrated with Social Work Services. Discussion took place around weekend staffing, national issues and issues with recruitment and retention in relation to the new GP contract. It was agreed that this item would remain on the agenda.	**DR**
c.	**Older People's Services** Older People's Mental Health No relevant update to give.	

	Older People's Social Work No relevant update to give. CRT No relevant update to give.	
d.	**Children's Services** Children & Families Social Work Claire Carthy advised that the inspection had commenced on the Adoption and Fostering Service. Interviews, focus groups, policy briefings and scrutiny of files are currently taking place. A final report will be produced in 2019 and will be brought back to the group for reviewing. Children & Families Vaccination Treatment Programme – Lorna Hood informed the group that discussions are ongoing in relation to premises. Lorna will keep the group updated with progress. Specialist Children's Services An update was circulated previously with the agenda. Lisa Williams highlighted that Scottish Government and Youth Parliament have produced guidance regarding the transition of patients from CAMHS to Adult services. This document will replace the NHSGGC Transition document and be implemented in CAMHS with immediate effect.	**CC** **LH**
e.	Oral Health An update was circulated previously with the agenda. The update included the SOP for Treatment of Inhalation and Ingestion of Foreign Body / Materials in Dental Patients. The SOP is effective from 1st November 2018 until it is reviewed again in November 2020.	

f.	Criminal Justice update Prison and Healthcare Alex O'Donnell advised that there is a legislative review in place at present as there are issues in meeting health care needs for the ageing population within prisons. Lengthy discussion took place around challenges, governance and standing operating procedures for staff. The group asked that the lead for review be invited to the next meeting for an updated. Alex O'Donnell will extend the invitation. MAPPA Annual Report The group were informed that the above report was now published and available online. Alex gave an overview of current MAPPA situation within East Dunbartonshire. HM Chief Inspector's Annual Report 2017/18 The above report has now been published and available online. Alex advised that the performance and outcomes within the report were positive. Serious Incident Review Report The above report was produced and published by the Care Inspectorate. Alex advised that he had reviewed the 2 cases which were included for East Dunbartonshire. Both cases had been reviewed but never proceeded to SIR. Alex advised that all steps and actions taken were correct and appropriate.	**AO'D**
g.	Primary Care & Community Partnership Governance Group update There was no update available as this meeting took place outwith reporting timeframe.	
h.	Board Clinical & Care Governance Forum update There was no update available as this meeting took place outwith reporting timeframe.	
i.	Service Inspections It had been discussed at the previous meeting that a process should be developed for service inspection discussions at the Clinical & Care Governance Group. The group agreed that if any service were graded 3 or above it would appear on the agenda for noting only. Any service graded below 3 would be discussed at the meeting and actions would be followed up until completion.	
	Risk Management	
7a.	Care Home Update Leanne Connell advised that the Care Home Support Teams first meeting had gone well and that they now have a schedule for 2019. Care Home data has been supplied by HSCP Planning & Commissioning team. This will be combined by the Information Department and discussed and monitored at the meetings. The group will have a quality improvement approach. They will look at guidelines of care within care homes to move to a concern = investigation report. This will hopefully be tested within the Care Homes.	

	The Advanced Nurse Practitioner will be trained in December and will have input into 4 Care Homes within East Dunbartonshire.	
b.	Clinical Risk update Philip O'Hare attended the group and gave an overview of the report previously circulated with the agenda. Philip advised that within the quarter there were a total of 37 incidents. A pressure ulcer incident had not been categorised avoidable or unavoidable. Leanne Connell will categorise. Another incident in relation into insulin was noted. Philip advised that there had been an increase in insulin incidents boardwide. Leanne advised that a District Nurse had investigated this incident and provided a report for Lisa Williams to review. Philip reminded the group that the Clinical Risk Department are happy to provide support to teams and managers in relation to SCIs.	**LC**
c.	HSCP Incident Report – 08/09/18 – 14/11/18 The group reviewed the incident report. Discussion took place around the following incidents: **530723** – This incident was in relation to vulnerable child being removed from GP register without advising the Health Visiting Team. Lisa Williams asked for more detail in relation to this incident. Dianne Rice will provide full incident details to Lisa. **537101** – This incident was in relation to a staff member being racially abused. Lisa Williams asked if this was reported to Police. Team Leader who reported the incident will be contacted. **533830** – This incident was in relation to a staff member taking money from service user. Lisa Williams asked if this had been escalated. Team Leader who reported the incident will be contacted.	
d.	OHD Incident report – 08/09/18 – 14/11/18 The group reviewed the incident report. No concerns were raised.	
e.	Service Risk Registers It was agreed that this item would be discussed at the next meeting. Working is ongoing around the risk registers at present.	**DR**
f.	Datix Update – August 2018 The update was circulated previously with the agenda for information.	

	Reducing Harm from Medicines	
8.	Public Health Reports / Prescribing updates Carolyn Fitzpatrick advised that unfortunately the Prescribing Governance Group had to be cancelled. Carolyn advised that they had recruited 3 new members of staff to take forward the GP contract The group were informed that East Dunbartonshire is currently £200,000 overspent on the prescribing budget. There had been a misallocation highlighted. Central Analysts are currently working to identify the cause.	
	Clinical Effectiveness / Quality Improvement	
9a.	Quality Improvement Monitoring At a previous meeting discussion took place around quality improvement spreadsheet. Members found the template cumbersome to complete. Dianne Rice contact North Glasgow to scope templates used by them. The group agreed to move to the same system as North Glasgow. Dianne Rice will devise an overview document for each meeting.	**DR**
	Scottish Patient Safety Programme	
10a.	SPSP Lisa advised that she and Stuart Sutton wit on the Primary Care Quality Improvement Steering Group. Lisa explained that although there is no more funding the group are looking at quality improvement. Proposals are DMARDS and Chronic Obstructed Airways. Lisa will keep the group informed.	**LW**
b.	SPSO update – October 2018 The SPSO reports where circulated previously with the agenda for information.	
	Enabled to Deliver Person Centred Care	
11.	Complaints Report- 8/9/18 – 14/11/18 The group reviewed the reports. i) Health – There were no complaints to note ii) Social Work – There were 8 complaints noted. Stage 2 complaints and outcomes are detailed below: There were 5 Stage 2 complaints. One was in relation to staff attitude / behaviour and 4 were in relation into services / standards. Paolo Mazzoncini advised that annual report on complaints should be discussed at the Clinical & Care Governance group. Paolo, Lisa and Dianne will look at this.	**PM/LW / DR**

	Vulnerable Children & Adults	
12a.	Child Protection Claire advised that a Vulnerable Young People briefing took place and that there is now a register in place. Claire advised that the same model will be used as the Child and Adult Protection registers. Initial Referral Discussions (IRD) with Police is still ongoing regarding criteria.	
b.	Child Protection Case Conference Attendance The meeting took place outwith reporting timeframe.	
c.	Looked After & Accommodated No relevant update to give.	
d.	Child Protection Forum Minutes – The meeting took place outwith timeframe.	
	Infection Control	
14.	Partnership Infection Control minutes The minutes of 20th September 2018 were circulated previously with the agenda for information.	
	General Business	
19	Any other business All 2019 meetings will begin at 2pm.	
20	Schedule of meetings 2019 The schedule 2019 was circulated previously with the agenda for information.	
21	**Date and time of next meeting** **Wednesday 30th January 2019, 2pm, Corporate Meeting Room, OHD Headquarters, Stobhill**	

Agenda Item Number: 12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17 January 2019**
Subject Title	**East Dunbartonshire HSCP Staff Partnership Forum minutes of meeting held on 19 November 2018**
Report By	**Tom Quinn, Head of People & Change**
Contact Officer	**Tom Quinn, Head of People & Change** **0141 232 8227** **Tom.Quinn@ggc.scot.nhs.uk**

Purpose of Report	To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP. Key topics covered within the minute include: - An update on the Workforce Plan, with revised workforce demographics at 30 September 2018 - An update on activity to increase uptake of the flu vaccination - Our Draft Winter Plan and the activity associated to achieve the outcomes of the plan - An update on our work to achieve the actions within the Staff Governance Action Plan

Recommendations	The Health and Social Care Partnership Board is asked to: • Note the contents of the minute of the Staff Partnership Forum minutes of 19 November 2018.

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources	Information is cascaded to staff through the partnership via Our News

Equalities:	N/A

Financial:	N/A

Legal:	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

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

1.0	**MAIN REPORT**
1.1	Minute of meeting of 19 November 2018 attached**.**

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Mrs Susan Manion

Minutes of East Dunbartonshire Staff Forum Meeting
Monday 19th November 2018 at 2pm in F33A&B, Kirkintilloch Health & Care Centre

PRESENT

Susan Manion (SM)	**ED HSCP Chief Officer - Chairing**
Andrew McCready (AMC)	**Unite Oral Health (Co Chair)**
Lyndsay Ovenstone (LO)	**British Dental Association Area Representative**
Simon McFarlane (SMcF)	**Unison Regional Organiser**
Janice Campbell (JC)	**Unison**
Caroline Smith (CS)	**HR Case Management Adviser**
Nikki Edgar (NE)	**HR Case Advisor**
Claire Carthy (CC)	**Interim Head of Children & Criminal Justice Services**
Derrick Pearce (DP)	**Head of Health & Community Care Services**
Linda Tindall (LT)	**Senior Organisational Development Advisor**
Anne McDaid (AMc)	**RCN SPF Joint Secretary**
Margaret McCarthy (MMcC)	**Unison**
Tom Quinn (TQ)	**Head of People & Change**
Margaret Hopkirk (MH)	**People and Change Manager**
Frances McLinden (FMc)	**General Manager Oral Health**
Gary McNally (GMcN)	**UNISON Staff rep**
Brian McGinty (BMcG)	**Unite**
Dianne Rice (DR)	**Minute Taker**
Sarah Hogg (SH)	**Clerical Officer (Shadowing DR)**

ITEM	SUBJECT	ACTION
1.	**Welcome & Apologies** SM opened the meeting by welcoming everyone present and requested a round of introductions took place for the benefit of new members attending for the first time. Apologies were submitted on behalf of Leanne Connell, David Radford, Stephen McLeod, Esther O'Hara, Marie Low and Diane McCrone.	
2.	**Minutes of previous meeting** Minutes of meeting held on 17th September 2018 were agreed as correct with the following amendments noted: Page 1. TQ Advised CS title should include "Interim". SMcF asked if the congratulatory letter to Ferndale staff had been sent, SM advised the letter was still to be drafted and sent but will be completed.	**SM**

3.	**Matters Arising** SMcF advised staff side rep nominations have been submitted to TQ. Staff Awards LT advised the overall winner was the CMHT for their hard work improving waiting times. The event was a great success and well attended. SM took the opportunity to congratulate the CMHT and also thanked LT for her hard work. We will look to review the format to ensure its continuing success. Smoking Cessation Update TQ advised the grievance process is now resolved. An update will be brought to the next meeting. Flu Immunisation TQ advised 40% of staff have been immunised. Uptake has been low and every effort to encourage staff to be immunised should be taken. A dedicated session for KHCC was held on the 15th November, however, the vaccinations were not delivered until the afternoon. 120 staff were immunised throughout the afternoon. TQ will scope another potential session. This will be dependent on expressed interest. AMc enquired as to the success of other services such as Oral Health and Children's Services. SMcF also asked regarding a potential session at Milngavie Clinic. DP mentioned peer immunisation should be encouraged providing the facility is available. The majority of teams at Milngavie can peer immunise. SM enquired as to the rates for the Specialist Children's Services, TQ advised they are looking at Skye House and Templeton resources. SMcF checked the vaccination is available for all staff. SM asked if the numbers recorded included the council staff. TQ advised only NHS staff numbers are recorded. A further update will be brought to the next SPF.	
4.	Strategic Inspection of Adult Services TQ specified appendix 2 highlights specific dates and deadlines for reports and survey completion. SM encouraged staff to complete the surveys and asked all members to ensure that all staff has the opportunity to complete the survey. LT advised paper copies have been delivered and every effort should be made to ensure return. SM Advised appendix 1 highlights the five areas which will be assessed. LT advised invites to meetings requested by inspectors is on target. SMcF asked for confirmation of staff side being included. SM advised Council and NHS are met with separately. LT advised locality meetings and groups are being arranged. CC advised the Fostering and Adoption Services are currently under inspection. The services were inspected last year and a number of	

	requirements and recommendations were made. CC is confident improvement has been made and will be evidenced in this current inspection.	
5.	Finance Update SM spoke to the paper giving a summary of the HSCP Financial as at period 6. It was noted that an overspend of £1M has been marked as a risk. A number of concerns have been highlighted in the paper particularly around prescribing budget. Discussions are taking place in relation to the 2019/2020 budget and an efficiency plan has been identified. SMcF advised Unison has requested Scottish Government to increase funding for public services. SM informed the information will be up to date and correct.	
6.	Staff Governance TQ advised the plan has been updated and now includes the i-matter report. This information will also be made available to the Care Inspectorate for their information. SM asked regarding the employment engagement index. TQ advised it has been green for a couple of years. The engagement index should be higher across the 5 domains measured. East Dun HSCP is doing well but could do better. LT advised 4 of 64 teams including 1 out of 17 Specialist Children's Services have updated action plans. Reminders have been sent as the action plans remaining are to be uploaded by the 30th November 2018.	
7.	Winter Plan DP gave a brief summary of the updated Winter Plan. DP advised the updated winter plan was signed off last Thursday and the plan will be updated annually. AMc asked regarding access over the winter months. DP advised Council road services have been included and will prioritise main routes and access to 4x4 vehicles will be available. . DP also highlighted that everyone will receive the same consistent advice. SMcF Noted that Homecare went above and beyond during the snow last year. CC also praised all staff going above and beyond. TQ advised staff should not put themselves at risk and AMc noted that agile workers can work from home. DP advised the HSCP is in a much better position than last year. He also highlighted the requirement to deliver services but also to keep staff safe.	

	AMc also mentioned to keep in consideration staff from other areas who cannot make it to work but have presented at their local health centre. MMcC spoke regarding office based staff.	
8.	HR Update MH spoke to the paper that was circulated previously with the agenda. The report provided information for the September 2018 period. In relation to abscence, MH reported the Council is sitting at 9.78% and Health is sitting at 5.82%, absence rate which is higher than the target of 4%. Stress and Depression is still the highest recorded reason for absence. It was noted that Oral Health currently have the lowest absence rate. eESS MH advised eESS was launched on Friday 16th November 2018. MH asked staff to ensure all personal details are correct and managers to check their staff lists. A generic Inbox has been set up for any queries and questions that may arise. TURAS TQ advised the 3 month window for recording data from KSF to TURAS has closed the result of the reports in July 2018 have almost halved from 60% to 30%. TQ advised the number is expected to rise as the deadline of November 30th approaches. FMc suggested Oral Health tied i-matter and TURAS together to make it more conjoined. Helping staff see how it all fits together. SM Asked for a continued effort to be made around statutory and Mandatory training. TQ advised low completion rate of needle stick mandatory training. Everyone is responsible for Health and Safety. Once the District Nurses and Health Visitors complete the training the completion rate is expected to rise.	
9.	Home Care Review DP advised the Care Review commenced on 18th September 2018. Meetings are being had every fortnight. A further update will be brought to the next meeting.	**DP**
10.	Workforce Plan TQ brought an updated plan for comment. The plan will be taken to the HSCP Board in March. An update will be brought to the next meeting.	**TQ**
11.	HSCP Business Plan Update SM advised that this was the first year of the annual business plan. The plan will outline priorities, service improvements etc. The Business Plan is in line with the Strategic Plan and will be able to capture activities and	

	outcomes.	
12.	Public Health Review TQ advised this item would be deferred to the next SPF as David Radford had submitted his apologies.	
13.	Excellence in Care This item is deferred to the next SPF as Leanne Connell had submitted her apologies.	
14.	School Age Nursing Review August 2018 has now seen the completion of the School Nurse Review. The review has shown a number of challenges and issues faced by NHSGG&C. There are a number of vacancies over East Dun HSCP. A national recommendation has been made regarding the job Description~~.~~ w~~W~~hich has resulted in a local version, the detail of which is being finalised. The Scottish Government has committed to having an~~d~~ additional 250 CAMHS Nurses with a further 250 School Nurses or Nurses in Schools across Scotland, although confirmation is being sought on the actual details of how this will be rolled out. There are also concerns regarding funding and difficulty in recruiting School Nurses. CC advised there are currently 2 Nurses in Schools not qualified as School Nurses in East Dun HSCP. Although one nurse has been nominated to complete further training due to start in January 2019. A further update will be brought to the next meeting.	**CC**
15.	Stress Survey MH advised the survey was now complete and they are in the process of analysing the results. To ensure the gold award is retained surveys are to be competed every 3 years. 243/589 has been returned. Focus groups will be set for January 2019.. Reports received back will be taken to the next Healthy Working Lives meeting.	
16.	OHD Health and Safety Minutes HSCP FMc advised the minutes were circulated previously with the agenda for information. FMc noted new legislation regarding disposal and amalgam separator must be in compliance by March 2019.	
17.	Specialist children's Services Staff Forum Minutes TQ advised the SCS met two weeks prior to the SPF and the minutes have been circulated previously with the agenda for information. SM asked that a representative of Specialist Children's Services attend future meetings in Stephen McLeod, Head of Specialist Children's Services	

	absence .	
18.	Meeting Dates for 2019 2019 dates have been circulated for information. Potential that Mondays may not suit for future meetings.	
25.	**Date and Time of Next Meeting** 21st January 2019, F33 A&B, Kirkintilloch Health Care Centre.	

East Dunbartonshire Health & Social Care Partnership

Chief Officer: Mrs Susan Manion

Agenda Item Number: 13

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Audit Scotland Report – Health and Social Care Integration: Update on Progress**
Report By	**Susan Manion, Chief Officer**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer** **Tel:0141 777 3311 Ext 3221** **Jean.Campbell2@ggc.scot.nhs.uk**

Purpose of Report	The purpose of this report is to present Audit Scotland's report on 'Health and Social Care Integration – Update on Progress'.

Recommendations	The Performance Audit & Risk Committee is asked to: a) Note the content of the report b) Agree to consider further reports on the progress of the recommendations across all partnership bodies tasked with delivering improvement actions.

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources:	
Equalities:	
Financial:	
Legal:	
Economic Impact:	
Sustainability:	
Risk Implications:	
Implications for East Dunbartonshire Council:	
Implications for NHS	

Greater Glasgow & Clyde:	

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

1.0 MAIN REPORT

1.1 Under the direction of the Accounts Commission, Audit Scotland were tasked to undertake three national performance audits of health and social care integration following the introduction on the Act :

- Health and Social Care Integration – published December 2015 and covers progress in the transitional year of Integration Authorities;
- Update on Progress (**Appendix 1**) – published November 2018 and the subject of this report; and
- How Resources are used – will report on the impact that integration has had on how health and social care resources are used.

1.2 The aim of the second audit is to "*examine the impact public bodies are having as they integrate health and social care services*". Integration can only make a meaningful difference to the people of Scotland with the commitment of Integration Authorities (IAs), Councils, Health Boards, Scottish Government and COSLA. Overall the report delivers four key messages:

- IAs have introduced more collaborative ways of delivering services and made improvements across a range of areas. This demonstrates that integration can work within the current legislative framework. However, they are operating in an extremely challenging environment and there is much more to be done;
- Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. Financial pressures across the organisations making it difficult for IAs to make meaningful change;
- Strategic planning needs to improve with significant barriers to be overcome, such as: lack of collaborative leadership and strategic capacity; high turnover in IA leadership teams; disagreements over governance arrangements and an inability or unwillingness to share data across partnerships and with the public; and
- Significant changes are required in the way services are delivered, with all partners working together to be more open and honest about the changes needed to sustain health and care services

1.3 As detailed above, one of the key messages is that integration can work and that the Act can be used to advance change. Integration Authorities have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delayed discharges.

1.4 A significant element of the report discusses the financial position and challenges facing IAs. Integration Authorities are responsible for directing almost £9 billion of health and social care resources, and like their partner organisations have had to find efficiency savings to maintain financial balance. Financial pressures coupled with increased service demands have led to many IAs struggling to achieve a balanced budget, requiring a combination of increased partner contributions, utilisation of reserves if available and implementation of in year recovery plans.

1.5 In 2017/18 IAs needed to achieve savings of £222.5m, an increase of 8.4% on the previous year and equivalent to 2.5% of the total allocation to IAs from councils and health boards. The savings target varied across IAs from 0.5% to 6.4% with a number of IJBs agreeing to budgets at the start of a financial year based on a level of unidentified savings. For EDHSCP Board the level of savings required to balance the 2018/19 annual budget was £5m or 3.8% of the available budget, excluding set aside.

1.6 The level of reserves also varied with 8 of the 31 IAs not holding any balance and the remaining holding a total of £125.5m or 1.5% of their total income. Exhibit 3 (pg 13) of the report displays the Scotland wide position, with EDHSCP being shown with the 8th highest reserve balance of £4.1m or 2.7% of total income. However it should be noted that this is the total of both earmarked and un-earmarked reserves.

Table 1: Reserves Balances extracted from 2017/18 Annual Accounts

Movements in Reserves During 2017/18	General Fund Balance	Ear-Marked Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2017	**(2,661)**	**(2,570)**	**(5,231)**
In Year drawdown of Reserves	0	0	0
Total Comprehensive Income and Expenditure	1,704	(560)	1,144
Increase or Decrease in 2017/18	**1,704**	**(560)**	**1,144**
Closing Balance at 31 March 2018	**(957)**	**(3,130)**	**(4,087)**

1.7 Another key element of financial resource is the set aside budget. The Act was intended to help shift resources away from the acute hospital system towards preventative and community based services. The report highlights that "*to date the set aside aspect of the Act is not being implemented*" and this must be addressed given that approximately £809m or 9% of IAs budget resource. The reasons provided for the lack of progress relate to availability of data to analyse set aside activities, a lack of common understanding and agreement on how to identify the set aside budget and a lack of agreement on how to implement this aspect of the legislation. There remain significant pressures on acute budgets which would have to be addressed before there could be any realistic release of resource to fund alternatives within a community setting. The report acknowledges that any reforms would benefit from continued 'pump priming' funding to facilitate change such as that provided through the Integrated care Fund and the Social care Fund.

1.8 The report also highlights progress IAs have made across the variety of performance

targets from the nine national health and well being outcomes to the six national indicators set by Scottish Government with four of the six key indicators showing improvement. Examples of positive local performance are illustrated across a number of case studies.

1.9 There are sixteen report recommendations detailed over six main headings which require to be considered and actioned by IAs, councils, health boards, the Scottish Government and COSLA working together to deliver meaningful change:

- Commitment to collaborative leadership and building relationships;
- Effective strategic planning for improvement;
- Integrated finances and financial planning;
- Agreed governance and accountability arrangements;
- Ability and willingness to share information; and
- Meaningful and sustained engagement

1.10 All partner organisations will now need to take time to fully consider this report and come together to take forward recommendations to ensure health and social care services are well integrated and support people at the right time in the best setting.

Health and social care series

Health and social care integration

Update on progress

ACCOUNTS COMMISSION

AUDITOR GENERAL

Prepared by Audit Scotland
November 2018

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about-us/accounts-commission

Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

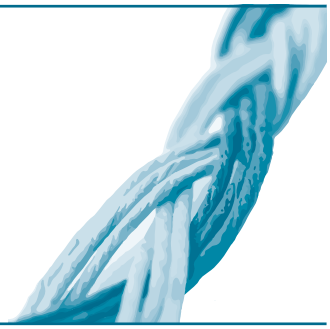
The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Environment Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: www.audit-scotland.gov.uk/about-us/auditor-general

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

Contents



Links

PDF download

Web link

Exhibit data

When viewing this report online, you can access background data by clicking on the graph icon. The data file will open in a new window.

Audit team

The core audit team consisted of Leigh Johnston, Neil Cartlidge, Christopher Lewis and Lucy Jones, under the direction of Claire Sweeney.

Key facts

Savings Integration Authorities needed to achieve in 2017/18

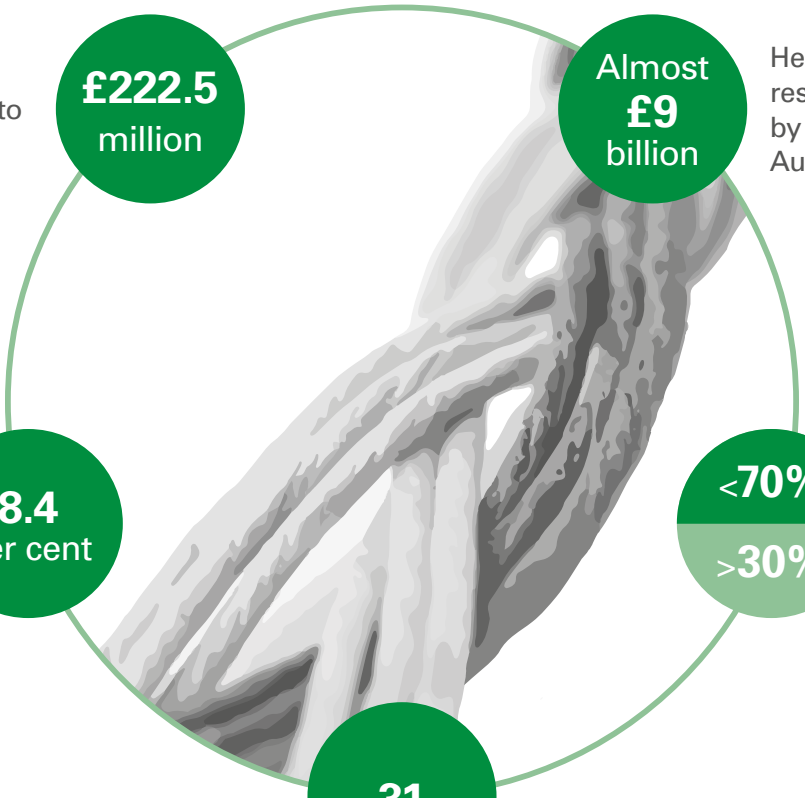
£222.5 million

Almost **£9 billion**

Health and social care resources directed by Integration Authorities

Increase in required savings from 2016/17

8.4 per cent



<70%

>30%

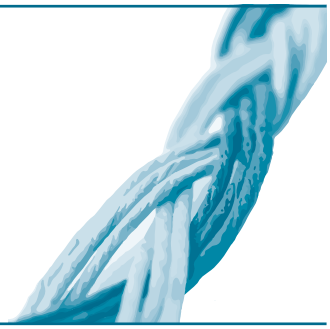
Integration Authority funding comes from the NHS

Funding comes from local authorities

31

Integration Authorities established through partnerships between the 14 NHS boards and 32 councils in Scotland

Summary



Key messages

1 Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.

2 Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.

3 Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public. Local areas that are effectively tackling these issues are making better progress.

4 Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Partners also need to improve how they share learning from successful integration approaches across Scotland. Change cannot happen without meaningful engagement with staff, communities and politicians. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

several significant barriers must be overcome to speed up change

Recommendations

It is not possible for one organisation to address all the issues raised in this report. If integration is to make a meaningful difference to the people of Scotland, IAs, councils, NHS boards, the Scottish Government and COSLA need to work together to address six areas outlined below.

Commitment to collaborative leadership and building relationships

The Scottish Government and COSLA should:

- ensure that there is appropriate leadership capacity in place to support integration
- increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively.

Effective strategic planning for improvement

Integration Authorities, councils and NHS boards should work together to:

- ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA
- monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Government should:

- ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration.

Integrated finances and financial planning

The Scottish Government should:

- commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.

The Scottish Government and COSLA should:

- urgently resolve difficulties with the 'set-aside' aspect of the Act.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care.

Integration Authorities, councils and NHS boards should work together to:

- view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.

Agreed governance and accountability arrangements

The Scottish Government and COSLA should:

- support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

- agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen.

Ability and willingness to share information

The Scottish Government and COSLA should:

- monitor how effectively resources provided are being used and share data and performance information widely to promote new ways of working across Scotland.

The Scottish Government, COSLA, councils, NHS boards and Integration Authorities should work together to:

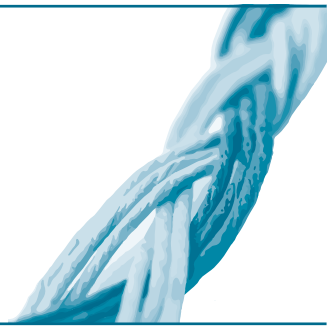
- share learning from successful integration approaches across Scotland
- address data and information sharing issues, recognising that in some cases national solutions may be needed
- review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly.

Meaningful and sustained engagement

Integration Authorities, councils and NHS boards should work together to:

- continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.

Introduction



Policy background

1. The Public Bodies (Joint Working) (Scotland) Act, 2014 (the Act) is intended to ensure that health and social care services are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care. The reforms affect everyone who receives, delivers and plans health and care services in Scotland. The Act requires councils and NHS boards to work together to form new partnerships, known as Integration Authorities (IAs). There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland.

2. As part of the Act, new bodies were created – Integration Joint Boards (IJBs) (Exhibit 1, page 9). The IJB is a separate legal entity, responsible for the strategic planning and commissioning of the wide range of health and social care services across a partnership area. Of the 31 IAs in Scotland, 30 are IJBs and one area, Highland, continues with a Lead Agency model which has operated for several years. In Highland, the NHS board and council each lead integrated services. Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley. You can find more information about integration arrangements in our short guide.

3. Each IA differs in terms of the services they are responsible for and local needs and pressures. At a minimum, IAs need to include governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. In some areas, partners have also integrated children's services and social work criminal justice services. Highland Lead Agency, Dumfries and Galloway IJB, and Argyll and Bute IJB have also integrated planned acute health services. IAs became operational at different times but were all established by April 2016. The policy context for IAs is continually changing, and many policies have an impact on IAs, such as the new GP contract and changes to payments for social care services.

About this audit

4. This is the second of three national performance audits of health and social care integration following the introduction of the Act. The aim of this audit is to examine the impact public bodies are having as they integrate health and social care services. The report sets out six areas which need to be addressed if integration is to make a meaningful difference to the people of Scotland. This audit does not focus in detail on local processes or arrangements and it complements the programme of strategic inspections by the Care Inspectorate and Healthcare Improvement Scotland.[1] Appendix 1 (page 41) has more details about our audit approach and Appendix 2 (page 42) lists the members of our advisory group who provided help and advice throughout the audit.

What is integration? A short guide to the integration of health and social care services in Scotland

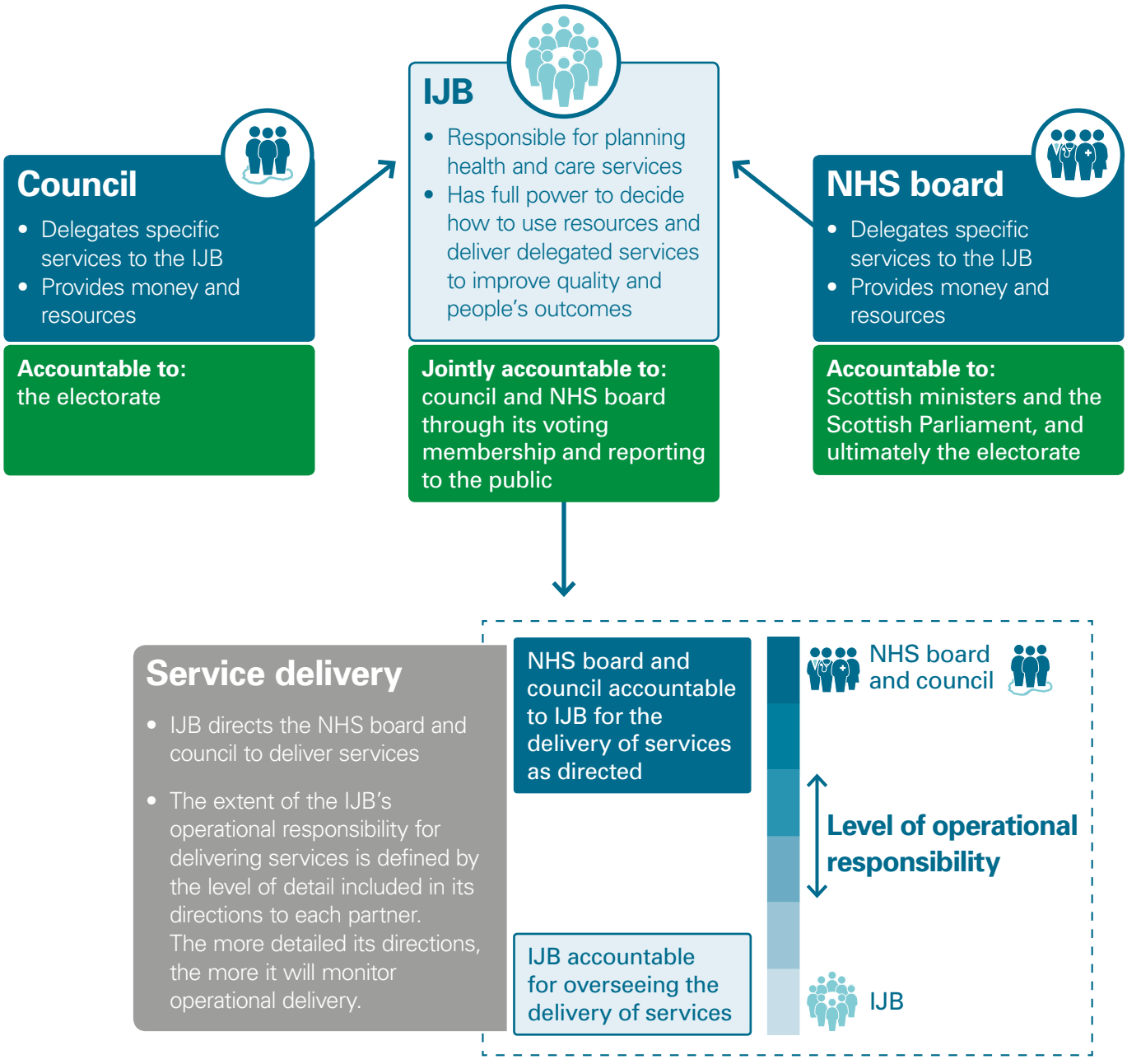
the reforms affect everyone who receives, delivers and plans health and social care services in Scotland

5. Appendix 3 (page 43) summarises progress against the recommendations in our first audit, which looked at transitional arrangements and highlighted several risks that needed to be addressed.[2] We will carry out a third audit in this series later in our work programme, which will report on the impact that integration has had and how health and social care resources are used.

Exhibit 1

Integration Joint Boards

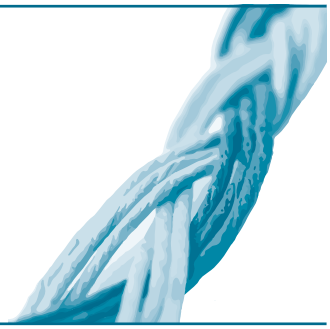
There are 30 Integration Joint Boards across Scotland.



Source: Audit Scotland

Part 1

The current position



Integration Authorities oversee almost £9 billion of health and social care resources

6. Our findings show that integration can work and that the Act can be used to advance change. Although some initiatives to integrate services pre-date the Act, there is evidence that integration is enabling joined up and collaborative working. This is leading to improvements in performance, such as a reduction in unplanned hospital activity and delays in hospital discharges. But there is much more to be done.

7. IAs are responsible for directing almost £9 billion of health and social care resources, money which was previously separately managed by NHS boards and councils (Exhibit 2, page 11). Over 70 per cent of this comes from the NHS, with the remainder coming from councils. As with councils and NHS boards, IAs are required to find efficiency savings from their annual budgets to maintain financial balance. Demands on services combined with financial pressures have led to many IJBs struggling to achieve this balance, with many needing additional financial contributions from partner organisations.

there is evidence that integration is enabling joined up and collaborative working

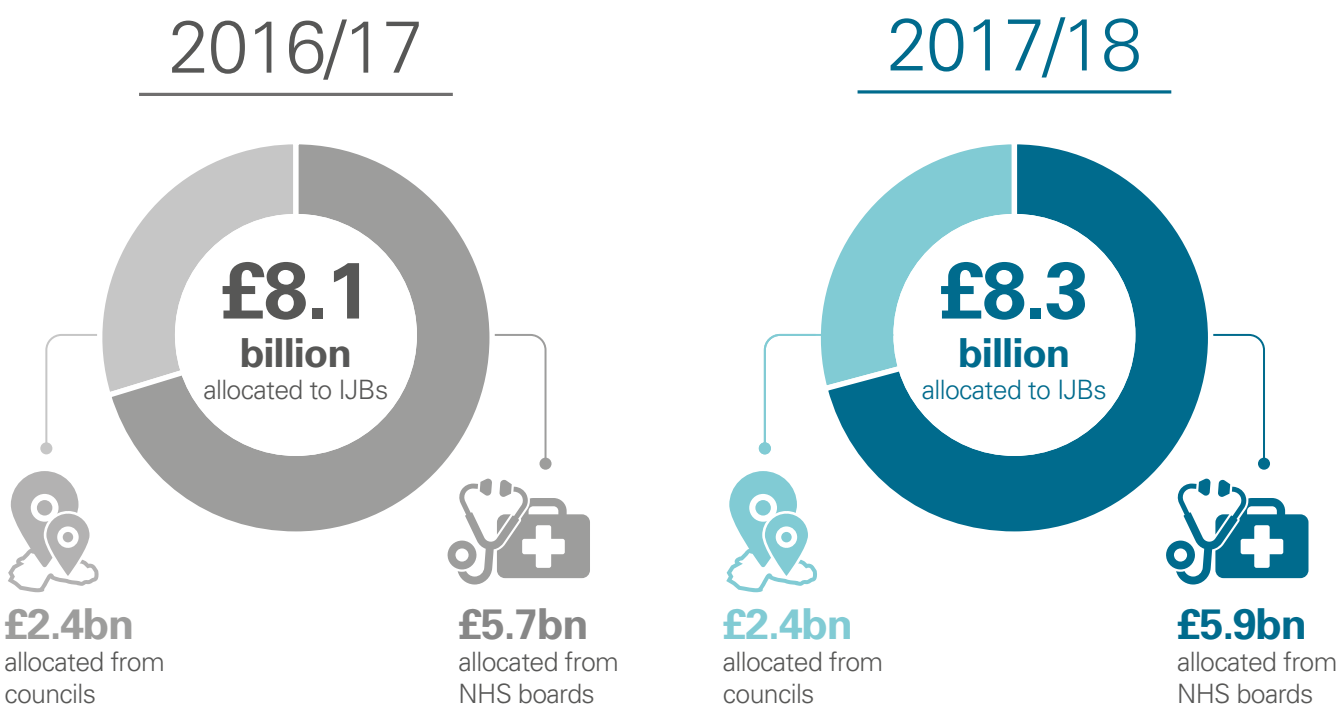
8. Each IA is underpinned by an integration scheme. This is the agreement between the council and the NHS board which shows how the IA will operate. For example, the scheme sets out arrangements for dealing with any budget overspends, which usually involves implementing a recovery plan. As local government bodies, IJBs can hold reserves if permitted by their integration schemes, although not all schemes allow this. Reserves are amounts of money that are built up from unspent budgets for use in future years. Generally, reserves are used for one of three purposes:

- as a working balance to help prevent the impact of uneven cash flows
- as a contingency to cushion the impact of unexpected events or emergencies
- held to fund known or predicted future requirements – often referred to as 'earmarked reserves'.[3]

Exhibit 2

Resources for integration

IAs are responsible for directing significant health and social care resources.



Lead Agency – the allocation for Highland Health and Social Care Services was:
£595 million in 2016/17 | £619 million in 2017/18

Note: Council allocations in 2016/17 and 2017/18 include criminal justice social work contribution.

Source: Audit Scotland, 2018

Financial pressures make it difficult for IAs to make sustainable changes to the way services are delivered

9. The Act was intended to help shift resources away from the acute hospital system towards preventative and community-based services. However, there is still a lack of agreement about whether this is achievable in practice – or whether rising demand for hospital care means that more resource is needed across the system. We have seen some examples of small-scale changes in the balance of care, which are explored further in Part 2 (page 23). These examples show that change can be achieved, but IAs now need to take the next steps to achieve wider-scale impact on outcomes over the coming years.

10. IAs needed to achieve savings of £222.5 million in 2017/18. This is an increase of 8.4 per cent on the previous year and is 2.5 per cent of the total allocation to IAs from NHS boards and councils. The level of savings, as a percentage of IA income, varied from 0.5 per cent in Moray, Orkney, Renfrewshire and South Lanarkshire, to 5.3 per cent in Shetland and 6.4 per cent in Highland Lead Agency. In several instances, budgets were agreed at the start of the financial year based on achieving savings which had yet to be identified.

Financial position

11. It is not easy to set out the overall financial position of IAs. This is due to several factors, including the use of additional money from partner organisations, planned and unplanned use of reserves, late allocations of money and delays in planned expenditure. This makes it difficult for the public and those working in the system to understand the underlying financial position.

12. In 2017/18, IJBs reported an overall underspend of £39.3 million. This represented 0.4 per cent of their total income allocation for the year.[4] However, this masks a much more complex picture of IJB finances. Appendix 4 (page 47) sets out more details about the financial position of IJBs in 2017/18. Many IAs have struggled to achieve financial balance at the year-end. The reasons for this vary but include rising demand for services, financial pressures and the quality of financial planning. In 2017/18, this resulted in several IJBs needing additional, unplanned allocations from their partners and adding to, or drawing on, reserves as follows:

- 16 needed additional money from NHS boards amounting to £32.8 million
- ten needed additional money from councils amounting to £18.6 million
- eight drew on reserves amounting to £9.1 million
- 14 put money into reserves, amounting to £41.9 million.

13. Twenty-two IJBs are required by their integration schemes to produce a recovery plan if they forecast an overspend on their annual budget. Several IAs have had to produce recovery plans and are finding it harder to achieve the actions contained within them:

- In 2016/17, 11 IJBs needed to draw up a recovery plan. Of these, four IJBs achieved the actions set out in their recovery plans, but the remaining seven needed additional allocations from either their council or NHS board.
- In 2017/18, 12 IJBs needed to produce a recovery plan but only two achieved their recovery plans in full. In some cases, where additional allocations are required, the integration scheme allowed the NHS board or council to reduce the following year's allocation to the IJB by the same amount. In these circumstances there is a risk that IJBs will not have sufficient resources to deliver the services needed in future years.

14. An IA's integration scheme states how the IA will manage any year-end overspend and the responsibilities of the NHS board and council. For example, Fife IJB's integration scheme states that any overspend will be funded by partner bodies based on the proportion of their current year contributions to the IJB. In 2017/18, this meant that NHS Fife and Fife Council agreed to make additional contributions of 72 per cent and 28 per cent respectively.

15. The Highland Lead Agency model is also facing financial pressures. In 2017/18, NHS Highland overspent on adult social care services by £6 million. This was largely due to pressures on Highland Lead Agency adult social care services. This contributed to NHS Highland needing a loan of £15 million from the Scottish Government in 2017/18. Due to the way the Lead Agency model was established and the underlying agency agreement, the risks all rest with NHS Highland. Any increases in costs must be met by the NHS board.

16. Fourteen IJBs reported underspends in 2017/18 and these have arisen for a variety of reasons, for example: achieving savings earlier than expected; contingencies not being required; slippages in spending plans and projects; and staff vacancies.

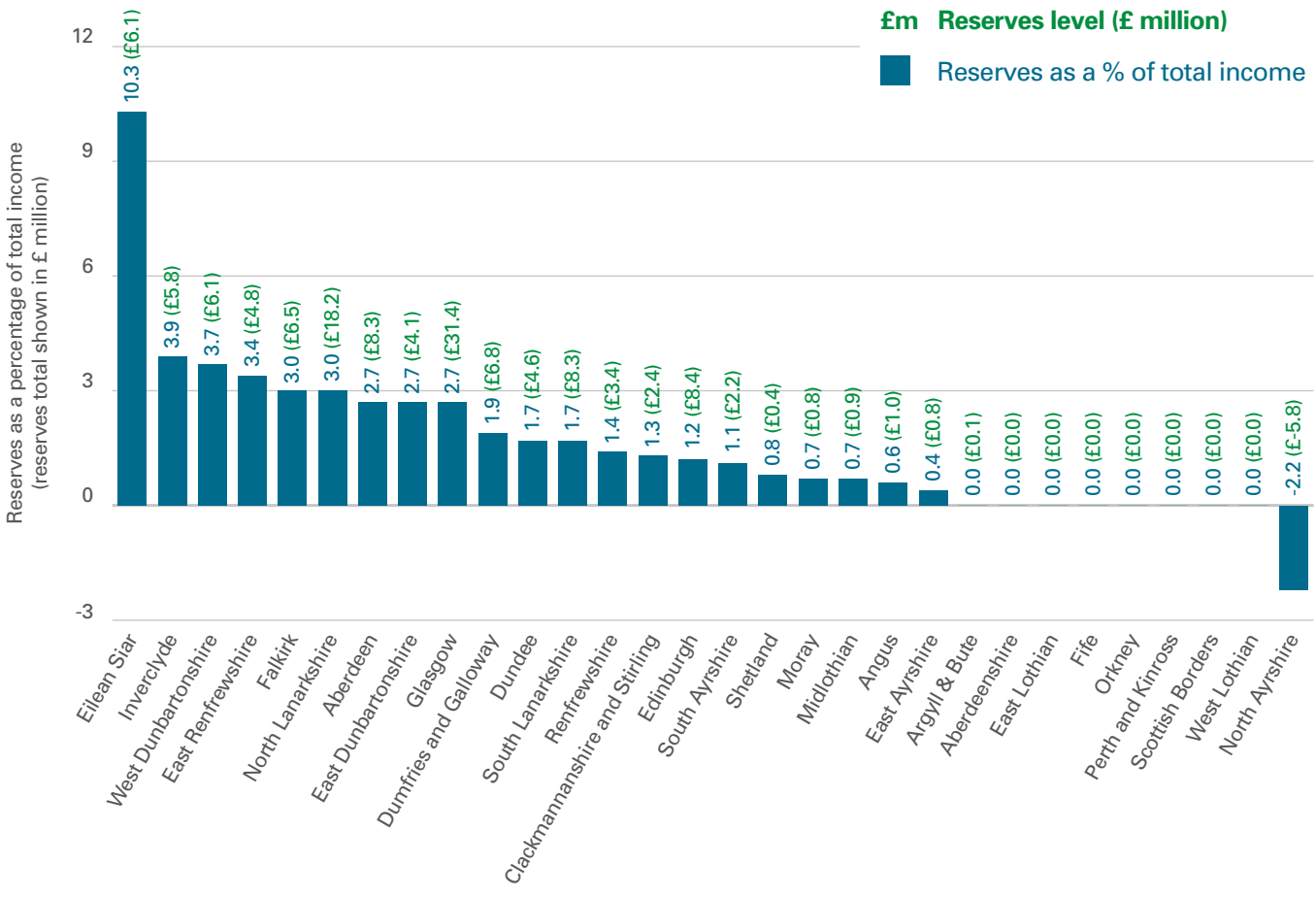
Reserves

17. The level of reserves held varies across IJBs, and not all integration schemes allow IJBs to hold reserves (Exhibit 3). In 2017/18, IJBs had built up reserves of £125.5 million, 1.5 per cent of their total income. This is not always a planned approach, and in some areas, reserves have arisen for several reasons including: the IJB receiving a late allocation of money; unspent strategic funding; staff vacancies; or year-end timing differences where money is received and allocated but unspent. Eilean Siar held the highest level of reserves as a percentage of its income at 10.3 per cent. The pressures on IJB budgets and the savings they need to achieve are significant, therefore the level of reserves in 2017/18 is not forecast to continue in future.

Exhibit 3

Reserves held by IJBs in 2017/18

There are significant differences in the levels of reserves held by IJBs.



Source: Integration Authority annual accounts, 2017/18

Hospital services have not been delegated to IAs in most areas

18. A key part of the reforms is that IJBs would direct some services provided directly within acute hospitals, to move care closer to people's homes and provide more joined-up care. Integration schemes, as approved by ministers, state that hospital services will be delegated to the IJB, as required under the Act. However, in practice, in most areas, the services have not been delegated. This has been a major source of debate and disagreement at a national and local level and is a fundamental issue which will hinder IJBs' ability to change the system.

19. The money for functions that are provided by large hospitals but are delegated to IJBs, such as unplanned care, is referred to as a 'set-aside' budget. Instead of paying this money to the IJBs along with payment for other delegated services, it is identified as a budget which should be directed by the IJB. The complexities around accurately preparing set-aside budgets has presented challenges to fulfilling this element of the Act. To date, the set-aside aspect of the Act is not being implemented. In line with Scottish Government guidance, NHS boards continue to manage the set-aside as part of their own resources.

20. In 2017/18, £809.3 million was included within IJBs' budgets for set-aside (where they were able to include a set-aside figure). This is 9.0 per cent of IJBs' income and is therefore a significant element of the health and social care budget that is not being directed by the IJBs. If IJBs are to use resources more strategically to prioritise prevention and care in a community setting, this issue needs to be resolved.

21. There are several reasons why all partners have struggled with this aspect of the Act, including fundamental issues in the data available to analyse set-aside-related activities. However, these technical issues do not appear to be the main issue. The main problem is a lack of common understanding and agreement on how to identify the set-aside budget and shared agreement on how to implement this aspect of the legislation.

Monitoring and public reporting on the impact of integration needs to improve

22. The context for integration is challenging, with many public bodies trying to work in partnership to achieve major changes while at the same time managing rising demand for services, financial pressures and continuing to deliver services and treat people. As we reported in *NHS in Scotland 2018*, the number of patients on waiting lists for treatment continues to rise while performance against targets is declining and an increasing number of NHS boards are struggling to deliver with the resources they have.[5] We have also reported that local government operates in an increasingly complex and changing environment with increasing levels of uncertainty.[6]

23. A significant number of measures are being used to monitor national and local progress which means IAs are reporting against a range of different measures to demonstrate progress (Exhibit 4, page 16). For the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way.

24. It is important that the Scottish Government can demonstrate that resources provided have led to improvements in outcomes, in line with its national health and wellbeing outcomes. These outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration. These national outcomes are not being routinely reported at a national level, although IAs refer to them as part of their annual performance reports.

25. The Scottish Government introduced the National Performance Framework (NPF) in 2007 and launched a new framework in 2018. The NPF is made up of 11 national outcomes, each with indicators and aligned to the United Nations' sustainable development goals. There is a clear alignment between the aims of integration and several of the outcomes and indicators.[7]

26. The Ministerial Strategic Group for Health and Community Care brings together representatives from the Scottish Government, NHS, local government and IAs to monitor a set of six national indicators. These are used as indicators of the impact of IAs (Exhibit 5, page 18). These measures focus on the aim of integration helping to care for more people in the community or their own homes and reducing unnecessary stays in hospital. While these measures focus on health, performance can only improve with input from health and social care services. One of the six national indicators is supported by two measures: A&E attendances and achievement of the four-hour A&E waiting time target (3a and 3b at Exhibit 5, page 18).

27. Four of the indicators show improved performance, but there is significant local variation in performance between IAs. The performance measures do not themselves provide a direct indication of whether people's outcomes have improved, although they do represent key aspects of care which should ultimately improve people's lives.

Exhibit 4

Health and wellbeing outcomes and indicators

A significant number of measures are being used to monitor local and national progress.

National Performance Framework

Purpose

To focus on creating a more successful country, with opportunities for all of Scotland to flourish, through sustainable and inclusive economic growth

Values

We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way

11 outcomes and 81 national indicators, for example:

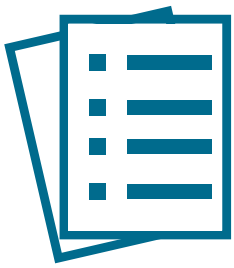
- **Outcome:** We are healthy and active
- **Indicators:** Healthy life expectancy, mental wellbeing, healthy weight, health risk behaviours, physical activity, journeys by active travel, quality of care experience, work-related ill health, premature mortality
- **Sustainable development goals:** gender equality, reduced inequalities, responsible consumption and production, good health and wellbeing

9 national health and wellbeing outcomes

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

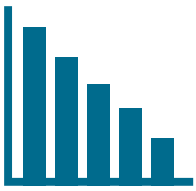
Cont.

Exhibit 4 (continued)



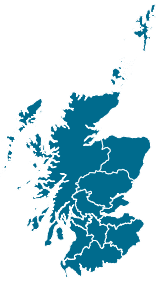
12 principles within the Act

- Be integrated from the point of view of the people who use services
- Take account of the particular needs of service users in different parts of the area in which the service is being provided
- Respect rights of service users
- Protect and improve the safety of service users
- Improve the quality of the service
- Best anticipate needs and prevent them arising
- Take account of the particular needs of different service users
- Take account of the particular characteristics and circumstances of different service users
- Take account of the dignity of service users
- Take account of the participation by service users in the community in which service users live
- Is planned and led locally in a way which is engaged with the community
- Make best use of the available facilities, people and other resources



6 national indicators

- Acute unplanned bed days
- Emergency admissions
- A&E performance (including four-hour A&E waiting time and A&E attendances)
- Delayed discharge bed days
- End of life spent at home or in the community
- Proportion of over-75s who are living in a community setting



Various local priorities, performance indicators and outcomes

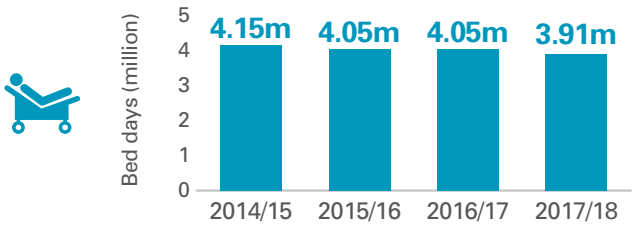
Source: Audit Scotland

Exhibit 5

National performance against six priority areas

National performance shows signs of improvement in some of the six key national indicators.

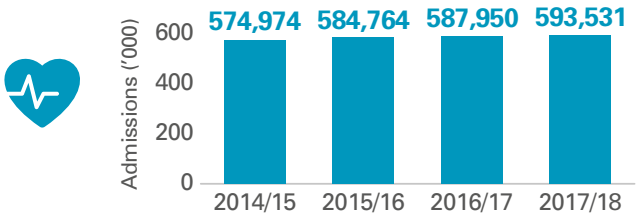
1. Acute unplanned bed days



Integration aims to reduce unplanned hospital activity

The number of acute unplanned bed days has reduced since 2014/15

2. Emergency admissions

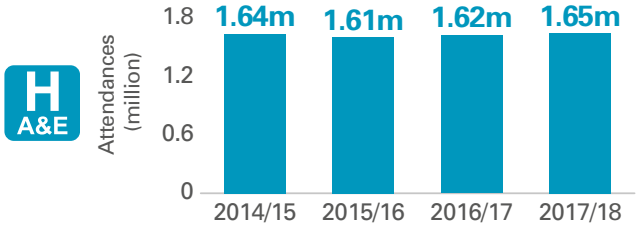


Integration aims to ensure that people's health and care needs are anticipated and planned appropriately, reducing unplanned hospital activity

The number of emergency admissions has risen each year since 2014/15

In 2017/18, local performance varied from 0.08 emergency admissions per head of population in NHS Orkney to 0.15 in NHS Ayrshire and Arran

3a. A&E attendances

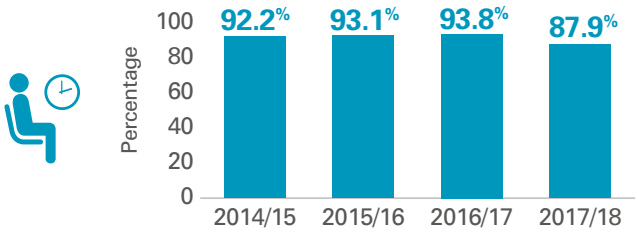


A&E attendances can be an indication of the degree to which community services are helping people receive care in the right place at the right time.

The number of A&E attendances has marginally increased since 2014/15

In 2017/18, local performance varied from 0.2 A&E attendances per head of population in NHS Grampian to 0.4 in NHS Greater Glasgow and Clyde

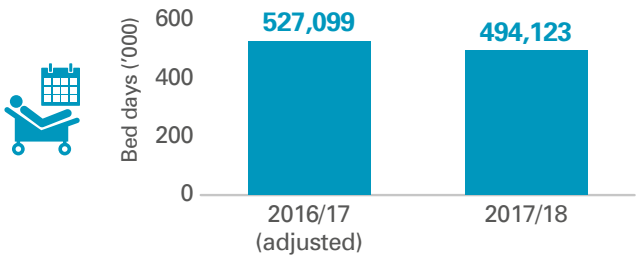
3b. Achievement of the four-hour A&E waiting time target



The achievement of the four-hour waiting time target has declined since 2014/15

Local performance varied in 2017/18 from 98.0% NHS Tayside to 75.4% NHS Lothian

4. Delayed discharge bed days (for population aged 18+)



Reducing delays in discharging people from hospital has been a long-standing aim for health and care services. With rising demand, some areas have struggled with this. Due to changes in data collection, comparable data is only available for two years.

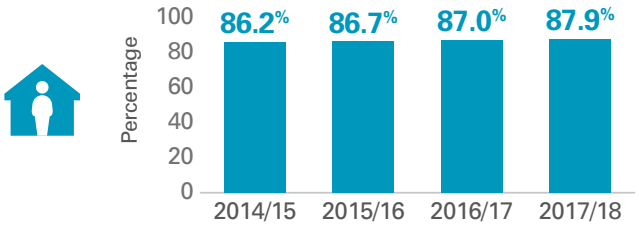
Delayed discharge rates have fallen since 2016/17

In 2017/18, local performance varied from 2.5% in Inverclyde to 26.5% in Eilean Siar delayed discharge bed days as a percentage of their population (18+)

Cont.

Exhibit 5 (continued)

5. End of life spent at home or in the community

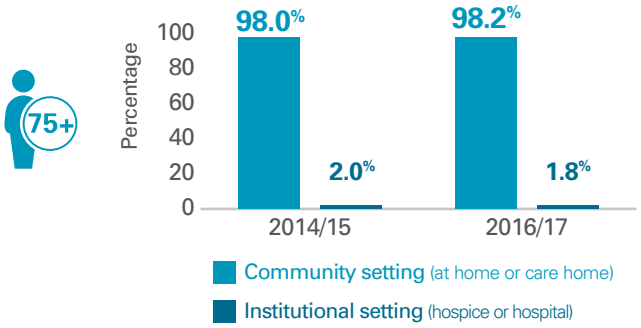


Integration aims to support people with health and care needs in their own home or in a community setting, especially at the end of life.

A gradual increase in the percentage of people's time spent at home or in a homely setting at the end of their life

In 2017/18, local performance varied from 95.1% of people's time spent at home or in a homely setting at the end of their life in Shetland to 85.2% in East Renfrewshire

6. Percentage of 75+ population in a community or institutional setting



Integration aims to shift the balance of care from an institutional setting to a community setting.

There has been a slight increase in the percentage of individuals aged over 75 who are living in a community setting. This is in line with the intentions of the Act.

Notes:

Indicator 1
1. These statistics are derived from data collected on discharges from non-obstetric and non-psychiatric hospitals in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded.
2. Bed days for each year have been calculated based on the year in which the bed days were occupied. This differs from other analysis where length of stay or occupied bed days are reported by the year of discharge.
3. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency or urgent admission.
4. The Scotland total presented is the sum of all those resident in IA areas and excludes non-Scottish residents.
5. Approximately a quarter of IAs returned figures for people aged over 18 only. Where this is the case, bed days from 2016/17 for people aged under 18 in those partnerships have been applied to 2017/18 figures.
6. Based on data submitted to ISD in August 2018.

Indicator 2
1. ISD published data as at September 2018.

Indicator 3a
1. ISD published data as at August 2018.

Indicator 3b
1. ISD published data as at June 2018.
2. Performance for the month ending March for each year.

Indicator 4
1. ISD published data as at September 2018.
2. 2016/17 figures adjusted to reflect revised definitions across the whole year.

Indicator 5
1. ISD published data as at October 2018.

Indicator 6
1. Percentage of 75+ population in a community or institutional setting:
   - Community includes the following:
     - Home (unsupported) – refers to the percentage of the population not thought to be in any other setting, or receiving any homecare, on average throughout the year.
     - Home (supported) – refers to the percentage of the population estimated as receiving any level of homecare. Estimated from social care census carried out at the end of the reporting year (eg, Census carried out in March 2014 used to estimate home (supported) population during 2013/14).
     - Resident in a care home – based on care home census at the end of the reporting year (eg, Census at 31 March 2014 used to estimate 2013/14 care home population). The care home data is based on long-stay residents only. The proportion of incomplete long-stay residents aged 75+ cannot be calculated. Therefore, a scaling factor, based on the 65+ proportions, has been employed for the 75+ data. This assumes that there is the same degree of incompleteness in the census data returned for adults in each of the age bands.
   - Institutional includes the following:
     - Average population in hospital/hospice/palliative care unit throughout the year.
     - Hospital includes both community and large/acute hospitals.
     - Hospice activity is based on SMR records and will be incomplete as not all hospices submit this information.
2. Figures provided by ISD.

General
1. Population figures used taken from the National Records of Scotland mid-2017 estimates published in 2018.
2. Figures relate to all ages unless otherwise stated.

Source: Information Services Division (ISD) and Scottish Government

Integration Authorities' performance reports show local improvement

28. IAs are required to publish annual performance reports which contain information on local priorities and a range of local initiatives (Exhibit 6). These reports are an important way for IAs to inform the public about how well they have been performing against their stated priorities. The improvements that are set out in the performance reports are welcome and current pressures across the system have made them difficult to achieve. However, core indicators of performance are not improving in all areas of Scotland and nationally it is clear that there is much more to be done.

Exhibit 6

Examples of impact from integration

IAs have set out a number of local improvements in their performance reports.

Prevention and early intervention

Dumfries and Galloway

The D&G Handyvan provides information, advice and practical assistance with adaptations to people's homes. This is available to disabled people of any age and older people aged 60 and over. People are also supported to access financial assistance for major adaptations. This service helps people to feel more confident about continuing to live independently in their own home and to feel safe and secure in their home. People are less likely to have a fall, have improved health and wellbeing, and have a better quality of life. Often adaptations support people to be better connected with their friends and family and their wider community. 1,626 referrals were received during 2017/18. These resulted in 2,149 tasks being carried out by the service. 808 people were referred to prevent a fall, 577 people for home security, 16 people for minor adaptations and 225 people for small repairs.

Dundee

Social prescribing 'Sources of Support' (SOS) is one means of supporting people to better manage their health conditions. Link workers, working within designated GP practices, take referrals for people with poor mental health and wellbeing affected by their social circumstances and support them to access a wide range of non-medical services and activities that can help. In 2017/18, 256 patients were referred to three link workers and 220 people were supported. An external evaluation demonstrated that the service had a positive impact on both clients and on GPs themselves. 65 per cent of patient goals were met and 84 per cent had some positive outcome, including decreased social isolation, improved or new housing, financial and benefits issues being addressed, and increased confidence, awareness and self-esteem.

Outcomes from a GP perspective include reduced patient contact with medical services, providing more options for patients, raising awareness of non-clinical services, and increased GP productivity. 2017/18 saw a major scale-up of the SOS scheme through the Scottish Government Community Link Worker programme, extending the service from four GP practices to 16.

Delays in people leaving hospital

East Ayrshire

The Red Cross Home from Hospital Service supported about 1,700 people in 2017/18. The service is delivered across Ayrshire and Arran from University Hospitals Crosshouse and Ayr and supports people to be discharged as early as possible, reducing their length of stay and re-settling them in their home. Once home, the service helps to prevent falls and reduce social isolation, supporting people to regain their confidence, skills for living independently and organises telecare to support families to continue to care. A total of 1,730 bed days have been saved, equivalent to £302,750. 73 admissions to hospital have been avoided, and 625 bed days saved, equivalent to £109,375.

Perth and Kinross

There have been increases in staffing within social care discharge teams, Perth Royal Infirmary liaison services, and care home nursing. This, alongside improved funding procedures for care home placements, has supported speedier discharge to a care home setting or repatriation to such. There has been a reduction of 2,391 (12.5 per cent) delayed discharge bed days between 2016/17 and 2017/18 to 16,785.

Cont.

Exhibit 6 (continued)

Preventing admission to hospital

East Dunbartonshire

Rapid Response Service has established a different referral route for patients between A&E and the Community Rehabilitation Team to provide next-day response. During 2017/18, the service prevented approximately 33 per cent of people referred being admitted to hospital.

South Ayrshire

The Intermediate Care Team provide rapid multidisciplinary team support to people to support them to return home from acute hospital and to remain at home through GP referral. In particular, they have worked closely to establish pathways with the Combined Assessment Unit to prevent admission. The service provided by the Intermediate Care Team resulted in 674 hospital admissions being avoided and 301 early supported discharges during 2017/18. It is estimated locally that each avoided hospital admission saves five hospital bed days and each supported discharge saves three hospital bed days. Overall, it is estimated that the intervention provided by the Intermediate Care Team saved 3,370 bed days due to avoided admissions and 903 bed days due to early supported discharges.

Aberdeenshire

Set up in 2016, Aberdeenshire's Virtual Community Ward (VCW) aims to avoid unnecessary hospital admissions through bringing together multidisciplinary health and social care teams who provide care for patients who need regular or urgent attention. This GP-led approach involves the teams working closely together, generally meeting daily under a huddle structure. They identify and discuss vulnerable/at risk patients and clients, and coordinate, organise and deliver services required to support them. The VCW identifies individuals who need health and social care services at an earlier stage, which can improve patient outcomes and experience. Based on an evaluation carried out by the VCW team, 1,219 hospital admissions have been avoided because of the VCWs .

Referral/ care pathways

Aberdeenshire

During 2017/18 a test of change was carried out in one GP practice to trial people's first appointment with a physiotherapist rather than a GP. Ongoing evaluation suggests that this has been successful and has proved popular with patients who now have immediate access to a physiotherapist for assessment and advice. If follow up is required, this can be booked at the time. 221 people have been directed to the physiotherapist first; only 58 per cent required a face-to-face appointment and 26 per cent were discharged following telephone advice.

Renfrewshire

Over the past three years, the Primary Care Mental Health Team (Doing Well) has introduced a self-referral route to the service. This has led to a decrease in clients attending a GP to be referred to the mental health team. The number of self-referrals to the service has increased from 207 in 2013/14 to 1,237 in 2017/18. This self-referral route has successfully redirected work away from GP surgeries.

Midlothian

An advanced practitioner physiotherapist for Chronic Obstructive Pulmonary Disease (COPD) was appointed to support people attending hospital frequently because of their COPD to help them manage their symptoms at home and avoid admission to hospital. In the first year the service has worked with 65 patients and successfully avoided 30 hospital admissions. This delivered a potential reduction of 520 days spent in hospital by Midlothian residents and a much better patient experience. It was also a more cost-effective approach to delivering services for the partnership.

Cont.

Exhibit 6 (continued)

Reablement

Falkirk

A Reablement Project Team (RPT) was developed in Social Work Adult Services Assessment and Planning service in January 2017 to test out various reablement approaches and processes. The team consists of occupational therapists (with community care worker background) and social care officers. The reablement team support service users for up to six weeks. Individuals are reviewed on a weekly basis and care packages are adjusted as the person becomes more independent. Fewer people required intensive packages at the end of six weeks, which has freed up staff time and has reduced the use of external providers. Early indications suggest this work has led to a £200,000 reduction in purchasing care from external homecare providers.

Scottish Borders

The Transitional Care Facility based within Waverley Care Home is a 16-bed unit which allows older people to regain their confidence and independence so that they can return to their own homes following a stay in hospital. The facility is run by a multidisciplinary team of support workers, allied health professionals and social workers. 81 per cent of individuals discharged from Transitional Care return to their own homes and the hospital readmission rate for these individuals is six per cent.

Pharmacy

South Lanarkshire

The pharmacy plus homecare initiative has created an opportunity to amend consultant and GP prescribing practices. A reduction in prescribing can lead to less homecare visits. The IA estimates that savings could be in the region of £1,800 per patient (within the trial).

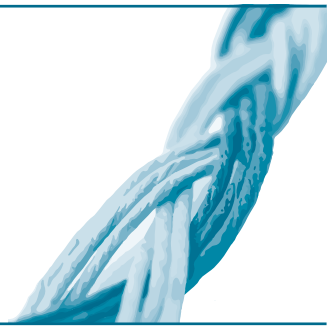
Angus

The Angus IA has improved how care homes manage medication. A new process developed by a Locality Care Home Improvement Group with GPs and pharmacy has led to zero medication waste in care homes.

Source: Audit Scotland review of Integration Authorities' Performance Reports, 2018

Part 2

Making integration a success

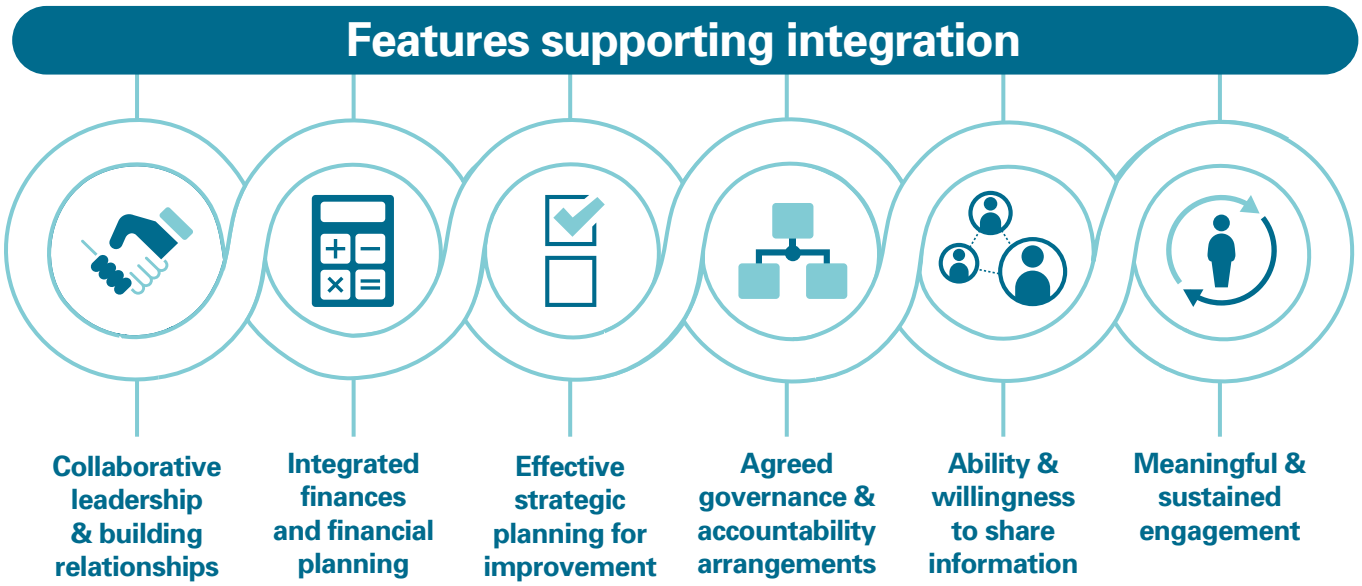


29. IAs are addressing some significant, long-standing, complex and inter-connected issues in health and social care. Our work has identified six key areas that, if addressed, should lead to broader improvements and help IAs to take positive steps toward making a systematic impact on health and care outcomes across their communities (Exhibit 7).

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

A lack of collaborative leadership and cultural differences are affecting the pace of change

30. High-quality leadership is a critical part of the success of an organisation or programme of reform. Given the complexity of health and social care integration, it is important that leaders are highly competent, have capacity to deliver and are well supported. For transformation to succeed, the right leadership and strategic capacity need to be in place. Without this, the reforms will not succeed. We identified several risks in this area which need to be addressed:

- A significant number of IAs have had leadership changes with 57 per cent having had changes in their senior management team. As at October 2017, seven IJBs have a different Chief Officer (CO) in post than two years previously.

- There is significant variation in the role and remuneration of COs and Chief Financial Officers (CFO). Many have dual roles with positions held in partner organisations and there is a mix of full and part-time CFOs. This is a significant challenge, given the scale of the task facing IAs and the strategic role COs and CFOs have in directing change. In 2017/18, £3 million was spent on IJBs' CO remuneration and there are differences in salary levels, in part reflecting differences in roles and responsibilities.

- There is evidence of a lack of support services for IAs, in relation to HR, finances, legal advice, improvement, and strategic commissioning. This will limit the progress that they are able to make. It is important that the partner bodies support the IJB, including support services.

31. Top-down leadership which focuses on the goals of a single organisation does not work in the context of integration. NHS Education Scotland has described 'systems leaders' as having an ability to 'have a perspective from the wider system. They recognise that it is necessary to distribute leadership responsibilities to bring about change in a complex interdependent environment…They change the mind-set from competition to cooperation. They foster dialogue… which can result in new thinking… When leadership involves such a collective endeavour, the way people see their accountability matters.'[8] A lack of collaborative systems leadership and difficulties in overcoming cultural differences are proving to be significant barriers to change.

32. Leaders from all partners are operating in a complex and continually changing landscape and, without appropriate support in place, cannot fulfil their role effectively. Leaders need support if they are to deliver public services to improve wider outcomes and work collaboratively across organisational boundaries. This is hard to achieve, especially where there have been changes in key staff and local politicians, and in the context of the current financial and performance pressures. Accountability arrangements are important to encourage and incentivise the right kinds of leadership characteristics.

33. Cultural differences between partner organisations are proving to be a barrier to achieving collaborative working. Partner organisations work in very different ways and this can result in a lack of trust and lack of understanding of each other's working practices and business pressures. In better performing areas, partners can identify and manage differences and work constructively towards achieving the objectives of the IA. Overcoming cultural differences and improving understanding of each other's businesses will help partner organisations progress towards integration, particularly regarding integrated finances. Joint leadership development for people working in NHS boards, councils and IJBs can help with this. Exhibit 8 (page 25) provides an overview of the common leadership traits which are important in integrating health and social care services.

Exhibit 8

Traits of effective collaborative leaders

There are a number of leadership traits which are important in integrating health and social care services.

Influential leadership

- Clear and consistent message
- Presents a positive public image
- Ability to contribute towards local and national policy
- Shows an understanding of the value of services

Ability to empower others

- Encourages innovation from staff at all levels
- Non-hierarchical and open to working alongside others
- Respectful of other people's views and opinions
- Inspiring to others
- Creates trust
- Willing to work with others to overcome risks and challenges

Promotes awareness of IA's goals

- Confidence and belief in new technology to facilitate progress
- Facilitates planning of sustainable services
- Recruitment of staff to fit and contribute to a new culture
- Sets clear objectives and priorities for all
- Develops widespread belief in the aim of the integrated approach to health and social care

Engagement of service users

- People who use services feel able to contribute to change
- Ability to facilitate wide and meaningful engagement
- Open to and appreciative of ideas and innovation
- Ensures voices are heard at every level
- Transparent and inclusive

Continual development

- Encourage learning and development, including learning from mistakes
- Belief in training and understanding of who could benefit from it
- Encourage innovation, debate and discussion
- Driven to push for the highest quality possible

Source: Audit Scotland, 2018; from various publications by The Kings Fund; Our Voice; Scottish Government; Health and Sport Committee and the Scottish Social Services Council.

34. We have seen examples of good collaborative and whole-system leadership, including in Aberdeen City, where relationships have been built across the partnership. Although differences of opinion still exist and there is healthy debate, Aberdeen City is now better placed to implement widespread changes to improve outcomes. We saw:

- the promotion of a clear and consistent message across the partnership
- a willingness to work with others to overcome differences
- recruitment of staff to fit and contribute to a new culture
- development of openness and appreciation of ideas
- encouragement of innovation, learning and development, including learning from mistakes.

35. The Scottish Government and COSLA are co-chairing a group involving leaders from across councils and NHS boards. The aim of the group is to identify and overcome barriers to integration. The group has produced a joint statement on integration, confirming the shared responsibility of the Scottish Government, NHS Scotland and COSLA for ensuring the successful integration of Scotland's health and social care services. The statement acknowledges that the pace of integration needs to improve, and that the group needs to work together to achieve integration and to overcome challenges to better meet people's health and social care needs. The group is developing further support and training to support leadership for integration. The Scottish Government and COSLA are also co-chairing an Integration Review Reference Group. This group is reviewing progress on integration and will report its findings to the Ministerial Strategic Group for Health and Community Care. The group will conclude its work in January 2019. We will continue to monitor any actions resulting from the work of the group.

Integration Authorities have limited capacity to make change happen in some areas

36. IJBs are very small organisations, all of which have a CO and a CFO. Not all IJBs have the support they need, for example only half of IJBs have a full-time CFO and there have been difficulties in filling those posts in some areas. Each IJB has a chair and vice chair, but we have been told that many IJBs rely on its members working much more than contracted hours, and chairs and vice chairs have told us that they struggle to attend to IJB business during contracted time. Each IJB is made up of voting and non-voting members.

37. Typically, an IJB meets about six times a year. The IJB also has one or more Strategic Planning Group, which are consulted and give feedback on strategic plans and significant changes to integrated functions. For this structure to work, the IJB needs to draw on, and be supported by, skills and capacity from its partner NHS board and council. This can lead to a reliance on information and advice being provided by the statutory partner organisations which influences the decisions made by the IJB. In areas where information is being shared across the partnership, we can see that more progress is being made with integration. We saw this happening in Aberdeen City IJB, where senior officer and finance officer groups bring together staff from across partner organisations to share information and skills which are essential for joint decision-making. If this does not happen, the IJB has less capacity to make change and address challenges.

What is integration?
A short guide to the integration of health and social care services in Scotland

IJB membership
(page 10)

38. We saw several barriers affecting the way that IJBs are operating, and more action is needed to increase knowledge and understanding of those involved in the decision-making process:

- Topics for discussion at IJB and committee meetings are affected by problems with both the lack of time available and with people's knowledge.
- IJB papers are often lengthy and issued to members within timescales that do not allow for proper consideration.
- Papers are often technical and contain complicated financial information that lay representatives and representatives from voluntary sector bodies may struggle to understand.
- Officers are limited in the time available to provide IJBs with information. Many officers of the IJB fulfil their role alongside roles held within statutory partner bodies.
- High turnover of people in key positions in IJBs has affected the skills available and has led to a lack of continuity and extra time being spent in building trust and relationships.

Good strategic planning is key to integrating and improving health and social care services

39. In the past, health and social care services have not linked the resources they have to their strategic priorities or longer-term plans. IAs still have work to do to ensure that priorities are linked to available resources, and to demonstrate that new ways of working will be sustainable over the longer term. IAs can only achieve this change with the support and commitment of NHS boards and councils.

40. IJBs, with the support of council and NHS board partner bodies, should be clear about **how** and **when** they intend to achieve their priorities and outcomes, in line with their available resources; and ultimately how they intend to progress to sustainable, preventative and community-based services. This includes working with NHS boards and councils to: agree which services will be stopped or decommissioned to prioritise spend; plan effective exit strategies from current ways of delivering services; and being clear how they will measure improvements in outcomes. Exit strategies are an important element in the ability to move from one service provision to another.

41. Scenario planning will help IAs build a picture of what they will need in the future. This involves looking at current trends, such as the effects of an ageing population, current lifestyles and future advances in health and social care. IAs should then use this analysis to anticipate potential changes in future demand for services and any related shortfalls in available finances. Strategic planning groups of the IJB have a role to play in ensuring the needs of the community are central to service decisions (Case study 1, page 28).

Case study 1

Shetland Scenario Planning

As part of its Strategic Commissioning Plan, the Shetland IA identified a growing gap between service demand and resources. To support strategic planning, NHS Shetland hosted a session with health and social care staff, IJB representatives, NHS board representatives, councillors, community planning partners, third-sector organisations and representatives of people using services. It considered several high-level scenarios:

1. the lowest level of local healthcare provision that it could ever safely and realistically imagine being delivered on Shetland 5-10 years from now
2. a lower level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step down' from where it is now in terms of local service delivery
3. a higher level of local healthcare provision in 5-10 years than it has now on Shetland – a 'step up' from where it is now in terms of local service delivery
4. a future that describes the highest level of local healthcare provision that it could ever realistically imagine being delivered on Shetland 5-10 years from now.

The group then concentrated on scenarios 2 and 3 and explored them in more detail.

This systematic approach towards strategic planning, involving a wide variety of stakeholders, allowed them to build consensus on the main priorities of the IJB. The key outputs from the scenario planning exercise involved clear actions that were linked to a wide range of plans and policies. The key messages from the scenario planning formed discussion points within the IJB meetings. Actions identified were then incorporated into the business programme and an action tracker is a standing agenda item.

Source: Shetland IJB, 2018

42. Although strategic planning is the statutory responsibility of the IAs, councils and NHS boards should fully support the IJB and provide the resources needed to allow capacity for strategic thinking. In addition, the Scottish Government has an important role to play in leading and enabling change to take place. There must be a consistent message and understanding of integration, but this is not always the case. For example, the current move towards some aspects of health planning taking place at a regional level is causing uncertainty for IAs. Many IAs are unclear as to how this fits with the need for local strategic planning and decision-making. For IAs to think long term, they must have confidence that Scottish Government policy will support integrated thinking.

43. Strategic planning also helps to encourage and promote joined-up working and a commitment to scaling up new ways of working. Angus IJB has shown a strong long-term commitment to its enhanced community support model. This has now been implemented in three of its four locality areas and therefore has the potential for long-term impact on people's outcomes (Case study 2, page 29).

Case study 2

Angus – Enhanced community support model

Angus IJB's Enhanced Community Support (ECS) workstream involves several multi-professional teams working together, including the third-sector. The teams provide care and support in people's own homes so that, where possible, hospital admission is avoided. As a result, staff can be more proactive, coordinate care and make referrals for additional support more quickly. The teams also hold weekly meetings to review the care that is being provided in a more coordinated way.

ECS has increased community and primary care capacity leading to an average of 37 empty hospital beds across Angus per day in 2017. This helped the IJB to close 21 of its 126 community hospital inpatient beds which are no longer needed. ECS has improved hospital readmission rates. It has also improved prevention and early intervention activity through an increase in the number of anticipatory care plans.

ECS has led to a more joined-up approach between the professional disciplines which has improved referral times and access to support. This has allowed people to be more independent, access local services and be supported to stay in their homes or a homely setting for longer.

The success of this approach has allowed the IJB to roll ECS out to three of its four localities, with plans to roll out to the final locality during 2018/19. The localities that have adopted this approach for the longest have seen improvements in the average length of stay and a reduction in the number of hospital admissions for people aged over 75.

Source: Angus IJB, 2018

44. A small number of IAs do not have detailed implementation/commissioning plans to inform their strategic plan. Of those which do, about half of these provide a link to resources. More needs to be done to show how the shift from the current ways of working to new models of care will happen and when positive changes to people's lives will be achieved.

45. Workforce pressures are a clear barrier to the implementation of integration plans and workforce planning is a particularly important element of strategic planning. Workforce planning remains the formal responsibly of councils and NHS boards. However, IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans. IAs must be able to demonstrate what skills are required to ensure they can deliver services in the right place at the right time. IAs identify not being able to recruit and retain the workforce they need as a risk. The contribution of the third and independent sector should be part of workforce planning.

46. All three parts of the Health and Social Care National Workforce Plan have now been published, with the final part on the primary care workforce published in April 2018.[9] In our 2017 report, *NHS workforce planning*, we recommended that there is a need to better understand future demand and to provide a breakdown of the cost of meeting this demand.[10] We will publish a further report on workforce planning and primary care in 2019.

Housing needs to have a more central role in integration

47. Not enough links are being made between housing and health and social care which will improve outcomes and wellbeing. Housing services are an integral part of person-centred approaches and the wider delivery of health and social care integration. All IAs are required to include a housing contribution statement in their strategic plans and housing representation is mandatory on Strategic Planning Groups. Case study 3 illustrates strategic thinking within Glasgow City IJB which has used housing as a central aspect of health and social care. Three-quarters of IJBs reported some involvement of housing services in the planning of integrated health and social care services, although we found that the extent of this involvement varied greatly between partnerships.

Case study 3

The Glasgow Housing Options for Older People (HOOP) approach

The HOOP approach involves a small team working closely with social work, health and Registered Social Landlords (RSLs). The approach aims to: ensure a smooth transition for people from hospital to a homely setting; work closely with RSLs to prioritise people who are experiencing a delay in being discharged from hospital; develop knowledge of housing stock availability; and provide reciprocal information about RSLs tenants in hospital.

The team has worked on about 1,200 cases with surgeries in 19 sites across seven hospitals, six social work offices and six intermediate care units. The outcomes of the approach include helping:

- older people make informed choices along with their families, irrespective of tenure issues
- older people to return home or to community settings supported by a care package
- to reduce delayed discharge where there are housing issues
- prevent hospital admission and readmission, supporting older people with housing issues remain in the community
- secure appropriate accommodation for older people across the city suitable for their medical needs
- to increase knowledge of Glasgow's complex housing landscape among social workers and health professionals
- housing colleagues increase their knowledge about social work and health assistance to support older people returning home from hospital
- to future proof the city's new build investment by sharing information on customer needs and demand.

Source: Glasgow City IJB, 2018

Longer-term, integrated financial planning is needed to deliver sustainable service reform

48. Partners are finding it very difficult to balance the need for medium- to long-term planning, typically three to five years and five years plus, alongside annual settlements, current commitments and service pressures. We have called for longer-term financial planning in the health sector and local government for many years. While all IAs have short-term financial plans, only a third have medium-term plans and there were no longer-term plans in place at the time of our fieldwork. This is a critical gap as the changes under integration are only likely to be achieved in the longer term.

49. The Accounts Commission has previously reported that the 'Evidence from councils' annual audit reports generally demonstrates good medium-term (three to five years) financial planning, with some councils using scenario planning to provide a range of options'.[11] IAs should draw on the experience from councils to inform development of longer-term financial plans.

50. There is little evidence that councils and NHS boards are treating IJBs' finances as a shared resource for health and social care. This is despite the requirement to do this in the legislation, and budget processes set out in integration schemes describing budget-setting based on need. Partners must work with the IJBs to establish an approach to financial planning that considers the priorities of health and social care in the local community. Councils and NHS boards can be unwilling to give up financial control of budgets and IJBs can struggle to exert their own influence on the budget-setting process.

51. National data on the balance of spending between institutional care and care in the community is only available up to 2015/16. While this does not reflect any impact from IAs, it shows that the balance of spending changed little between 2012/13 to 2015/16 (Exhibit 9, page 32). Although this data is still collated, it is no longer published. This data should be publicly available and is a helpful indicator of whether IAs are influencing the shift of resources.

52. In October 2018, the Scottish Government published its *Medium Term Health and Social Care Financial Framework*.[12] The Framework is intended to help partners to improve strategic planning. It covers the period 2016/17 to 2023/24, and sets out trends in expenditure and activity, future demand and the future shape of health and social care expenditure.

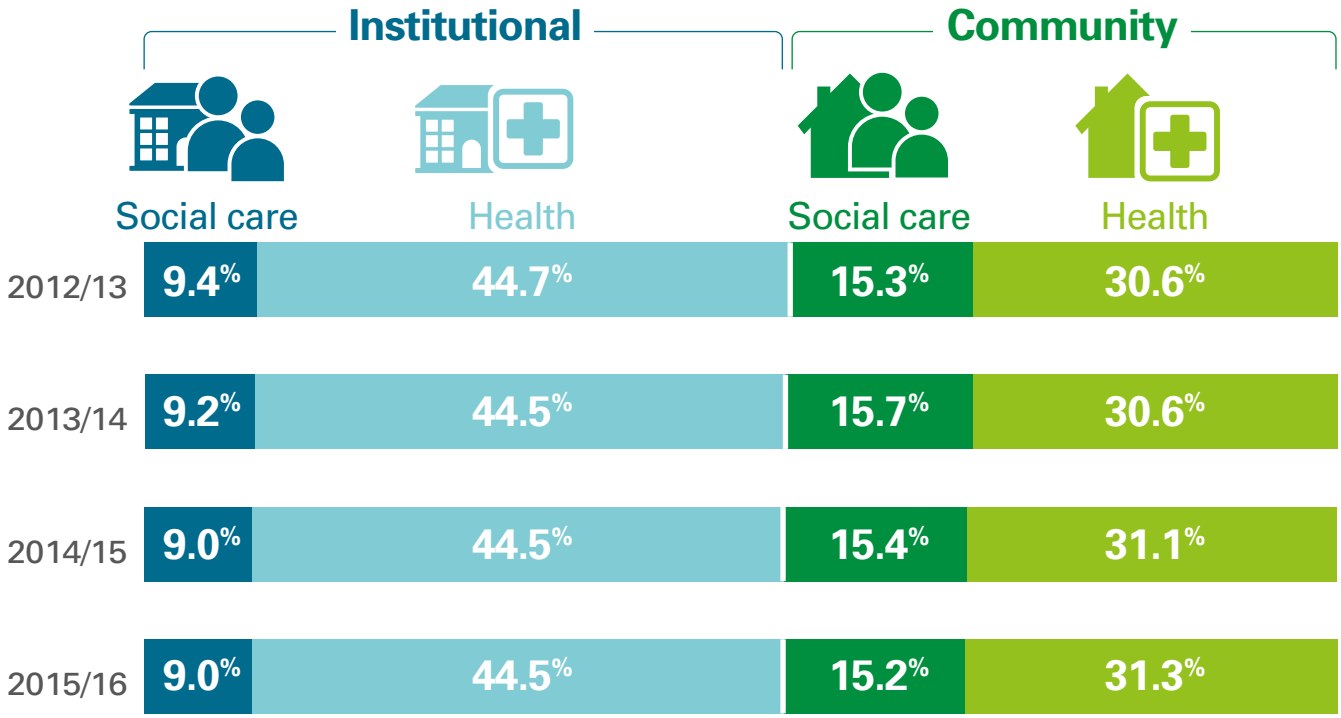
53. Attempts at integrating health and social care go back several years and it is not possible to identify the full cost of the reforms. This, in part, is due to the scale of the reforms and the interconnectedness with the rest of the health and social care system.

54. Due to ongoing financial pressures, most new service initiatives have been funded using additional financial support from the Scottish Government, rather than through the re-distribution of health and social care resources. Therefore, there should be an ongoing commitment from the Scottish Government to provide continued additional funding over coming years. This will provide financial stability to IAs while they implement new ways of working and plan how to redirect funding from current services.

Exhibit 9

The percentage of expenditure on institutional and community-based care

The percentage of expenditure on institutional and community-based care remained static between 2012/13 – 2015/16.



Source: Information Services Division, 2018

55. Major reforms have benefited from a degree of 'pump priming' money to help with change. In 2017/18, IAs total income included national funding which has been directed through NHS budgets, of:

- £100 million from the Integrated Care Fund to help shift the balance of care
- £30 million to help tackle delayed discharges
- £250 million to support payment of the living wage and help establish integration in its first year. This increased by £107 million in 2017/18.

56. The ring-fencing of funding intended to support delegated functions has not helped IAs' efforts to redirect resources, reducing their ability to use their resources flexibly. There are examples of small-scale transfers of resources and we appreciate that more time is needed for IAs to achieve this change (Case study 4, page 33). IAs need to demonstrate how they will sustain any improvements if specific dedicated funding is no longer available.

Case study 4

South Lanarkshire redirecting resources to provide more community-based care

In 2017, South Lanarkshire IJB decided to close 30 care of the elderly beds within Udston Hospital and invest in alternative community-based models of care. An assessment of need found that two-thirds of individuals on the ward could have been better cared for within a community setting. Recurring funding of about £1 million per annum was released as a result. The IJB planned for £702,000 of this to be redirected to community-based services, such as homecare and district nursing to build the area's capacity to support more people at home. To achieve this:

- engagement plans were developed to ensure people using care and their families, staff and elected members of the Udston area were involved in the changes
- financial modelling was undertaken to understand the profile of people on the ward and reallocate resources to more appropriate, alternative health and social services
- the IA worked in partnership with NHS Lanarkshire to ensure good governance.

The £702,000 provided a degree of financial flexibility to further develop intermediate care services and increase community-based rehabilitation services. The IJB plans to redesignate the Udston beds for use by step-down intermediate care patients to support a reduced reliance on the hospital and residential care.

Source: Bed Modelling in South Lanarkshire, IJB board paper, 30 October 2017

Agreeing budgets is still problematic

57. Fifteen IAs failed to agree a budget for the start of the 2017/18 financial year with their partners. This is partly down to differences in the timing of budget settlements between councils and NHS boards. It can also be due to a lack of understanding between councils and NHS boards of each other's financial reporting, accounting arrangements and the financial pressures faced by each. This lack of understanding can cause a lack of trust and reluctance to commit funds to an integrated health and social care budget.

58. There are difficulties with short-term and late budget settlements, but this should not preclude longer-term financial planning. IAs will only be able to plan and implement sustainable services if they are able to identify longer-term costs and funding shortfalls. This will also help to plan effective exit strategies from current services and larger-scale transfers of resources to community-based and preventative services.

It is critical that governance and accountability arrangements are made to work locally

59. Integrating services is a significant challenge, particularly when partners are dealing with current demand and constrained resources, while trying to better understand how services need to change. The Act should be a basis for all local partners to come together to implement changes. A perceived lack of clarity in the Act is adding to local disagreements and is delaying integration. This lack of clarity and misunderstanding is evident even among people working at senior levels and can impede good relationships.

60. Having a clear governance structure where all partners agree responsibility and accountability is vital. Disagreements can be particularly apparent when it is perceived that accountability for a decision rests with individuals who no longer have responsibility for taking them. Chief executives of councils and NHS boards are concerned that they will be held accountable for failures in how services are delivered when they are no longer responsible for directing those services. In practice, partners need to set out how local accountability arrangements will work. Integration was introduced to shift from a focus on what worked for organisations to what works for the person who needs a health and social care service. Applying this approach should help partners to implement the Act. In some areas partners are working through governance challenges as they implement the Act, and more should be done to share this experience.

61. Our first report on the integration of health and social care recommended that integration partners 'need to set out clearly how governance arrangements will work in practice…This is because there are potentially confusing lines of accountability...People may also be unclear who is ultimately responsible for the quality of care.' Clarity is still needed for local areas over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesign of services provision. Not enough has been done locally to address this.

62. IJBs have a commissioning role but most IJB COs also have delegated operational responsibility for those functions and services that are delegated to the IJB, with the exception of acute care. There are difficulties in understanding how the 'operational responsibility' aspect works in practice. Auditors report that members of IA leadership teams have differing views about governance, especially clinical governance, and roles and responsibilities. In some areas, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB. The IJB approach was introduced in part to simplify arrangements, not to add complexity. There are also significant concerns about the impact of integration on the rest of the acute hospital system.

63. It is the IJB's role, through the CO, to issue directions to its partner council and NHS board about service delivery and allocation of resources. This can be made more difficult by disagreements about governance arrangements. It is complicated further by the reporting lines of the CO, who directly reports to both chief executives of the council and NHS board. COs have reported that it can be difficult to direct those who are effectively their line managers. This reinforces the need for strong relationship building and the establishment of a collective agreement over policy direction, funding arrangements and vision for integration.

Decision-making is not localised or transparent in some areas

64. The Act envisaged that decision-making would be devolved as locally as possible. In some areas, IAs, councils and NHS boards have not yet devolved decision-making in the spirit of the Act and locality plans and management structures are still in development. Officers, staff and local service providers have reported that this is because of a risk-averse response to integration that sees NHS boards and councils retain central control over decision-making. Decision-making by IAs is often influenced by statutory partners' priorities. Often, IJB members rely on their statutory partners for information, advice and policy formulation rather than taking the lead on planning and implementing new ways of providing services.

65. There are examples of IAs working hard to establish decision-making arrangements in their partnership. Aberdeen City has put in place governance systems to encourage and enable innovation, community engagement and participation, and joint working. This should leave it well placed for progressing integration and implementing new services in its community (Case study 5). We have also seen how IAs such as South Lanarkshire and Dundee City are beginning to develop locality-based approaches to service delivery (Case study 6, page 36).

Case study 5

Governance arrangements in Aberdeen City IA

Aberdeen City IJB worked with the Good Governance Institute to develop its risk appetite statement and risk appetite approach. The IJB wanted to consider which decisions and risks should, and importantly those which should not, be considered by the IJB. The idea was to ensure there was capacity for decisions to be made locally, so that staff could influence the outcomes of individuals by ensuring that care was tailored to individual needs. Staff and managers say they now feel trusted to make decisions and implement new ideas to benefit individuals in their communities.

The IJB considers that it has demonstrated an aspiration to develop and encourage innovation in local service provision, and local managers and staff understand that decision-making within localities and input of ideas is welcomed and encouraged within agreed risk parameters. Aberdeen City has worked hard to build relationships and trust throughout the partnership. It accepts that achieving its priorities will involve balancing different types of risk and that there will be a need to balance the relationship between different risks and opportunities. There is also an acceptance and tolerance that new ideas will not always be successful.

Source: Aberdeen City IJB, 2018

Case study 6

Locality approach in South Lanarkshire

In 2017, South Lanarkshire IJB realigned its management structure around its four localities. Each locality has a manager responsible for a range of multidisciplinary teams and a health and social care budget. Moving the management of services to a locality level has empowered local teams to review the models of care in their area to see what fits best for the local community. A public forum in each locality gives the local community a voice in shaping local services. Each locality has produced a local strategic needs assessment setting out local needs and priorities and directing attention towards more locally specific outcomes. A 'community first' model of care places the emphasis on developing more community capacity and support.

Staff report that multidisciplinary working and, where possible, co-location, has improved communication and learning across disciplines. They have better knowledge of skills within the wider integrated team, allowing the most appropriate professional to see people at the right time. Working with separate IT systems is a source of frustration and requires less efficient work arounds. Another challenge is balancing trying to change at pace with a need to maintain day-to-day workload. Teams have taken an incremental approach to change, starting with a small number of staff and people using the health and social care services, and, if the new model goes well, gradually increasing this until the change becomes normal practice.

Source: North Lanarkshire IJB, 2018

Best value arrangements are not well developed

66. As IJBs are local authority bodies, the statutory duty of Best Value applies to them. This means that IJBs, from the outset, must clearly demonstrate their approaches to delivering continuous improvement. In July 2017, IJBs submitted their first annual performance reports in accordance with statutory requirements. One of the reporting requirements is that they demonstrate Best Value in the delivery of services.

67. We found that some aspects of Best Value are widely covered within IJBs' annual performance reports and annual accounts, including financial planning, governance and use of resources. About half of all IJBs had a section in their annual performance reports setting out how they intended to demonstrate the delivery of Best Value. Overall the coverage varies between IJBs and is often not in enough detail to allow the public to judge the IJB's activity on continuous improvement.

IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas

68. Information Services Division (ISD) is part of NHS National Services Scotland, a special NHS board. ISD provides Local Intelligence Support Team (LIST) analysts to each IA area, along with social care information known as SOURCE. Using a LIST analyst to tailor and interpret local data helps IAs to better understand local need and demand and to plan and target services. LIST also works with Community Planning Partnerships in several areas including care for prison leavers presenting to the Homeless Service and children affected by parental imprisonment.

69. Part of the work IAs are doing, supported by the LIST, is to better understand how to support the top two per cent of people using services who account for 50 per cent of hospital and GP prescribing expenditure. By doing this, they can better direct resources and take preventative steps to ensure these users receive more targeted care. This prevents unnecessary hospital admissions and improves personal outcomes through providing more appropriate care in a homely setting.

An inability or unwillingness to share information is slowing the pace of integration

70. There are several areas which need to further improve to help IAs and their council and NHS board partners make better use of data. These include:

- GP practices agreeing data-sharing arrangements with their IA
- IAs being proactive about sharing performance information, ideas and new practice with other IAs
- IAs and ISD agreeing data-sharing protocols for using data in national databases
- IAs identifying gaps in data about community, primary care and social care services and establishing how this information will be collected. This is something we have highlighted in several of our previous reports
- improving consistency in IAs' data, making comparisons easier.

71. Sharing of information, including both health and performance information, is a vital part of providing effective care that is integrated from the point of view of the people who use services. It is also vital in helping to anticipate or prevent need. Throughout our work we were told of examples where this was not happening in practice, because of local systems or behaviours. Examples include: GP practices being unwilling to share information from new service pilots with other IAs; IAs themselves being unwilling to share performance and good practice information with others; and difficulties in setting up data-sharing agreements between IAs and ISD. Different interpretations of data protection legislation are not helping with the ease with which information is being shared.

72. NHS and social care services are made up of many different specialties and localities, often with different IT systems, for example, systems to record X-ray results or record GP data. Many of these systems have been built up over years and commissioned separately for different purposes. Some services still rely on paper records.

73. This disjointedness has an impact on people who need care and on the ability of health and care professionals to provide the best support that they can. For example, people with multiple and complex health and care conditions can have to explain their circumstances to many different professionals within a short space of time. This can delay people getting the help they need, waste resources and gets in the way of care provision being more responsive to people's needs. Local data-sharing arrangements need to be in place so that professionals can appropriately share and protect the data they hold.

74. Time and money are being spent on fixing local IT problems when national solutions should be found. Local fixes are being put in place to help overcome data-sharing barriers. This includes bringing teams of staff together under one roof, so

they can discuss individual cases, rather than relying on electronic systems such as internal emails to communicate. Local areas are spending time and money implementing solutions which may continue to be incompatible in the future. There is a need for a coordinated approach to the solution, which includes the need to consider a national, single solution for Scotland.

75. New IT systems and technology are crucial to implementing new ways of working. For example, many areas are beginning to introduce virtual means of contacting people using care services, such as video links to people's homes so they do not have to visit a health or care centre. To do this successfully, a reliable communication infrastructure is needed, particularly in rural areas.

76. In April 2018, the Scottish Government published *Scotland's Digital Health & Care Strategy: Enabling, Connecting & Empowering*. As part of this, a new national digital platform is to be developed to enable the sharing of real-time data and information from health and care records as required, across the whole care system. We will monitor developments as part of our work programme.

Meaningful and sustained engagement will inform service planning and ensure impact can be measured

77. IAs were set up to have active public involvement, for example through the make-up of their boards and requirements that they publish and engage with communities about their plans. We found some good local examples of engagement. From our analysis of IA strategic plans, we saw evidence of community engagement that influenced the IA's priorities (Case study 7, page 39). Levels of ongoing engagement, and how much it shapes service redesign, are more difficult to judge, but several IAs explicitly mention the importance of engagement and see it as a priority.

78. Several third and independent sector organisations reported that they do not feel that IAs seek or value their input, although they have innovative ways to improve local services that will positively affect the lives of local people. Providers believe that service decisions are based on the funding available over the short term, rather than the needs of the community. Third-sector providers also report that there is often not time to attend engagement meetings, gather information for consultations or research lengthy committee papers. Therefore, IAs have a responsibility to help them become involved and to work with them earlier. IAs must discuss potential changes to services and funding with providers as early as possible.

79. Early engagement with staff, as with the public, has reduced since IAs published strategic plans. Staff want to know how they are contributing to the progress of integration. More communication and involvement will both help increase knowledge of the services available across partnerships and help overcome cultural differences and reluctance to accept change in ways of working.

80. Throughout this report we have recognised the challenging context IAs are operating in. This is inevitably having an impact on the extent to which they can meaningfully engage communities in discussions about improvements to services. IAs need to have in place wide-ranging and comprehensive arrangements for participation and engagement, including with local communities. Where local arrangements for engagement have been shown to work, these should continue. Engagement does not have to be managed and directed solely by the IA. If a local department or service has established relationships and means of engaging with third and independent sector providers which have proved successful, these should continue as before.

Case study 7

Edinburgh IJB: public engagement

The enhanced and proactive engagement approach adopted by Edinburgh IJB facilitated the involvement of the voluntary sector organisations in the co-production of strategic planning. Via the Edinburgh Voluntary Organisation Council, which sits on the IJB board as a non-voting member, the IJB invited the Lothian Community Health Initiatives' Forum (LCHIF) onto its Strategic Planning Groups (SPG). This allowed the LCHIF to get involved in developing the IJB's five strategic Commissioning Plans: Older People, Mental Health, Physical Disabilities, Learning Disabilities, and Primary Care.

LCHIF was subsequently invited to be part of the Older People's and Primary Care Reference Groups. Through involvement on the two reference groups, LCHIF and its members were able to contribute to the work that most reflected the services being delivered by them. The initial involvement of LCHIF on the SPG led to further engagement with other key influencing groups and networks which they felt ultimately benefited the sector, the forum and its members.

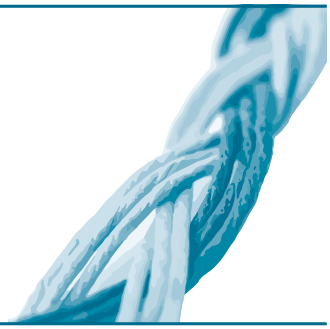
In addition to this involvement, the IJB has also embarked upon a review of its grants to the third-sector. This has been done in full collaboration and partnership with the third-sector. Through the SPG, a steering group was appointed, again with the involvement of LCHIF. This involvement contributed to a commitment being made to establish a grants forum in recognition of the ongoing dialogue that is required to ensure that prevention, early intervention and inequalities remains a priority for the IJB.

Source: Edinburgh IJB, 2018.

81. In September 2017, the Scottish Parliament's Health and Sport Committee published *Are they involving us? Integration Authorities' engagement with stakeholders*, an inquiry report on IAs' engagement with stakeholders.[13] The Committee also found a lack of consistency in stakeholder engagement across IAs. While some areas of good practice were cited, the Committee heard concerns over engagement being 'tokenistic', 'overly top down' and 'just communicating decisions that had already been made'. The Committee argued that a piecemeal approach to engagement with stakeholders cannot continue and that meaningful engagement is fundamental to the successful integration of health and social care services.

82. There is also a role for the Scottish Government in continuing to develop how learning from successful approaches to integration is shared across Scotland. IAs are not being proactive about sharing success stories and the principles behind the planning and implementation of new ways of working which have worked well. Much could be learnt from the work done to date in local areas and IAs should be encouraged to engage with each other and share knowledge and performance information.

Endnotes



1 More details about the joint inspections are available at the Care Inspectorate website.

2 *Health and social care integration*, Auditor General and Accounts Commission, December 2015.

3 *English local authority reserves,* Chartered Institute of Public Finance and Accountancy, June 2015.

4 This takes account of North Ayrshire IJB, which was the only IJB to have an accumulated negative reserve balance. This amounted to £5.8 million and was because of overspends in social care services that were not funded by additional allocations from the NHS board or council.

5 *NHS in Scotland 2018*, Auditor General, October 2018.

6 *Local government in Scotland: Challenges and performance 2018*, Accounts Commission, April 2018.

7 National Performance Framework, Scottish Government, June 2018.

8 *Systems thinking and systems leadership*, NHS Education for Scotland, 2016.

9 *National Health and Social Care Workforce Plan Part 3 – improving workforce planning for primary care in Scotland*, Scottish Government, April 2018.

10 *NHS workforce planning*, Auditor General, July 2017.

11 *Local government in Scotland: Challenges and performance 2018*, Accounts Commission, April 2018.

12 *Medium Term Health and Social Care Financial Framework*, Scottish Government, October 2018.

13 *Are they involving us? Integration Authorities' engagement with stakeholders*, Health and Sport Committee, Scottish Parliament, September 2017.

Appendix 1

Audit methodology

Our objective: To examine the impact public bodies are having as they work together to integrate health and social care services in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

Our audit questions:

- What impact is integration having and what are the barriers and enablers to this change?
- How effectively are IAs planning sustainable, preventative and community-based services to improve outcomes for local people?
- How effectively are IAs, NHS boards and councils implementing the reform of health and social care integration?
- How effectively is the Scottish Government supporting the integration of health and social care and evaluating its impact?

Our methodology:

- Reviewed documents, such as integration schemes, IAs' strategic plans, IJBs' annual audit reports, annual performance reports, national performance data and other key documents including the Scottish Government's National Health and Social Care Financial Framework.
- Interviews, meetings and focus groups with a range of stakeholders including third-sector and independent sector providers. Our engagement involved hearing about experiences of engaging with IAs and how services had changed through integration.
- Interviews at four case study sites – Aberdeen City IJB, Dundee City IJB, Shetland Islands IJB and South Lanarkshire IJB. We met with:
  - Chief Officers and Chief Finance Officers
  - Chairs and vice-chairs of IJBs
  - NHS and council IJB members
  - Chief social work officers
  - IJB clinical representatives (GP, public health, acute, nursing)
  - IJB public representatives (public, carer and voluntary sector)
  - Heads of health and social care, nursing, housing and locality managers and staff
  - NHS and council chief executives and finance officers
  - IT, communications and organisational development officers.

Appendix 2

Advisory group members

Audit Scotland would like to thank members of the advisory group for their input and advice throughout the audit.

Member	Organisation
Alison Taylor	Scottish Government
Alistair Delaney	Healthcare Improvement Scotland
Allison Duncan	IJB Vice Chair
Eddie Fraser	IJB Chief Officer
Fidelma Eggo	Care Inspectorate
Gerry Power	Health and Social Care Alliance
Jeff Ace	NHS Chief Executive
John Wood	Convention of Scottish Local Authorities (COSLA)
Julie Murray	Society of Local Authority Chief Executives
Robin Creelman	IJB Vice Chair
Tracey Abdy	IJB Chief Finance Officer

Note: Members sat in an advisory capacity only. The content and conclusions of this report are the sole responsibility of Audit Scotland.

Appendix 3

Progress against previous recommendations

Recommendations	Progress
Scottish Government should:	
• work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this: – work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system.	IAs are reporting locally on outcomes but this is not being drawn together to give a national picture of outcomes for health and social care.
• monitor and publicly report on national progress on the impact of integration. This includes: – measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans – reporting on how resources are being used to improve outcomes and how this has changed over time – reporting on expected costs and savings resulting from integration.	We found there are a significant number of indicators and measures being used nationally and locally to understand whether integration is making a difference and to monitor changes. But, for the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way. The Scottish Government has introduced a series of national outcomes for health and social care. The outcomes are not being routinely reported at a national level. The savings estimated to be made from integration were expected to derive from a reduction in unplanned bed days, fewer delayed discharges, improved anticipatory care and less variation in bed day rates across partnerships. The savings from these have not been specifically monitored by the Scottish Government, although actual and projected performance across these measures is reported to the Scottish Government's Ministerial Steering Group.
• continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.	Some leadership development has been commissioned from the Kings Fund by the Integration Division at Scottish Government but there is a lack of joint leadership development across the health and social care system to help to embed and prioritise collaborative leadership approaches. There is an appetite for examples of good practice from local partnerships but still a lack of good learning resources.

Cont.

Recommendations	Progress
Integration Authorities should:	
• provide clear and strategic leadership to take forward the integration agenda; this includes: – developing and communicating the purpose and vision of the IJB and its intended impact on local people – having high standards of conduct and effective governance, and establishing a culture of openness, support and respect.	We found that a lack of collaborative leadership and cultural differences are proving to be significant barriers to change in some areas.
• set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny. This includes: – setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice – ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB.	There is a lack of agreement over governance and a lack of understanding about integration which is acting as a significant barrier to progress in some areas. There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty is hampering decision-making and redesigning how services are provided. Not enough has been done locally to address this.
• ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public. This includes: – setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required – ensuring relationships between the IJB, its partners and the public are clear, so each knows what to expect of the other.	IAs have helped to improve engagement with the public and providers in the local area in some instances but there is more to do.
• be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including: – developing and maintaining open and effective mechanisms for documenting evidence for decisions – putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice – developing and maintaining an effective audit committee – ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints. – ensuring that an effective risk management system is in place.	We found that decision-making is not localised or transparent in some areas and risk management arrangements are not well developed.

Cont.

Recommendations	Progress
• develop strategic plans that do more than set out the local context for the reforms; this includes: – how the IA will contribute to delivering high-quality care in different ways that better meets people's needs and improves outcomes – setting out clearly what resources are required, what impact the IA wants to achieve, and how the IA will monitor and publicly report their progress – developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils – making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act.	IAs are beginning to link their resources to strategic priorities but more needs to be done to show when their planned outcomes will be achieved. They also need to show how the shift from the current ways of working to new models of care will happen.
• develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes: – developing financial plans for each locality, showing how resources will be matched to local priorities – ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively.	There is some evidence of small-scale transfers of resources, but most IAs have funded changes to services using ring-fenced funding, such as specific additional integrated care funding provided by the Scottish Government. This is instead of shifting resources from an acute setting, such as hospitals, to community settings such as local clinics and GP surgeries. While this may have achieved performance improvement in things such as delayed discharges, ring-fenced funding may not be available long term. Therefore, IAs need to ensure the financial sustainability of ongoing support for changes made. Financial planning is not integrated, or long term and financial pressures make meaningful change hard to achieve. Arrangements for understanding and measuring Best Value arrangements are not well developed.
• shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.	We found there has been limited change in how resources are being used across the system at this stage – see above.

Cont.

Recommendations	Progress
Integration Authorities should work with councils and NHS boards to:	
• recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early in the relationship and that a shared understanding of the roles and objectives is maintained.	We found a lack of agreement over governance and a lack of understanding about integration remain significant barriers in some areas. There are still circumstances where clarity is needed over who is ultimately responsible for service performance and the quality of care. In some instances, this uncertainty was hampering decision-making and redesigning how services are provided. In our opinion, not enough has been done locally to address this.
• review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils.	Auditors report that members of IA leadership have differing views about governance, especially clinical governance, and roles and responsibilities.
• urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners.	We found that at present, not all councils and NHS boards view their finances as a collective resource for health and social care. Some councils and NHS boards are still planning budgets around their own organisations rather than taking account of their IJBs local strategic priorities. The ambition for integration is that the health and social care resources in the local area would be brought together and used to deliver integrated services with improved outcomes for people. While this is happening in some areas, councils and NHS boards in other areas can be unwilling to give up financial control of budgets and IJBs can struggle to exert influence over their budgets. Some IAs have little or no involvement in the budget-setting process. At a very basic level IJBs struggle in some areas to agree budgets. Fourteen IJBs failed to agree a budget for the start of the 2017/18 financial year.
• establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and social care services.	We have seen that IJB board papers are shared with council and NHS board partner organisations. In some areas though, rather than streamlining governance and scrutiny arrangements, councils and NHS boards are putting in place additional layers of reporting as if each were accountable for the actions of the IJB.
• put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.	IAs and ISD are have difficulties in agreeing data-sharing protocols for using national databases.

Appendix 4

Financial performance 2017/18

IJB	**Position** (pre-additional allocations) **Overspend/** (underspend)	**Additional allocation/ (reduction)** **Council**	**NHS board**	**Use of reserves**	**Year-end position Deficit/ (Surplus)**
	(£million)	(£million)	(£million)	(£million)	(£million)
Aberdeen City	2.1	0	0	2.1	0
Aberdeenshire	3.5	1.5	2.0	0	0
Angus	(0.4)	0	0	0	(0.4)
Argyll and Bute	2.5	1.2	1.4	0	0
Clackmannanshire and Stirling	1.1	0	0	1.1	0
Dumfries and Galloway	(2.5)	0	0	0	(2.5)
Dundee City	2.5	0	2.1	0.4	0
East Ayrshire	3	2.2	1.3	0	(0.5)
East Dunbartonshire	1.1	0	0	1.1	0
East Lothian	0.7	0.6	0.1	0	0
East Renfrewshire	(0.4)	0	0	0	(0.4)
Edinburgh	7.4	7.2	4.9	0	(4.7)
Eilean Siar	(3.0)	0	0	0	(3.0)
Falkirk	1.3	0	1.4	0.2	(0.3)
Fife	8.8	2.5	6.4	0	0
Glasgow City	(12.0)	0	0	0	(12.0)
Inverclyde	(1.8)	0	0	0	(1.8)
Midlothian	(0.7)	0.2	0	0	(0.9)
Moray	1.9	0	0	1.9	0
North Ayrshire	3.5	0	1.0	0	2.6
North Lanarkshire	(11.7)	0	0.6	0	(12.3)
Orkney	0.7	0.2	0.5	0	0
Perth and Kinross	(1.4)	(2.6)	1.3	0	0
Renfrewshire	4.8	2.7	0	2.1	0
Scottish Borders	4.5	0.3	4.2	0	0
Shetland	2.4	(0.3)	2.9	0	(0.2)
South Ayrshire	0.3	0	0	0.3	0
South Lanarkshire	(1.2)	0	1.0	0	(2.2)
West Dunbartonshire	(0.6)	0	0	0	(0.6)
West Lothian	1.8	0	1.8	0	0

Note: Arithmetic differences arising from roundings.
Source: Audited Integration Authority annual accounts, 2017/18

Health and social care integration

Update on progress

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Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: **info@audit-scotland.gov.uk**
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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Day Care Services for Older People - East Locality**
Report By	**Derrick Pearce Head of Community Care and Health Services**
Contact Officer	**Gillian Healey, Team Leader, Planning & Service Development** **0141 777 3074** **gillian.healey@eastdunbarton.gov.uk**

Purpose of Report	To update HSCP Board members on the re-provisioning of Day Care services for older people in the "East" Locality and outline the revised programme for service delivery.

Recommendations	It is recommended that HSCP Board members note the contents of this report and approve the course of action described.

Relevance to HSCP Board Strategic Plan	The Older People's Day Care Strategy supports the delivery of the following EDHSCP Strategic Plan priorities: • Priority 2 – Enhance the quality of life and support independence for people, particularly those with long-term conditions • Priority 4 – Address inequalities and support people to have more choice and control • Priority 5 – People have a positive experience of health and social care services • Priority 6 – Promote independent living through the provision of suitable housing, accommodation and support • Priority 7 – Improve support for Carers enabling them to continue in their caring role • Priority 8 – Optimise efficiency, effectiveness and flexibility The Older People's Day Care Strategy also delivers key elements of the HSCP Business Plan 2018/19.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	An Equalities Impact Assessment (EQIA) will be completed in conjunction with the progression of this project

Financial:	The revised programme for day care provision in the "East" locality generates a Capital saving of £1.5 million (build cost) and supports the delivery of projected revenue savings of £200,000 over five years. It should be noted that this target is subject to full or in part avoidance of potential programme costs including additional service costs at Whitehill Court and funding of private places at Birdston Day Care Centre to create capacity.

Legal:	None

Economic Impact:	Plans to re-provision services leaves staff from Whitehill day care and short breaks services at risk of redundancy. However, Bield Housing and Care has reassured the HSCP that they will explore all available options to successfully redeploy staff across their organisation.

Sustainability:	The change of programme ensures the provision of a sustainable day care service in the East locality, within a modern, purpose built building.

Risk Implications:	Due to the volume and vulnerability of the people involved, the transition to new services may take longer than anticipated. To help mitigate this risk, the HSCP will closely monitor and, if required inject additional resources to support the process (see note above re financial impact).

Implications for East Dunbartonshire Council:	This revised programme represents a change in the commissioning of day care for older people for the East locality, undertaken by EDC at the direction of the HSCP.

Implications for NHS Greater Glasgow & Clyde:	N/A

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

1.0 MAIN REPORT

1.1 Background

A Strategic review of Older People Day Care services commenced in 2016. The purpose of the review was to ensure services are "fit for purpose," flexible, responsive to local needs, deliver best value and, in the longer term, are socially and financially sustainable. A report detailing the outcome of the review along with recommendations for the re-provisioning of services was submitted to the HSCP Board in March 2017. Recommendations approved via that report included:

- Move to a two center (East & West) locality aligned building-based day care model and;
- Establish two Local Area Coordinator posts

1.2 "West" Locality Day Care Services

In the early part of 2018, day care services in the "West" locality were successfully re-provisioned in-line with the outcome of the review and the approved Day Care Strategy. Essentially this involved the transfer of Burnbank and Park Road services (operated by Alzheimer's Scotland) to Oakburn Park - a modern, fit for purpose day care provision operated by Bield Housing and Care. Although initial concerns were raised by service users and carers over the change of provider, service model and location, these concerns were quickly dispelled - primarily due to the support and information provided by the HSCP and Bield both prior to and after transition, alongside supportive input from Ceartas and Carers Link.

1.3 Local Area Coordinators (LAC)'s – Older People

The re-provisioning of day care services in the "West" locality freed up available funding for two Local Area Coordinator (Older People) posts. The aim of these posts is to enhance the lives of older people and support capacity building at an individual, family and community level. Interviews for the posts have taken place and subject to references, PVG checks and notice periods, the preferred candidates are due to commence their new role mid to late February 2019. The LACs will work with older people referred to the HSCP, who have needs which indicate that daytime activity and/or care and support through the day may help achieve their personal outcomes, such as prevention of social isolation.

1.4 "East" Locality Day Care Services

1.4.1 In line with the strategy for Older People's Day Care Services, the HSCP in partnership with East Dunbartonshire Council (EDC) and Bield Housing and Care, commenced plans earlier this year to re-locate Whitehill day care and short breaks services into a new purpose built facility within the proposed Cleddans Playing Fields development. The plans were initiated following Bield's announcement two years previously to demolish Whitehill Court - which has been rendered un-fit for purpose.

1.4.2 As the plans developed, the HSCP revisited the intended course of action in line with analysis of the partnership's projected financial position and

conflicting design and regulatory requirements. This reconsideration compelled the HSCP to review its commitment to the new build. Having explored and considered all potential options, the HSCP concluded that the new build facility was no longer a viable or sustainable option and elected to re-provision Whitehill day care and short breaks services at Birdston, in Milton of Campsie, which is operated by Pacific Care Ltd.

1.4.3 Birdston Day Care Centre (owned and operated by Pacific Care Ltd) is a modern, fit for purpose service, which provides care and support to frail older people with complex health needs and Dementia. Since 2015, the service has been awarded quality grades of six (Excellent) by the Care Inspectorate for Care and Support, Staffing and Management & Leadership. The service is open 7 days a week and is within a 1.8-mile radius of Whitehill Court.

1.4.4 Birdston Care Home is a purpose built 24-bedded specialist nursing home that has recently undergone a complete interior refit, including newly refurbished bedrooms, dining rooms, communal areas and gardens. The care home also provides specialist dementia and respite / short breaks care – within the context of which the replacement short breaks beds from Whitehill Court will be provided.

1.4.5 The HSCP currently commissions 235 places per week across Whitehill day care (105 places) and Birdston (130 places). Going forward, and taking into account the approved strategic intent to move away from building-based day care, recognising the changing needs of the population, a year on year reduction in demand for building based day care provision, the expansion of self-directed support - increasing choice and control - and the introduction of LAC's to help create and build community capacity, the HSCP plans to commission the following from Pacific Care:

- Year 1 - 2019/20 - 175 places
- Year 2 - 2020/21 – 165 places
- Year 3 - 2021/22 – 150 places

The total number of commissioned places beyond year three will be subject to review and reflect continuing needs, demand and alternative available provision - established by and/or in conjunction with the Local Area Coordinators.

1.4.6 Effectively, this means that the HSCP will withdraw from its contract with Bield for the provision of Whitehill Day Care and Short Breaks services. Upon notification of the notice to quit Bield confirmed the cessation of day care on the Whitehill Court site effective from 30 June 2019 and cessation of the Short Breaks service from 31 March 2019.

1.4.7 There are currently 46 individuals receiving a day care service within Whitehill Court and 33 receiving a short breaks service. The HSCP has arranged for all individuals and carers affected by this decision to be contacted in December 2018. Each will have follow up visit(s) in the early

part of 2019 to review current needs and support plans to discuss and agree the various service options going forward. The transitional process is due to commence in January 2019 and be concluded by June 2019. All Short Breaks already booked at Whitehill Court will be honoured at Birdston. In parallel, the HSCP is currently arranging reviews of all existing day care places at Birdston. This approach will ensure consistency and that assessed needs and levels of support are and remain appropriate.

1.4.8 It is important to note that whilst the aforementioned signifies a change in detail from the original plans, the principles (i.e. the provision of modern and sustainable locality based day care provision in the East, focussed on community alternatives) remain consistent with the Review outcome and overarching Day Care Strategy that was approved by the Board in March 2017.

1.5 Financial Savings

The revised programme for day care provision in the "East" locality generated a Capital saving of £1.5 million (build cost) and revenue savings of £200,000 are projected over five years. These savings are subject to the potential impact of contingency costs to ensure appropriate support for individuals such as additional service costs at Whitehill (3 month extension to contract £80k) and funding of private places at Birdston to create capacity (£45k), which are being actively managed down.

1.5 Communication Strategy

In partnership with the Council's Corporate Communications team, the HSCP established a Communication Strategy – which articulates a consistent message in terms of the HSCP's decision as well as outlining the proposed way forward. This Communication Strategy runs in tandem to that of Bield. The HSCP Communication Strategy includes a letter to individuals and carers, a set of Frequently Asked Questions (FAQ's), a technical brief for local Councillors and a media statement. Partners across the Third Sector, including EDVA, Carers Link and Ceartas have also been informed.

1.7 Project Team

A Project Team consisting of; Head of Community Health and Care Services, Commissioning officers, Fieldwork management and staff, representatives from Bield and Birdston, has been established to progress and deliver on the re-provisioning of services. A Project Plan entailing key milestones and related actions, leads and timescales is in place to help guide and inform the Project Team. The Project Team is scheduled to meet every four weeks to manage the programme. The team will remain in place until the re-provisioning of services has been successfully concluded.

1.8 Future Updates

An interim position on the status of the re-provisioning activity will be provided to the Board in March 2019.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17 January 2019**
Subject Title	**East Dunbartonshire British Sign Language Plan 2018 - 2024**
Report By	**Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement** **Tel: 0141 304 7435** **Caroline.Sinclair2@ggc.scot.nhs.uk**
Contact Officer	**Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement**

Purpose of Report	To present to the HSCP Board the East Dunbartonshire British Sign Language Plan 2018 - 2024 for approval, for the aspects that relate to services in the remit of the HSCP.

Recommendations	The Health and Social Care Partnership Board is asked to: a) Considers the progress being made to improve communication and access to Council services for people who use British Sign Language and to promote understanding of the language; and b) Approve the East Dunbartonshire British Sign Language Plan 2018 - 2024, for the aspects that relate to services in the remit of the HSCP.

Relevance to HSCP Board Strategic Plan	The East Dunbartonshire British Sign Language Plan 2018 - 2024 supports delivery of the HSCP's Strategic Plan and the National Health and Wellbeing Outcomes, in particular, the work associated with this report supports the HSCP's strategic priority no 4 'Address inequalities and support people to have more choice and control' in relation to people who use British Sign Language as a first language.

Implications for Health & Social Care Partnership

Human Resources	none

Equalities:	The East Dunbartonshire British Sign Language Plan 2018 - 2024 supports delivery of the HSCP's strategic priority no 4 'Address inequalities and support people to have more choice and control'.

Financial:	none

Legal:	none

Economic Impact:	none

Sustainability:	none

Risk Implications:	none

Implications for East Dunbartonshire Council:	The plan has been developed through the work of the Community Planning Partnership Board and has been considered and approved by both the Community Planning Partnership Board and East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	The actions within the plan have been developed in collaboration with NHS Greater Glasgow and Clyde

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

1.0	**MAIN REPORT**
1.1	The British Sign Language (Scotland) Act 2015 requires a listed authority to show how they will develop the use of British Sign Language (BSL) in connection with its functions.
1.2	Listed authorities, which includes Health and Social Care Partnerships, are required to achieve consistency with the 2017 BSL National Plan and must publish plans by October 2018.
1.3	The National Plan seeks to assist BSL users to become fully involved in daily and public life as active, healthy citizens, and to be able to make informed choices about every aspect of their lives. The Plan has ten goals for BSL covering a range of themes including; early years and education; training and work; health, mental health and wellbeing; transport; culture and arts; democracy; and justice.
1.4	To meet the requirements of the British Sign Language (Scotland) Act 2015, East Dunbartonshire Council developed its first East Dunbartonshire Council BSL Plan 2018 - 2024. The plan that was developed was brought together in collaboration with Health and Social Care partnership services, amongst others, and included a commitment to actions by services that are within the remit of the Health and Social Care Partnership.
1.5	

1.6 The aims of the plan are to:

i) Improve communication and access to services for people who use BSL in East Dunbartonshire; and

ii) Promote the use of and understanding of BSL across the local authority area.

1.7 In order to meet these aims, the Plan provides a range of actions arranged under the ten national BSL goals. These actions have been developed with various services and BSL users. The full plan is provided at Appendix 1.

1.8 Deafblind Scotland and Deaf Scotland (formerly Scottish Council on Deafness) were procured by the Council to support the Community Planning & Partnerships Team to undertake community engagement and to advise on the development of the draft Plan ensuring the statutory duties are met in full.

1.9 To engage with BSL users effectively and early in the process, a carefully designed and planned engagement programme was undertaken in August and September 2018 as part of the development of the plan. This engagement work comprised a series of open meetings and facilitated discussions, targeted 1-2-1 discussions, and the use of social media to provide information.

1.10 This engagement process gave individuals the opportunity to prepare informed feedback, and 11 local BSL users participated in the process.

1.11 Consultation was held with Council officers across a range of relevant service areas, including services within the Health and Social Care Partnership, to consider requirements, facilitate planning, and discuss the resourcing of the range of agreed actions set out within the new draft Plan. This work was undertaken between July and September 2018.

1.12 The attached plan was formulated following these external and internal consultation processes and has been considered and approved by both the Community Planning Partnership Board and the Council.

2.0 APPENDICES

2.1 **Appendix 1 -** Draft British Sign Language Plan 2018-2024

2.2 **Appendix 2 -** Completed Policy Development Framework Documents

East Dunbartonshire

British Sign Language (BSL) Plan 2018-2024

SECTION 1

Introduction

On 24 October 2017, the Scottish Government published the BSL National Plan. This plan will be in place until 2023. The plan has ten long-term goals and 70 actions in it. The BSL National Plan was written with BSL users across Scotland.

The East Dunbartonshire BSL Plan will be in place from October 2018 to October 2024. It shares the same ten long-term goals with the BSL National Plan. This plan contains a range of actions we will take to make the goals happen.

The British Sign Language (Scotland) Act 2015 has two main aims for East Dunbartonshire Council. These are:

1. **To improve communication and access to services for people who use BSL in East Dunbartonshire; and**
2. **To promote the use of and understanding of BSL across the Council area.**

How BSL users had their say

East Dunbartonshire Council has worked in partnership with BSL users who live in the area. There is no Deaf organisation working solely in East Dunbartonshire with BSL users.

The draft plan was translated into BSL and uploaded onto the Deafblind Scotland YouTube account as well as being available in English on the Deafblind Scotland website. The consultation ran from 24 July to 4 September 2018. An email address was publicised for BSL users to send their responses to in BSL or in English and two events were held: one in Kirkintilloch Town Hall on Thursday 30 August; the second in Kilmardinny House, Bearsden on Saturday 1 September. The consultation team was available to meet BSL users on a one-to-one basis or in small groups in a local location.

The consultation was publicised throughout the authority area by Deafblind Scotland, deafscotland and East Dunbartonshire Council using social media accounts and websites.

The BSL translations on YouTube received 339 hits during the consultation period and deafscotland's Facebook posts received 758 hits.

Eleven BSL users (4.7% of all BSL users living in East Dunbartonshire) responded to the consultation either in person or via email from the following postcodes: G61, G62, G64 and G66.

The consultation team also provided meeting opportunities with representatives from services within the Council and Health and Social Care Partnership to ensure that the plan's actions align with service priorities.

The consultation team also met with East Dunbartonshire Leisure and Culture Trust as they will be responsible for delivering some of the actions for the Council.

Profile of BSL users in East Dunbartonshire

BSL users are people who

- Were born with little or no hearing and have used sign language from a very young age;
- Were born hearing but became deaf through illness or accident before learning a spoken language;
- Were born with little or no hearing, learned to speak and use spoken language and learned to sign once they were older;
- Were born deaf with little or no hearing and have used sign language all their lives and who have now lost their sight (Deafblind BSL users);
- Were born hearing and chose to learn sign language when they lost their hearing as they got older; and
- Are the families of deaf children or families of Deaf parents.

There are also BSL users who use tactile BSL as they can no longer see what is signed to them. These people are Deafblind and are also covered by the British Sign Language (Scotland) Act 2015.

From **information gathered in the 2011 Census**:

105,026 people live in East Dunbartonshire. **0.2% of the total population use BSL at home**.
This equates to:

183 people in East Dunbartonshire who use BSL at home.
Of these:
34 would be children and young people aged 3 years to 16 years.
124 would be adults aged 16 years to 64 years.
15 would be adults aged 65 years to 75 years; and
10 would be adults aged 75 years and over.

6813 people living in East Dunbartonshire in 2011 answered yes to the question "**do you have deafness or partial hearing loss**".
This equates to:

80 children and young people aged between birth and 15 years.

1937 adults aged 16 years to 64 years.

1631 adults aged 65 years to 75 years; and

3165 adults aged 75 years and over.

2149 people living in East Dunbartonshire in 2011 answered yes to the question "**do you have blindness or partial sight loss**".

This equates to:

47 children and young people aged between birth and 15 years.

614 adults aged 16 years to 64 years..

364 adults aged 65 years to 75 years; and

1124 adults aged 75 years and over.

From the East Dunbartonshire Area Profile written in May 2018, the population has grown to 108,130. If the percentage of the Scottish population who use BSL at home is 0.2%, then there are now **216** people in the area **who use BSL at home**.

Additional data:

3.4% of the total population in East Dunbartonshire are unemployed. Using the figure for 2018 (108,130) **7** people **who use BSL at home are unemployed**.

4.3% of the total population in East Dunbartonshire are from a minority ethnic background. **9** people **who use BSL at home** are from the **black and minority ethnic communities**.

4.4% of the total population live in a one parent family. **9** people **who use BSL at home live in a one parent family**.

36.1% of the population live in a household with children. **78** people **who use BSL at home live in a household with children**
10.8% of the population have caring responsibilities.

23 people **who use BSL at home have caring responsibilities.**

1.3% of the total population of young people between the ages of 16 years and 19 years are not in education, employment or training. **3** young people **who use BSL at home are not in education, employment or training.**

In total, there are 43,473 households in East Dunbartonshire, which means there are **87 BSL user households** in the county.

17.7% of all households rent their house. **15 households** where people use **BSL at home live in rented accommodation**.

In 5.9% of all households, one person over the age of 65 years lives alone. **5** people over the age of 65 years **who use BSL at home live alone**.

There are four communities in East Dunbartonshire that experience greater socioeconomic inequality when compared to the authority areas as a whole. The Council has plans in place to reduce these inequalities in the communities of Hillhead and Harestanes, Twechar, Lennoxtown and Auchinairn. Information on these plans will be made available in BSL.

Who to Contact

You can contact the Council's Community Planning and Partnerships Team with any questions about this plan and the delivery of it.

communityplanning@eastdunbarton.gov.uk

0300 123 4510

This Plan is available in BSL (weblink to be added).

BSL users can contact the Council using contactSCOTLAND-BSL

SECTION 2

Overview of the actions

The East Dunbartonshire Council BSL Plan shares the ten long-term goals for Scottish public services in the BSL National Plan.

The following pages set out a range of local actions to be undertaken between 2018 and 2024 to make progress towards each of the goals, and importantly to meet the two main aims of the British Sign Language (Scotland) Act 2015 for East Dunbartonshire Council, which are:

1. **To improve communication and access to services for people who use BSL in East Dunbartonshire; and**
2. **To promote the use of and understanding of BSL across the Council area.**

All of our actions meet one or both of these aims. This is indicated in the columns titled ‘Relevant’.

All of our actions are timed. Each year of the plan will run from October to October.

- Year 1 - October 2018 to October 2019
- Year 2 - October 2019 to October 2020
- Year 3 - October 2020 to October 2021
- Year 4 - October 2021 to October 2022
- Year 5 - October 2022 to October 2023
- Year 6 - October 2023 to October 2024

You can see which parts of the BSL National Plan commitments are directly supported by this Plan at **Appendix 1.**

Across all our services

Goal 1: "Across the Scottish public sector, information and services will be accessible to BSL users."

Specific	Measurable	Achievable by 2024	Relevant	Timed
Promote contactSCOTLAND-BSL to all employees and service users, including employees who work for East Dunbartonshire Leisure and Culture Trust (EDLC) and work within the Health and Social Care Partnership (HSCP).	Number of contacts to and from the Council will be gathered on an annual basis to show an increase in use over the course of this plan. Number of employees trained will increase year on year.	Employees are using contactSCOTLAND-BSL to contact BSL users across the Council area and those who contact with enquiries from other council areas.	**1**	Year 1: systems will be reviewed to support contactSCOTLAND-BSL. Years 1-2: all customer services employees will be trained. Year 2: employees in other front-facing roles including managers will be offered training. Years 5-6: processes will be evaluated ready for the next BSL planning period.
Existing records and information systems held by Education, Social Care, Housing services and EDLC are updated annually to ensure any BSL	Number of BSL users will be gathered year on year.	Information systems will hold up-to-date information on the number of BSL communication needs.	**1**	Year 1: information systems and records will be reviewed. Year 2 onwards: annual reviews will be made and

communication needs are recorded.				improved data set will be available.
Update our Accessible Information Policy and have an associated inclusive communication plan in place to produce key information about Council services in BSL; working with local BSL users and support organisations to deliver the plan.	An increase in accessible information in BSL; and numbers accessing this	All Council employees will be aware of the policy and will be adhering to it. what information is available in BSL; and how accessible information is produced by the Council	**1 & 2**	Year 1: BSL review group will be set up consisting of representatives from Place and Community Planning; Organisational Transformation, Housing, Customer and Digital Services, Education, the HSCP and EDLC. Policy review to be started. Year 2: group will update the policy and put a review structure in place. Years 3-4: policy will be reviewed. By end of Year 5 - information available that is fully accessible for BSL users.
The Council website will be updated to include key information in BSL; and we will share nationally produced information in BSL about public services by	Number of people accessing this information online. Increase in requests for other information in BSL.	There will be BSL translations embedded on the website with an increasing number of links to relevant information in BSL elsewhere online.	**1 & 2**	Website updates will be ongoing over term of the plan. By end of Year 1: update schedule will be in place

having links on our website and on our social media. This applies to all public service areas covered throughout this plan.	Feedback from BSL users. *All of this information will continually assist the Council to provide information in BSL that is proportionate and relevant.*	BSL users will be better informed about the Council, its services and participating in public life.		and updates started. Year 2 – 6: updates on going. Year 6: numbers of hits to pages with information in BSL will show that it is being used.
Have a tiered training programme in place which consists of: i. Core information on inclusive communication included as part of corporate induction; and; ii. Identify, develop and offer specific workforce training. iii. General awareness raising to be included through existing training programmes. Seek to ensure: employees know what is available; and employees who identify their need for specific training are	Number of employees undertaking training.	New employees are aware of inclusive access to information and services, including BSL user needs, and solutions available to them. Employees undertaking specific training will be aware of the barriers BSL users face; and the solutions available to employees – how to access technology and language/communication support and deliver information in accessible ways.	**1 & 2**	Year 1 and 2: Workforce programme to be developed, including identification of all teams and services for whom it will be delivered for. Year 2: Updated Corporate Induction information will available, and awareness raising. Year 3: employees from teams and services will be accessing relevant training that meets the needs of their roles.

able to access it. This includes those working within the Leisure and Culture Trust and the Health and Social Care Partnership.				
Where possible use any workforce surveys to get a better gauge of existing employee BSL skills and inclusive communication knowledge .	Data on employee skills and knowledge will be available.	Baseline data will be used to inform further training for employees.	**1 & 2**	Years 1: Identify workplace surveys that could include questions on BSL skills and inclusive communication. Year 1 and 2: Undertake and use any relevant information to help inform workforce training programme for BSL (as per previous action).
Update Workforce Strategy Action Plans for key areas	Defined roles with BSL service delivery will be understood	Workforce Strategy Action Plans will reflect the needs of roles and services in future years	**1 & 2**	Year 1 and ongoing: BSL will be part of the relevant roles skills analysis.

Family support, early learning and childcare

Goal 2: "The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a D/deaf or Deafblind child and their family offered the right information and support at the right time to engage with BSL."

Specific	Measurable	Achievable by 2024	Relevant	Timed
Include information and actions on the needs of all deaf children who are BSL users, may be BSL users in the future and parents who are BSL users in the next Integrated Children's Services Plan.	Data is gathered on present and future BSL users who are involved in Children's Services.	We know how many children we need to provide services to throughout their childhood, teenage years and through transition into adulthood.	**1 & 2**	Year 1: information required is shared with Children's Services. Year 2: data gathering starts.
Health and social care will include the needs of deaf children and their families in planning and programmes.	Data will be gathered and shared on numbers of deaf children living in the Council area with their language/communication and access needs.	This data will inform future service planning and delivery for deaf children and their families.	**1 & 2**	Years 1-2: relevant information will be shared across the HSCP. Year 3: information gathered will be informing service planning and delivery.
Health and social care services will align with NHS GGC procedures	Number of information requests will be recorded and feedback gathered from	Information on language options is available to children and their families	**2**	Year 1: partnership agreements/referral pathways will be

to ensure information on language options is available to children and families when they need this.	those who receiving information.	from the first hearing screening tests onwards.		looked at with NHS GGC.
Work with our partners to ensure that parents and wider family members learn BSL alongside their deaf children by looking at funding and access to classes.	Feedback shows parents and families received information to make informed choices on the language options for their deaf child. Number of BSL users in the area increases.	Deaf children learn language bilingually increasing their chances when they go to school and in later life.	**2**	Year 1: partnership agreements and referral pathways will be looked at with deaf organisations.
Support parents who are BSL users across the services provided to their deaf and/or hearing children including GIRFEC, through the provision of accessible information and inclusive communication.	Number of information requests will be recorded and feedback gathered from those who receiving information/support. Number of interpreter requests will be recorded.	Parents who are BSL users will be fully involved in the care and support of their deaf and/or hearing children who will achieve better aims.	**1 & 2**	Years 1-2: information from Education Scotland about GIRFEC will be shared on the Council's website.

School education

Goal 3: "Children and young people who use BSL will get the support they need at all stages of their learning, so that they can reach their full potential; parents who use BSL will have the same opportunities as other parents to be fully involved in their child's education; and more pupils will be able to learn BSL at school."

Specific	Measurable	Achievable by 2024	Relevant	Timed
We will provide the necessary information and support for all parents/guardians/ carers to be fully involved in the education of their deaf child; and for parents who use BSL to be fully involved in the education of their hearing child.	Data will be gathered on number of language/communication support requests and accessible information requests made. Feedback will be sought from all parents involved.	Parents/guardians/ carers' language/communication support needs will be recorded in the child's education record. Parents become more involved in their children's education and other activities that take place in the schools.	**1**	Year 1: the needs of parents/guardians/ carers will be included in the Council's Accessible Information Policy Ongoing: recording of these needs will be included in the child's education record.
We will work with Education Scotland to promote the 2+1 programme to promote the learning of BSL in schools.	Data will be available on who takes these classes.	Deaf children receive a qualification in their chosen language; deaf children have hearing peers who are also BSL users. More people become deaf aware and may go onto become	**2**	To be led by Education Scotland.

		language/communication support professionals.		
We are introducing BSL classes for senior years for deaf young people who have been taught orally	Data from these classes will inform future provision.	Deaf young people have access to BSL and Deaf Culture which was not available to them previously. Continued BSL use becomes a choice.	**2**	Year 2: pilot Year 3: evaluation to inform future provision.

Post-school Education

Goal 4: "BSL users will be able to maximise their potential at school, will be supported to transition to post-school education if they wish to do so and will receive the support they need to do well in their chosen subjects."

Specific	Measurable	Achievable by 2024	Relevant	Timed
We will link into information in BSL about courses provide by local colleges/universities and those further away.	Number of BSL users accessing college/universities	We will have accurate data on the BSL users choosing to go from school to further education; and on their choice of courses.	**1 & 2**	Will be dependent on colleges and universities producing information in BSL.
We will work with New College Lanarkshire to provide information on lifelong learning and part-time courses for adults and older adults who use BSL.	Number of adults and older adults who use BSL accessing courses. Number of requests for language/communication support in these colleges.	Feedback from BSL users accessing lifelong learning should inform the colleges plans in the future and inform the council's support for these colleges.	**1**	Year 1: make contact with New College Lanarkshire. Further timescales dependent on colleges and universities producing information in BSL.

Training, work and social security

Goal 5: "BSL users will be supported to develop the skills they need to become valued members of the Scottish workforce, so that they can fulfil their potential, and improve Scotland's economic performance. They will be provided with support to enable them to progress in their chosen career."

Specific	Measurable	Achievable by 2024	Relevant	Timed
We will be able to provide BSL first language users with information, advice and guidance in BSL about their career, learning choices and transition processes.	Data on choices made by young people will be recorded. Feedback will be gathered on regular basis to ensure information is relevant.	We will be able to track more accurately which choices our young people make when they leave school.	**1**	Year 1 and ongoing: information will be shared from other public bodies such as SDS. Key information about training, work and social security will be identified and start to be uploaded to our website. Years 2 and ongoing: we will be equipped to provide BSL first language users with information, advice and guidance bespoke to them.
We will work across our employability service	Data will be available on numbers involved in the	BSL users have equality of opportunity to gain	**1**	Year 1: mapping of employability services and

and external employment schemes to ensure fully accessible support to BSL users and equality of opportunity.	schemes; number of information requests; number of BSL users gaining employment through the schemes.	employment through scheme participation. More BSL users access employment that is suitable to their skills and talents.		external schemes. Year 2 - 4: provide the necessary support to make services more accessible to BSL users.
We will promote Access to Work across Council workplaces as well as to other employers. We will provide links to Access to Work information in BSL on our website.	Data will be available on numbers of Council employees who are BSL users and receiving Access to Work. Data gathered on number of local BSL users in employment or who are self-employed who are awarded Access to Work.	Employers in the Council area will be asked for feedback on Access to Work awards, and what BSL users are granted the awards for. The Council will gather internal information. This information will help to map what additional information and support BSL users need to live in the area.	**1 & 2**	Year 1: links to DWP information will be made on our website. Year 3: monitoring will start with an annual return form to be completed by employers.
We will support CAB to make the services they offer on our behalf about Welfare Rights fully accessible to BSL users.	Number of BSL users receiving their full benefit entitlement increases.	BSL users access what there are entitled to in terms of social security and welfare support, including carers allowance and attendance allowance.	**1**	Year 1: assess the baseline Years 2 - 4: provide the necessary support to make the services more accessible to BSL users.

Health (including social care), mental health and wellbeing

Goal 6: "BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives"

Specific	Measurable	Achievable by 2024	Relevant	Timed
Health and social care services will work to promote psychological therapies that are accessible to BSL users.	Number of BSL users receiving an accessible service.	Feedback gathered from BSL users will inform service development through partnership working.	**1**	Year 1: information will be made available. Timeline will be developed with the HSCP partners.
We will work to make sports and leisure facilities, cultural classes and events more accessible to BSL users (partly through commitments under goal 1 of this plan).	Number of BSL users receiving an accessible service. Number of BSL users using the facilities.	Feedback gathered from BSL users will inform service development.	**1**	Year 1 and ongoing.
Health and social care services will aim to ensure that work to reduce social isolation is inclusive of the needs of BSL users.	Number of BSL users reporting greater awareness of services and groups that reduce social isolation	Information and services will become more responsive to the needs of BSL users experiencing social isolation.	**1**	Year 2: information on services and social activities will be accessible for BSL users
We will work with our partners to ensure there is accessible information about voluntary	Number of BSL users with equality of access to specialist support will	Third sector organisations will become more accessible to their geographical	**1 & 2**	Year 2 and ongoing – training for employees will be opened out to

sector support organisations and will work with groups/organisations to increase their accessibility.	increase.	communities.		the voluntary sector.

Transport

Goal 7: "BSL users will have safe, fair and inclusive access to public transport and the systems that support all transport use in Scotland."

Specific	Measurable	Achievable by 2024	Relevant	Timed
We will advocate on behalf of BSL users and influence transport providers to provide technological solutions for providing accessible information in transport hubs across the authority area and on public transport.	Evidence of practice and policy change with partners	BSL users travelling in and through the authority area will be better informed and safer. BSL users using public transport will be better able to physically access public services	**1**	Year 1 and ongoing: advocating will begin at operational and policy meetings.
We will link to information in BSL about transport, travel and ticketing, and entitlements such as blue badges.	Information available on our website will increase.	BSL users will be better informed in their travel and transport options.	**1**	Year 1: links to will be made. Year 2 and onwards: additional local information will be produced if required.
We will advocate with Police Scotland for data collection on	Accurate data on BSL users involved in traffic	We can work with partners to increase safety measures for	**1**	Year 1: raise the issue with Police Scotland.

the language and communication support needs of people involved in traffic accidents in the authority area so that the safety of all our road users can be looked at.	accidents will be available	all road users in the council area, including BSL users.		Ongoing thereafter.
We will explore opportunities for inclusive communication training as part of the taxi driver licensing process in East Dunbartonshire.	Evidence of licensing process change	BSL users can access taxis in the area more easily and drivers understand the communication needs of BSL users.	**1 & 2**	Year 1: scope this within legal and licensing administration services. Year 2 and onwards: training or awareness interventions delivered.

Culture and the Arts

Goal 8: "BSL users will have full access to the cultural life of Scotland, an equal opportunity to enjoy and contribute to culture and the arts, and are encouraged to share BSL and Deaf Culture with the people of Scotland."

Specific	Measurable	Achievable by 2024	Relevant	Timed
East Dunbartonshire Leisure and Culture will gather data on BSL users taking part as participants, audience members and professionals in culture, sports and arts venues (including libraries, museums, galleries and community –based arts centres) and events.	Numbers of BSL users will be collected to show baseline data; and year on year trends	Culture, sports and arts events and venues are fully accessible to BSL users as participants, audience or professionals. Deaf Culture is shared with the non-BSL users in East Dunbartonshire.	**1 & 2**	Year 1: approach to collecting this will be determined. Year 2 and ongoing: data gathered.
We will work to make events more accessible for BSL users.	Number of BSL users attending events will increase	Culture, sports and arts events and venues are fully accessible to BSL users as participants, audience or professionals.	**1**	Year 3: work to build on the baseline data collected above.
We will investigate technological solutions to access to exhibitions and museums for BSL users.	Number of BSL users accessing exhibitions and museums will increase	BSL users will have equality of access to culture and information.	**1 & 2**	Year 2 with any solutions being implemented in the years that follow.

We will look at how to improve volunteering opportunities for BSL users in EDLC venues and community venues.	Number of BSL users volunteering will increase	BSL users will have equality of access to volunteering opportunities	**1 & 2**	Year 1 and ongoing.

Justice

Goal 9: "BSL users will have fair and equal access to the civil, criminal and juvenile justice systems in Scotland."

NB. The actions below relate to criminal justice services only.

Specific	Measurable	Achievable by 2024	Relevant	Timed
Examine how data is collected on BSL users who are receiving services from our Criminal Justice Team	Number of BSL users accessing our services in order to create a baseline. This baseline will assist with proportionate responses	Better able to plan service provision for BSL users who are involved with our services.	**1**	Year 1 and ongoing
Share information and discuss best practice and awareness training needs with all stakeholders on the Community Justice Partnership in East Dunbartonshire (e.g. Police, SACRO, SPS).	Number of accessible services across the Partnership.	BSL users in the Council area have equality of access to support and services when accessing justice services.	**1**	Year 1 and ongoing

Democracy

Goal 10: "BSL users will be fully involved in democratic and public life in Scotland, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies"

Specific	Measurable	Achievable by 2024	Relevant	Timed
Partnership working between the Council and its community planning partners to strengthen BSL users voices.	BSL users are informed and involved in public life and in local decision-making.	Have evidence in place that shows the cooperation and inclusion of the community planning partnership for engaging and involving BSL users.	**1 & 2**	Year 1: evidence gathered via the Partnership Community Engagement Strategy development work. Year 2: actions to strengthen BSL voices in community engagement on various topics will have been set.
Local Councillors will be offered training on inclusive communication similar to employees and volunteers.	Local Councillors will be offered the same training on inclusive communication as employees and volunteers	BSL users have equality of access to local democratic processes	**1 & 2**	Year 1 and 2: training programme development. Year 3 onwards: implementation of programme. Year 5: all newly elected councillors will be offered

				access to training.
We promote access to general information on voting via the Electoral Commission by providing links on our website.	Information provided online	BSL users have equality of access to democratic processes	**1 & 2**	Year 1 and ongoing.
We will work with voluntary sector groups/organisations to increase their accessibility for BSL users.	Number of BSL users with equality of access to specialist support will increase.	Voluntary sector organisations will become more accessible.	**1 & 2**	Year 2 and ongoing: training for employees will be opened out to the voluntary sector.
We will promote the Access to Elected Office Fund (Scotland) by providing links on our website.	Number of BSL users accessing information. Number of BSL users interested in standing for election in the area.	BSL users have equality of access to democratic processes	**1 & 2**	Year 3: before and during the next election period
We will work with our community planning partners to advocate for fully accessible Boards and Board election processes for BSL users.	Evidence of practice and/or policy change	BSL users have equality of access to democratic processes and Boards benefit from the experience of BSL users.	**1 & 2**	Year 1 and ongoing

SECTION 3

What happens next?

East Dunbartonshire Council will put in place a review group which will support the Council's work on the aims of this BSL Plan and will review progress made. The group will be made up of representatives from Place and Community Planning; Organisational Transformation, Housing, Customer and Digital Services, Education, the HSCP and EDLC, BSL users and organisations who promote the use and understanding of BSL in the East Dunbartonshire Council area.

Progress in delivering this plan will be formally reported in 2021 and again at the end of 2024. This will be available in BSL.

Links to the BSL National Plan

Across all our services

Goal 1: "Across the Scottish public sector, information and services will be accessible to BSL users"

Our local actions support actions 2, 3, 4, 5 and 6 in the BSL National Plan:

2 Analyse existing evidence and gather further data about BSL, so that we can establish baselines and measure how we are making progress.
3 Develop, test and share a set of guidelines to help Scottish public services to improve access to information and services for BSL users. This will include advice on how to involve BSL users in the design and delivery of Scotland's public services.
4 Work with BSL users* to agree and begin a programme of work to increase the accessibility of the 'mygov.scot' website. This website enables citizens to access a range of public information and services online.
5 Promote the use of the Scottish Government's nationally funded BSL online interpreting video relay service (VRS) called 'contactSCOTLAND-BSL', which allows BSL users* to contact public and third sector services and for these services to contact them, and explore the potential for its greater use.
6 Encourage public bodies to access BSL awareness training for staff who may work with BSL users, and signpost to appropriate training.

Family support, early learning and childcare

Goal 2: "The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a D/deaf or Deafblind child and their family offered the right information and support at the right time to engage with BSL."

Our local actions support actions 10, 11, 12 and 13 in the BSL National Plan:

10 Improve access to early years services for parents whose child is diagnosed as D/deaf or Deafblind by developing information about BSL and Deaf culture for service providers who support parents, such as health visitors.

11 Assist families of D/deaf and Deafblind children by ensuring that they have access to BSL resources as early as possible in their child's life. This will include consulting with BSL users and other stakeholders to assess the most appropriate digital platforms for signposting and disseminating information.

12 Develop BSL resources and advice within key programmes such as 'BookBug' so that parents can be supported to interact with their child during this critical developmental phase.

13 Work with partners to determine the best way of enabling families and carers to learn BSL so that they can communicate effectively with their D/deaf or Deafblind child in the crucial early years (0-8 years).

School education

Goal 3: "Children and young people who use BSL will get the support they need at all stages of their learning, so that they can reach their full potential; parents who use BSL will have the same opportunities as other parents to be fully involved in their child's education; and more pupils will be able to learn BSL at school."

Our local actions support actions 17, 18, 20, 21, and 23 in the BSL National Plan:

17 Undertake additional investigations into the level of BSL held by teachers and support staff working with D/deaf and Deafblind pupils in schools.
18 Work with the General Teaching Council for Scotland (GTCS) to review the guidance it provides to teachers of pupils who use BSL.
20 Work with Education Scotland to share advice and examples of good practice for education professionals and support staff about how to engage effectively with parents who use BSL.
21 Work with BSL users to develop information and advice about how parents who use BSL can get further involved in their child's learning. This work will be led by Education Scotland.
23 Instruct Scotland's National Centre for Languages (SCILT) to lead a programme of work to support BSL learning for hearing pupils.

Post-school education

Goal 4: "BSL users will be able to maximise their potential at school, will be supported to transition to post-school education if they wish to do so and will receive the support they need to do well in their chosen subjects."

None of the actions relating to post-school education in the BSL National Plan have implications for local authorities. However the actions we have set aim to contribute to this long-term goal.

Training, work and social-security

Goal 5: "BSL users will be supported to develop the skills they need to become valued members of the Scottish workforce, so that they can fulfil their potential, and improve Scotland's economic performance. They will be provided with support to enable them to progress in their chosen career."

Our local actions support actions 28, 34 and 35 in the BSL National Plan:

28 Provide a wide range of information, advice and guidance in BSL for pupils and students to support their career and learning choices and the transition process. This will be delivered by Skills Development Scotland (SDS) and will be taken forward as part of our work to implement the 'Career Education Standard 3-18', which is one of the commitments of the 'Developing our Young Workforce' (DYW) strategy.

34 Work with partners who deliver employment services, and with employer groups already supporting employability (for example the Developing the Young Workforce (DYW) Regional Groups) to promote more diverse recruitment, and provide specific advice on the needs of BSL users so that they are clear about their responsibilities.

35 Raise awareness of the UK Government's 'Access to Work' (AtW) scheme with employers and representative organisations and with BSL users themselves, so that BSL users who are employed, (including those who are undertaking a Modern Apprenticeship) can benefit from the support it provides.

Health (including social care), mental health and wellbeing

Goal 6: "BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives"

Our local actions support actions 40, 45(a), 48 and 49 in the BSL National Plan:

40 Increase the availability of accurate and relevant health and social care information in BSL and will work with BSL users* to determine where this information should be located. NHS Health Scotland and NHS 24 will deliver this work in partnership and will review progress in 2019 and every two years thereafter.

45a Ensure that - in line with Scotland's Mental Health Strategy 2017-2027 - BSL users should get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma. By 2020: NHS Boards and Integration Authorities should take action so that psychological therapies can be offered on a fair and equal basis to BSL users.

48 Work with sport governing bodies and with 'sportscotland' to improve access to information and sporting opportunities for BSL users.

49 Ensure that the national strategy to address social isolation and loneliness which will be published for consultation in Autumn 2017 will make explicit reference to the experience and needs of BSL users.

Transport

Goal 7: "BSL users will have safe, fair and inclusive access to public transport and the systems that support all transport use in Scotland."

None of the actions relating to transport in the BSL National Plan have implications for local authorities. However the actions we have set aim to contribute to this long-term goal for transport.

Culture and the Arts

Goal 8: "BSL users will have full access to the cultural life of Scotland, an equal opportunity to enjoy and contribute to culture and the arts, and are encouraged to share BSL and Deaf Culture with the people of Scotland."

Our local actions support actions 54, 55, 56 and 57 in the BSL National Plan:

54 Enable BSL users to take part in culture and the arts as participants, audience members and professionals.

55 Support professional pathways to enable BSL users to consider a career in culture and the arts.

56 Increase information in BSL about culture and the arts on websites and at venues.

57 Improve access to the historical environment, and cultural events, and performing arts and film for BSL users.

Justice

Goal 9: "BSL users will have fair and equal access to the civil, criminal and juvenile justice systems in Scotland."

None of the actions relating to justice in the BSL National Plan have implications for local authorities. However the actions we have set aim to contribute to this long-term goal.

Democracy

Goal 10: "BSL users will be fully involved in democratic and public life in Scotland, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies."

Our local actions support actions 65 and 66 in the BSL National Plan:

65 Evaluate the Access to Elected Office Fund (Scotland) used in the Local Government elections in 2017 to ensure that it meets the needs of BSL users who wish to stand for selection and election, and make any necessary changes in time for the next Scottish Parliament election in 2021.

66 Work with election organisations, political parties and BSL users to ensure that the needs of BSL users are being met, enabling them to participate fully in politics.

APPENDIX 2

Policy Development Framework Documents

POLICY DEVELOPMENT CHECKLIST

1. Title of Policy, Plan, Programme or Strategy	Draft British Sign Language Plan
2. Accountable Directorate	PNCA
3. Designated Officer (Name and Job Title)	Louise Bickerton, Policy Adviser
4. Partner organisations involved in developing the policy and their function	ED Health and Social Care Partnership Deafblind Scotland deafScotland
5. Purpose of the Policy, Plan, Programme or Strategy	To develop more accessible services within the Council for BSL users
6. What are the objectives of the Policy, Plan, Programme or Strategy?	1. Across the public sector, information and services will be accessible to BSL users. 2. The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a D/deaf or Deafblind child and their family offered the right information and support at the right time to engage with BSL. 3. Children and young people who use BSL will get the support they need at all stages of their learning, so that they can reach their full potential; parents who use BSL will have the same opportunities as other parents to be fully involved in their child's education; and more pupils will be able to learn BSL at school. 4. BSL users will be able to maximise their potential at school, will be supported to transition to post-school education if they wish to do so and will receive the support they need to do well in their chosen subjects. 5. BSL users will be supported to develop the skills they need to become valued members of the workforce, so that they can fulfil their potential, and improve our economic performance. They will be

	provided with support to enable them to progress in their chosen career. 6. BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives. 7. BSL users will have safe, fair and inclusive access to public transport and the systems that support all transport use. 8. BSL users will have full access to the cultural life of East Dunbartonshire, an equal opportunity to enjoy and contribute to culture and the arts, and are encouraged to share BSL and Deaf Culture with others. 9. BSL users will have fair and equal access to the criminal and juvenile justice systems. 10. BSL users will be fully involved in democratic and public life in East Dunbartonshire, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies.
7. What prompted the development of the Policy, Plan, Programme or Strategy?	British Sign Language (Scotland) Act 2015
8. Subject (e.g. transport)	Inclusive communication and language development
9. Intended outcomes and function of the Policy, Plan, Programme or Strategy	• Improved communication and access to services for people who use BSL in East Dunbartonshire; and • Promoted use of and understanding of BSL across the Council area.
10. Period covered	2018-2024
11. Frequency of updates (e.g. annual- include dates if possible)	Progress reviewed after 3 years (2021). Plan updated after 6 years (2024)

12. Target geographical area	X East Dunbartonshire wide
13. Identify which Single Outcome Agreement/Local Outcomes are most relevant	☒ We have reduced inequality and disadvantage across East Dunbartonshire ☒ Our communities are more engaged in the design and delivery of services ☒ East Dunbartonshire has an expanding economy with competitive and diverse business and retail base ☒ Our people are equipped with knowledge, skills and training to enable them to progress to employment ☒ Our children and young people are safe, healthy and ready to learn ☒ East Dunbartonshire is a safe and sustainable environment in which to live, work and visit ☒ Our people and communities enjoy increased physical and mental wellbeing and health inequalities are reduced ☒ Our older population are supported to enjoy a high quality of life and our more vulnerable citizens, their families and carers benefit from effective care and support services
14. Strategic Environmental Assessment (SEA)	a) Has the SEA Technical Officer been provided with information on the development of the PPS? ☒ Yes ☐ No If **NO** contact must be made **BEFORE** answering part b) in order to determine whether SEA will be required. b) Is the PPS likely to have significant environmental effects? ☐ Yes ☒ No If **YES** a full SEA may be required. If **NO** Pre-screening or Screening will be required under SEA legislation (*contact SEA Technical Officer before commencing with the drafting of the PPS*).
15. Risk Management	☒ Risk Assessment completed ☒ Risks identified ☒ Risks assessed ☒ Risks recorded ☒ Controls identified and recorded

	☐ Risk Management Actions Recorded
16. Equality Impact - target audience of Policy, Plan, Programme or Strategy ***(If any boxes are ticked please refer to Equality Impact Assessment Toolkit)***	☐ Children and young people ☐ Adults ☐ Older people ☐ Black or Minority Ethnic Groups (BME) ☐ Gypsy/Travellers ☐ People with disabilities or limiting long-term illnesses ☐ Lesbian, Gay, Bisexual or Transgender groups ☐ People from religious/faith groups ☐ Pregnant women OR ☒ All East Dunbartonshire residents
17. Accessibility and Availability	Accessible Information Policy referred to ☒ Details of where policy will be made available included ☒
18. Register	Has the PPS been entered into the Council Policy Register? ☐ Yes ☒ No
19. Date of completion of Checklist	**20 / 09 / 2018**

EAST DUNBARTONSHIRE COUNCIL
EQUALITY IMPACT ASSESSMENT FORM

Section 1 **Details**		
1.1	Name of Service	Place, Neighbourhood and Corporate Assets ➢ Place and Community Planning
1.2	Title of PPPS	British Sign Language Plan 2018-2024
1.3	Is this a new PPPS or an update to an existing one?	New
1.4	Officers involved in the EqIA	Name: Louise Bickerton
		Job Title: Policy Adviser
		Name: Mandy Reid
		(consultant with Deafblind Scotland and deafscotland)
1.5	Lead Officer carrying out the EqIA	Louise Bickerton
1.6	Date EqIA started	5 September 2018
1.7	Date EqIA completed	28 September 2018
1.8	What is the purpose and aims of the PPPS?	Purpose is to set out actions that will: 1. Improve communication and access to services for people who use BSL in East Dunbartonshire; and/or

		2. Promote the use of and understanding of BSL across the Council area.
1.9	Who does the PPPS intend to affect as a service user?	BSL users who live, work or visit East Dunbartonshire
1.10	Are there any aspects of the PPPS which **explicitly address discrimination, victimisation or harassment**? Please detail	Yes, significant staff training commitments which aim to alleviate the risk of discrimination.
1.11	Are there any aspects of the PPPS which **explicitly promote equal opportunities**? Please detail	Yes, the one of the key aims of the plan is to promote equality of access to all council services for BSL users, other people with a hearing loss, and people with a language/communication barrier.
1.12	Are there any aspects of the PPPS which **explicitly foster good relations**? Please detail	No explicit commitments here but there may be some indirect positive benefit to relationships between the Council and: the Deaf community; other people with a hearing loss; and people with a language/communication barrier.

Section 2 **Evidence**		
Please outline **what is known currently** about the experiences of people under each		**Source**

characteristic, **in relation to the services and/or activities which this PPPS addresses**			
2.1	**Age**	From **information gathered in the 2011 Census**, 105,026 people live in East Dunbartonshire. **0.2% of the total population use BSL at home**. There are: 183 people in East Dunbartonshire who use BSL at home. Of these: 34 are children and young people aged 3 years to 16 years. 124 are adults aged 16 years to 64 years. 15 are adults aged 65 years to 75 years; and 10 are adults aged 75 years and over.	Census 2011
2.2	**Disability**	There are four pillars of deafness: - Deaf / BSL user - Deafened - Deafblind - Hard of Hearing The 2011 Census asked 6813 people living in East Dunbartonshire “do you have deafness or partial hearing loss”. There are: 80 are children and young people between birth and 15 years. 1937 are adults between 16 years and 64 years. 1631 are adults between 65 years and 75 years; and 3165 are adults aged 75 years and over.	

		2149 people living in East Dunbartonshire in 2011 answered the question “do you have blindness or partial sight loss”. There are: 47 are children and young people between birth and 15 years. 614 are adults between 16 years and 64 years. 364 are adults between 65 years and 75 years; and 1124 are adults aged 75 years and over. Because of the question asked in the Census, there is no available data that shows the intersection of BSL use and Deafness. Nor does it show whether any of the above individuals identified themselves as having a disability or a health condition that limits their day to day life.	
2.3	**Ethnicity**	4.3% of the total population in East Dunbartonshire are from a minority ethnic background. This equates to 9 people who use BSL at home and are from the BAME communities. However, this does not capture individuals who may use a sign language other than BSL.	
2.4	**Gender**	There are: 183 people in East Dunbartonshire who use BSL at home. Of these: 90 are male and 93 are female.	
2.5	**Gender Reassignment**	No available data	
2.6	**Marriage and Civil Partnership**	Not applicable	
2.7	**Pregnancy / Maternity**	No available data	
2.8	**Religion / Belief**	No available data	
2.9	**Sexual Orientation**	No available data	

2.10	**Other marginalised groups**	Very limited data on BSL use among other marginalised groups and their experiences, across Scotland. No quantitative data available for East Dunbartonshire however there is some very limited information suggesting that those BSL users with unpaid caring responsibilities have limited access to information and services relating to the person they care for.		
2.11	Have people who identify with any of the characteristics been involved in the development of the PPPS?	Yes☒ No ☐		
2.12	Please outline any involvement or consultation relevant to the PPPS which has been carried out or is planned	**Details**	**Date**	**Summary of Findings**
		The draft plan was translated into BSL and uploaded onto the Deafblind Scotland YouTube account as well as being available in English on the Deafblind Scotland website. An email address was made public for BSL users to send their responses to in BSL or in English and two events were held in the county: one in Kirkintilloch Town Hall on Thursday 30 August; the second in Kilmardinny House, Bearsden on Saturday 1 September. The consultation team was available to	24 July 2018 – 4 September 2018	Conversations highlighted that there was a lack of awareness and understanding about the Council and its functions among BSL first language users e.g. the Council's relationship with public transport providers. Commitments to upload BSL videos about Council services and functions should be prioritised in order to support greater understanding. All other relevant comments and views have been incorporated into the draft plan.

		meet BSL users on a one-to-one basis or in small groups in a local location. The consultation and the events were publicised throughout the county by the consultation team as well as East Dunbartonshire Council using their website. deafscotland promoted the consultation on their Facebook and Twitter accounts. Nine BSL users (4% of all BSL users living in East Dunbartonshire) responded to the consultation either in person or via email from the following postcodes: G61, G62, G64 and G66.		

Section 3 **Impact**			
Based on **what is known** in Section 2, please outline the impact you expect the PPPS to have	**Possible positive (+) impact**	**Possible adverse (-) impact**	**Neutral impact likely (✓)**

3.1	**Age**	This plan is about increasing equality of access for BSL users in all Council services. There are a range of commitments that could have a positive impact on deaf children's access to education and wellbeing, for example support for them and families to learn BSL. Older adults are at risk of being socially isolated regardless of their language. However social isolation is increased by the language barrier caused by a lack of understanding of BSL. Through wide ranging commitments to improve access to services and understanding of the language in this draft plan, social isolation should be reduced.		
3.2	**Disability**	This draft plan takes an inclusive communication approach. For example with commitments to plain language and inclusive communication training for all staff it is likely a positive impact will be achieved for people that have other communication barriers. This includes other people with a hearing loss and for example those who have had a stroke.		
3.3	**Ethnicity**			✓
3.4	**Gender**			✓
3.5	**Gender Reassignment**			✓ **(unknown)**
3.6	**Marriage / Civil Partnership**			*n/a*
3.7	**Pregnancy / Maternity**			✓ **(unknown)**
3.8	**Religion / Belief**			✓ **(unknown)**
3.9	**Sexual orientation**			✓ **(unknown)**

3.10	**Other marginalised groups**	As previously stated this plan takes an inclusive communication approach to commitments. The result being that this could have a positive impact on any group of people who share a characteristic or set of circumstances.		
3.11	**Cross Cutting**	As above.		

Section 4 **Assessment**			
4.1	Select the assessment result, from 1-4, which applies and give a brief justification	1. No major change ☒	Justification: No potential adverse impact, resulting from this plan, has been identified. This plan is a comprehensive set of enabling actions for the Council over the next six years.
		2. Continue the PPPS ☐	Justification:
		3. Adjust the PPPS ☐	Justification:
		4. Stop and remove the PPPS ☐	Justification:

Section 5 **Actions**		
5.1	Please outline how you will monitor the impact of the PPPS	The plan sets a commitment to establishing a review group which will oversee and advise on the Council's delivery of the actions in this draft plan. The group will be made up of Council Officers, BSL users and organisations who promote the use and understanding of BSL in the

		East Dunbartonshire Council area. This mirrors the Scottish Government's approach to a 'rolling review' process for the national BSL Plan. An interim progress report on the plan will be brought back to committee for consideration in 2021 with a full review before the next iteration in 2024.		
5.2	Please outline action to be taken in order to: • Mitigate possible adverse negative impact (listed under section 3); • Promote possible positive impacts and; • Gather further information or evidence	**Action**	**Lead**	**Timescale**
		Ensure meetings and agendas of the working/review group follow the principles or inclusive communication e.g. outcome focused, purposeful and time specific.		Ongoing
5.3	When is the PPPS due to be reviewed?	Reviewed in 2021 with full impact evaluated by 2024		

Section 6 **Approval**

6.1	Senior Officer who this PPPS will be reported by (Name and Job Title)	Evonne Bauer, Executive Officer – Place and Community Planning
6.2	Signature	
6.3	Date	

PRE-SCREENING NOTIFICATION

PNCA/144/18/DG – APPENDIX 2 – British Sign Language Plan

SEA PRE-SCREENING DOCUMENT	
Responsible Authority:	East Dunbartonshire Council
Title of the plan:	British Sign Language Plan
What prompted the plan:	British Sign Language (Scotland) Act 2015
Plan subject: (e.g. transport)	Inclusive communication and language development
Brief summary of the plan: (including the area or location to which the plan related)	The British Sign Language Plan will set out a vision and priorities for developing more accessible services within the Council for British Sign language (BSL) users and delivery actions to support them until 2021 review and update in 2024. The delivery of the Plan will be proposed according to the following proposed objective: 1. Across the public sector, information and services will be accessible to BSL users. 2. The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a D/deaf or Deafblind child and their family offered the right information and support at the right time to engage with BSL. 3. Children and young people who use BSL will get the support they need at all stages of their learning, so that they can reach their full potential; parents who use BSL will have the same opportunities as other parents to be fully involved in their child's education; and more pupils will be able to learn BSL at school. 4. BSL users will be able to maximise their potential at school, will be supported to transition to post-school education if they wish to do so and will receive the support they need to do well in their chosen subjects. 5. BSL users will be supported to develop the skills they need to become valued members of the workforce, so that they can fulfil their potential, and improve our economic performance. They will be provided with support to enable them to progress in their chosen career. 6. BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives. 7. BSL users will have safe, fair and inclusive access to public transport and the systems that support all transport use. 8. BSL users will have full access to the cultural life of East Dunbartonshire, an equal opportunity to enjoy and contribute to culture and the arts, and are encouraged to share BSL and Deaf Culture with others. 9. BSL users will have fair and equal access to the criminal and juvenile justice systems. 10. BSL users will be fully involved in democratic and public life in East Dunbartonshire, as active and informed citizens, as voters, as elected politicians and as board members of our public bodies.

PNCA/144/18/DG – APPENDIX 2 – British Sign Language Plan

Brief summary of the likely environmental consequences: (including whether it has been determined that the plan is likely to have no or minimum effects, either directly or indirectly)	The context and intended outcomes of the British Sign Language Plan indicate that there will be focus on improving accessibility for British Sign Language learners and users with the potential to benefit the wider community as well as corporately. However, it is unlikely that the Plan will have significant positive or negative impacts on the environment, although there is scope for minor positive impacts to Population and Human Health in terms of education, skills development and changing perceptions of British Sign Language.
Contact details:	Neil Samson Strategic Environmental Assessment Technical Officer Sustainability Policy Team Place, Neighbourhood and Corporate Assets Directorate Southbank House Strathkelvin Place Kirkintilloch G66 1XQ Tel: 0141 578 8615 Email: Neil.Samson@eastdunbarton.gov.uk
Date of opinion:	25th September 2018

RISK ASSESSMENT FOR POLICIES / STRATEGIES

The risk assessment should be completed by the Responsible Policy Officer and should be used as part of the decision making process in determining if the policy is viable for the Council.

What are the risks to the Council in implementing this new policy? *(The tables below should be used to identify and assess ALL risks to the Council in implementing the strategy / policy).*

Name of Policy / Strategy	British Sign Language Plan 2018-2021
Lead Officer (Name and Position)	Louise Bickerton, Policy Adviser

Risk	**Likelihood Score (L)***	**Impact Score (I)***	**Risk Rank = (Lx I)**	**Acceptable Risk Yes/ No**
1. Ineffective promotion of this new plan within Council services with front facing employees and/or a service footprint – leading to a conflict in priorities and undermine the BSL priorities	**3**	**1**	**3**	**Yes - low**
2. Perception that relatively small population of BSL first language users is being resourced for, to a greater degree than larger groups whose first language is not English either – leading to potential ill-feeling towards the Council	**3**	**1**	**3**	**Yes - low**
3. Prohibitive costs for delivering parts of the plan with core budgets and unsuccessful external funding applications – leading to failure to deliver	**2**	**4**	**8**	**Yes - medium**
4. Infective ongoing engagement with the local BSL first language community – leading to mistrust and/or alienation between the	**3**	**2**	**6**	**Yes - medium**

Council and these parties				

*** See Risk Assessment Criteria on following page for scores**.

Risk Ranking Key:

HIGH= Unacceptable level of risk to the Council. Either additional controls are adopted to reduce the risk or policy should not be approved	**Score** =12 & above	**MEDIUM = Acceptable**, policy should be approved but with frequent monitoring of the risks to ensure no negative impact to the Council.	**Score** = 4-11	**LOW = Acceptable** level of risk for the Council	**Score** =4 or below

What are the potential impacts to the Council and its objectives if the above risks occur?	Detailed above against the respective risks.

Identify and list Controls in place to manage risks associated with the implementation of the new policy.

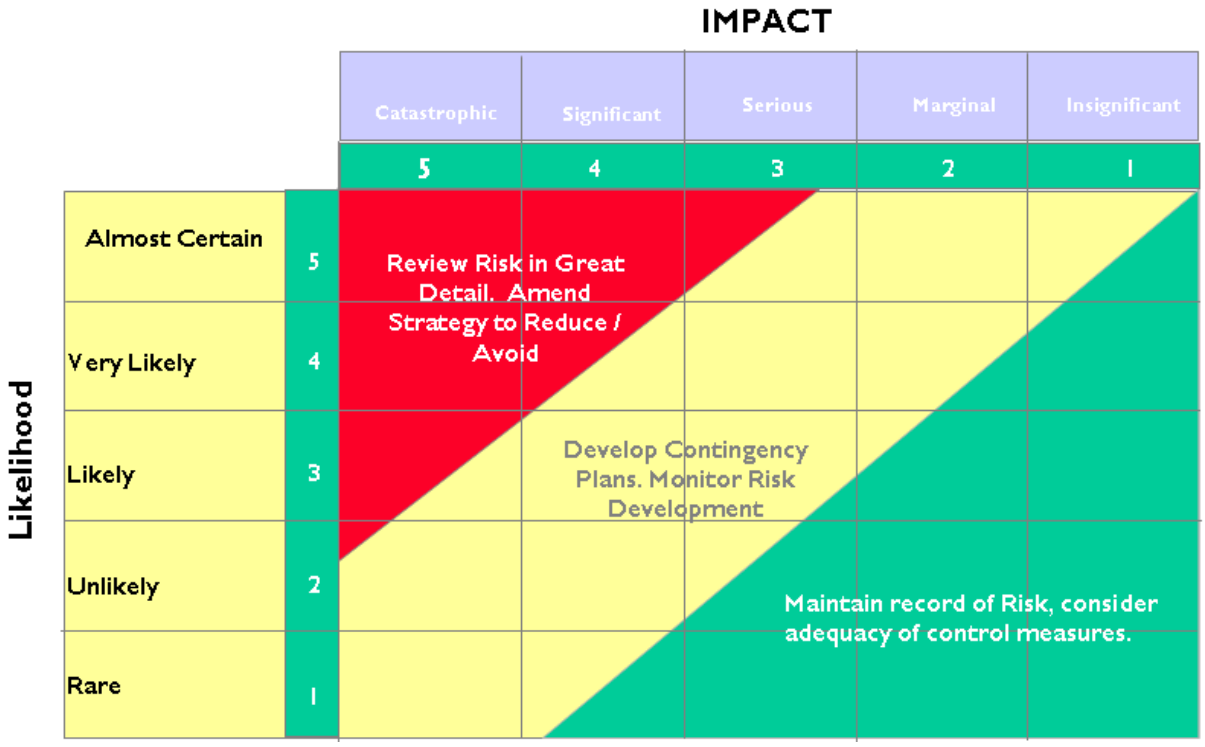
CONTROL NAME	DESCRIPTION	OWNER
1. Thorough Communication	Technical note prepared for CMT and Elected Members to increase awareness Internal and external news/posts about the Policy Specific correspondence with BSL first language users via any support available from Deafblind Scotland Working/review group convened with BSL first language users and officers representing all services able to contribute to delivering the plan	Community Planning and Partnerships Team
2. Public Perception	Public info, where possible, about our commitment to legislation and national policy including the rationale for protecting and developing the language. Key info about services in BSL visible on the website.	Community Planning and Partnerships Team with support from Communications Team
3. Meaningful Engagement	Ensure the new model for community engagement by the CPP, led by the CPP Team, incorporates D/deaf and deafblind people and is	Community Planning and Partnerships Team

	cognisant of different language/communication needs. Maintain partnership working with Deafblind Scotland where possible.	

If the risk score is 12 or above and the decision is made to implement the policy, list the additional measures required to reduce the risk to an acceptable level?

ACTION	OWNER	TARGET DATE
1. N/a		
2.		
3.		
4.		
5.		

RISK ASSESSMENT CRITERIA



PNCA/144/18/DG – APPENDIX 2 – British Sign Language Plan

Likelihood			Impact	Score
Level	Descriptor	Descriptions		
5	Almost Certain	The event is expected to occur in most circumstances	Catastrophic	5
4	Very Likely	The event will probably occur in most circumstances	Significant	4
3	Likely	The event might occur at some time	Serious	3
2	Unlikely	The event is not expected to occur	Marginal	2
1	Rare	The event may occur only in exceptional circumstances	Minor	1

Impact Scores & Descriptors	**1**	**2**	**3**	**4**	**5**
LIFE	Minor injury to employee, service user, public.	Lost time due to employee injury, small compensation claim from service user or public.	Serious injury to employee, service user, public, council liable	Number of significant injuries to employees, service users or public	Single or multiply Fatality within council control, fatal accident inquiry.
PROPERTY	Minor disruption to building, alternative arrangements already in place. Below insurance claim threshold	Marginal damage, covered by insurance.	Loss of use of building for medium period of time, no alternative arrangements in place.	Significant part of building out of action for prolonged period of time, alternative Accommodation required.	Complete loss of building, rebuilding required, prolonged temporary accommodation needed
BUSINESS CONTINUITY	No operational difficulties, back up support in place, security level acceptable.	Reasonable back up arrangements in place. Minor downtime of service / system	Security, support and performance of service / system deemed to be borderline. Some downtime realised.	Significant impact on service provision / loss of service. Frequent service / system interruption	Complete inability to provide system / service prolonged downtime no backup in place
REPUTATION	Minor impact to council reputation no interest to press	Some public embarrassment no damage to reputation or to service users.	Local adverse public embarrassment leading to limited damage, elected members	Regional / National adverse publicity, loss of confidence in the organisation	Highly damaging adverse publicity, loss of confidence, Scottish Government and / or Audit

			become involved.		Scotland involvement.
FINANCE	0.5% Budget	0.5-2% Budget	2-3% Budget	3-5% Budget	>5% budget

Agenda Item Number: 16

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Home Care Review – Interim Position**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Stephen McDonald, Joint Older People's Services Manager** **0141 355 2200** **Stephen.mcdonald@eastdunbarton.gov.uk**

Purpose of Report	To update HSCP Board members on the progress to date of the Care at Home Service Review.

Recommendations	i) It is recommended that members note the progress to date and intended next steps. ii) It is recommended that members note the intention to bring a finalised service review outcome paper to HSCP Board in March 2019.

Relevance to HSCP Board Strategic Plan	The Care at Home Service Review has relevance to the following HSCP Strategic Plan priorities: • Priority 3 – Keep people out of hospital when care can be delivered closer to home • Priority 5 – People have a positive experience of health and social care services • Priority 6 – Promote independent living through the provision of suitable housing, accommodation and support • Priority 8 – Optimise efficiency, effectiveness and flexibility

Implications for Health & Social Care Partnership

Human Resources	Potential implications for East Dunbartonshire Council staff are being and will be continually discussed with the trades unions involved in the service review and via the Joint Negotiating Group (JNG), as well as with the HSCP Staff Partnership Forum.

Equalities:	None

Financial:	A full financial framework will be developed to facilitate delivery of the agreed outcome of the review.

Legal:	Contract implications in respect of commissioned services will be delivered in line with the EDC policy and protocol.

Economic Impact:	There is potential impact on the local economy in relation to contracted provision from the local market.

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	TBC

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 MAIN REPORT

1.1 A review of Care at Home services was initiated in line with the East Dunbartonshire Council's Service Review Model in September 2018. The scope of the review includes in-house and externally contracted care at home services, telecare and response services.

1.2 A baseline assessment, benchmarking with comparator partnerships and reflective overview of currently service delivery have been completed and considered by the group. This part of the review has also taken account of actions required following the last internal audit of care at home and the May 2018 Care Inspectorate inspection, as well as the critical financial position within which this service operates.

1.3 The next stages of the review will enable the service, jointly with the trades unions, to determine the future vision, service model and mechanisms for the delivery of care at home. Key considerations will be the delivery framework (eligibility criteria and access standards); commissioning model (internal: external split); staffing model (structure and roles); delivery arrangements (rotas and working patterns of carers); assessment/ support planning and review framework; performance monitoring; regulation requirements compliance.

1.4 In support of the delivery of the review, it has been agreed that the service will pilot a dedicated homecare team within the *Home for Me service*, being set up to target care for individuals who are frail and/or at risk of admission to hospital, or who have had a

stay in hospital and require to be discharged home in a timely, safe and sustainable manner. In addition, we are working with staff and their trade unions as we aim to set up a pilot to provide home care on a locality basis to further support community orientation, efficiency, sustainability and integration.

1.5 It is intended that the care at home service review will be completed by March 2018 with a report being provided to the HSCP Board outlining the outcome of the review and the resulting recommendations.

Agenda Item Number: 17

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17 January 2019**
Subject Title	**Staff Experience Update**
Report By	**Susan Manion, Chief Officer**
Contact Officer	**Linda Tindall, Senior Organisational Development Adviser** **0141 301 7421** **Linda.Tindall@ggc.scot.nhs.uk**

Purpose of Report	This report provides key background information about iMatter and analysis of the 2018 results for the HSCP and the Oral Health Directorate.

Recommendations	It is recommended that the HSCP Board note the progress made and future actions that will be undertaken to continue to embed this process

Relevance to HSCP Board Strategic Plan	iMattter is part of the HSCPs Human Resources Strategy on how to improve and understand staff experience. This includes a focus on how our staff feel motivated, supported and cared for at work.

Implications for Health & Social Care Partnership

Human Resources	This process reflects levels of staff engagement and productivity and indicates areas of success and those which require improvement

Equalities:	N/A

Financial:	N/A

Legal:	N/A

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

Direction Required to Council, Health Board or Both	**Direction To:**	**Tick**
	1.1 No Direction Required	**x**
	1.2 East Dunbartonshire Council	
	1.3 NHS Greater Glasgow & Clyde	
	1.4 East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

1.0 MAIN REPORT

1.1 Background

iMatter is the NHS Scotland Staff Engagement continuous improvement tool which has been rolled out nationally across all NHS Boards in Scotland. It forms a key part of the Healthy Organisational Culture element of the National 2020 Workforce Vision: Everyone Matters.

iMatter is designed with staff in NHS Scotland to help individuals, teams and health Boards understand and improve staff experience. This is the term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity.

The process is based on a staff engagement questionnaire which all staff are asked to respond to, which then generates a Team Report containing the results from each group of staff who report to each line manager. All teams complete an action plan and record progress made against actions. This is an annual process.

iMatter has been implemented in all NHSGG&C Directorates and Health and Social Care Partnerships (HSCPs). The Oral Health Directorate first participated in the process in 2016 and the HSCP in 2017. The HSCP report includes both health and social care staff.

This report provides a summary analysis of the 2018 results for East Dunbartonshire HSCP (HSCP) and the Oral Health Directorate (OHD), a summary of key points and details next steps for the HSCP and OHD. The identified results are compared to the 2017 results.

1.2 Analysis of 2018 iMatter Results

This section of the report provides detailed information and analysis of the iMatter results. These are mapped to the Staff Governance Standard and include a breakdown of Response Rates, Employee Engagement Index Scores (EEI), Team, Organisation and Individual results. The full 2018 iMatter reports for East Dunbartonshire HSCP and the Oral Health Directorate are contained in Appendix 1 and 2 respectively.

The response rate shows the number of staff issued with the questionnaire and the number of staff who responded as an overall percentage:

East Dunbartonshire HSCP – 68% (2017 - 63%)
Oral Health Directorate – 81% (2017 - 78%)

The Employee Engagement Index (EEI) score is shown as a percentage of the average score

East Dunbartonshire HSCP – 78% (2017 - 78%)
Oral Health Directorate – 75% (2017 - 75%)

1.2.1 Staff Governance Standard

East Dunbartonshire HSCP:
The Staff Governance Standard Strands indicate that respondents felt that they were well informed (82%) (2017 – 82%) and treated fairly and consistently with dignity and respect in an environment where diversity is valued (80%) (2017 – 79%). They also felt that they were provided with a continuously improving and safe working environment that promotes health and well being of staff, patients and the wider community (79%) (2017 – 79%). Results relating to appropriate training and development (75%) (2017 – 76%) and feeling involved in decisions were lower (73%) (2017 – 74&)

Oral Health Directorate:
The Staff Governance Standard Strands indicate that respondents felt that they were well informed (79%) (2017 – 79%) and treated fairly and consistently, with Dignity and Respect in an Environment where Diversity is Valued (77%) (2017 – 76%). They also felt that they were provided with a continuously improving and safe working environment, promoting the health and well being of staff, patients and the wider community (77%) (2017 – 77%). Results relating to appropriate training & development (72%) (2017 – 72%) and feeling involved in decisions (69%) (2017 – 69%) were lower

1.2.2 Experience as an Individual

East Dunbartonshire HSCP:
Regarding the experience as an individual, 88% (2017 – 90%) of the respondents felt that they were clear about their duties and responsibilities, which is significantly higher than other questions. The questions that received the lowest scores were ‘I am given the time and resource to support my learning growth’ (72%) (2017 – 73%) and ‘I feel involved in decisions relating to my job’ (72%) (2017 – 73%)

Oral Health Directorate:
Regarding the experience as an individual, 86% (2017 – 88%) of the respondents felt they were clear about their duties and responsibilities, which is the highest scoring question. The questions that received the lowest scores were I am confident that my ideas and suggestions are acted upon (67%) (2017 – 67%) and I feel involved in decisions relating to my job (67%) (2017 – 67%)

1.2.3 My Team/Direct Line Manager

East Dunbartonshire HSCP
In the section relating to the team, the question my direct line manager is sufficiently approachable and I feel my direct line manager cares about my health & wellbeing received the highest scores (89%) (2017 – 88%) and (87%) (2017 – 86%) respectively. The questions with the lower scores in this section were I feel involved in decisions relating to my team (77%) (2017 – 77%) and I am confident that performance is managed well within my team (79%) (2017 – 78%)

Oral Health Directorate:
In the section relating to the team, the question My direct line manager is sufficiently approachable and I feel my direct line manger cares about my health and well-being received the highest scores (84%) (2017 - 84%) and (83%) (2017 – 82%) respectively. The questions with lower scores in his section were' I am confident that performance is managed well within my team' (79%) (2017 – 74%) and 'I feel involved in decisions relating to my team' (77%) (2017 - 72%)

1.2.4 Organisation

East Dunbartonshire HSCP
On the organisational level questions I understand how my role contributes to the goals of my organisation (84%) (2017 – 84%) and I would be happy for a friend or relative to access services within my organisation (79%) (2017 - 81%) received the highest scores. Questions with the lowest scores were 'I feel senior managers responsible for the wider organisation are sufficiently visible' (66%) (2017 – 67%) and I feel involved in decisions relating to my organisation (59%) (2017 – 60%)

Oral Health Directorate:
On the organisational level questions I understand how my role contributes to the goals of my organisation (81%) (2017 – 81%) and I would be happy for a friend or relative to access services within my organisation (81%) (2017 – 80%) received the highest scores. Questions with the lowest scores were I feel senior managers responsible for the wider organisation are sufficiently visible (66%) (2017 – 64%) I am confident that performance is managed well within my organisation (66%) (2017 – 66%) and I feel involved in decisions relating to my organisation (59%) (2017 – 57%)

1.3 Summary

- The returns for both the HSCP and OHD are extremely positive with the majority of questions scoring in the Strive to Celebrate category (67 – 100). The HSCP has two questions in the monitor to further improve (51-66) and the Oral Health Directorate has three. However, there were no scores in the improve to monitor and focus to improve categories.
- Both organisations achieved over a 60% return rate for questionnaires and were therefore able to access their own organisation report
- The variance in scores between 2017 and 2018 was between 1 and 2%
- NHSGG&C's rate for completion of action plans is 80%. The HSCP achieved 83% and the OHD 100% respectively
- The responses to the are in line with the national averages
- Themes arising from the questionnaires that would benefit from further discussion and debate are involved in decisions and the visibility of senior management
- The HSCP and the OHD performed well and are amongst the highest achievers in NHSGG&C
- The OHD approach to iMatter will be featured in an article that will appear in January's edition of Staff News
- The Home Care Team's story 'iMatter to Home Care – The Journey' was showcased in the NHS Scotland's 2017 Staff Experience Report

1.4 Next Steps

- Continue to support line managers in the HSCP and OHD to work with their staff to embed the iMatter process
- Ensure that teams are appropriately aligned to organisational structures
- The OHD will continue to share iMatter results and to ask staff for their opinion on what support they would like from the iMatter process through their rolling road show programme
- The HSCP held its first Staff Engagement Event on 18th December 2018. The purpose of this event was to share the HSCP priorities for the year ahead and to involve staff in discussions regarding the development of the HSCP's commissioning strategy. It is anticipated that further sessions will be planned for 2019
- Teams have been asked to share ideas with the senior management team on what they would like the senior management team to do to raise their visibility

Directorate Report 2018

NHSGGC (S Manion) East Dunbartonshire HSCP

63%

Response rate

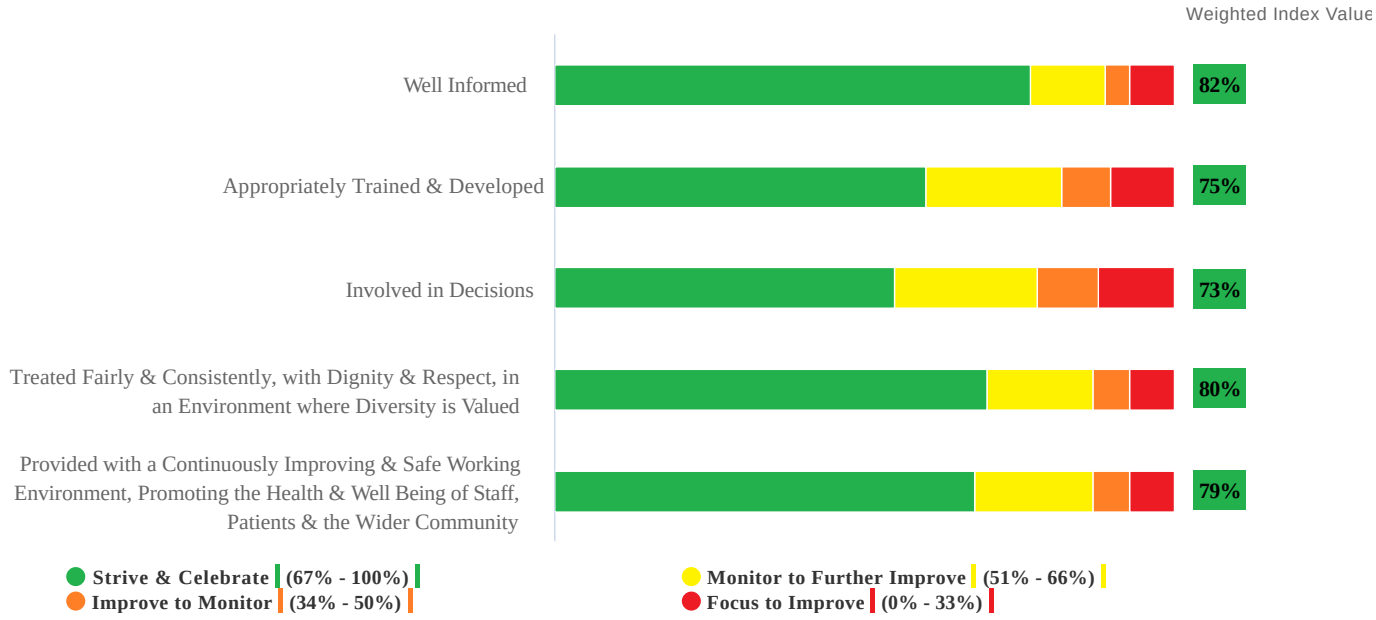
Respondents: 498

Recipients : 791

78%

Employee Engagement Index

Staff Governance Standards - Strand Scores



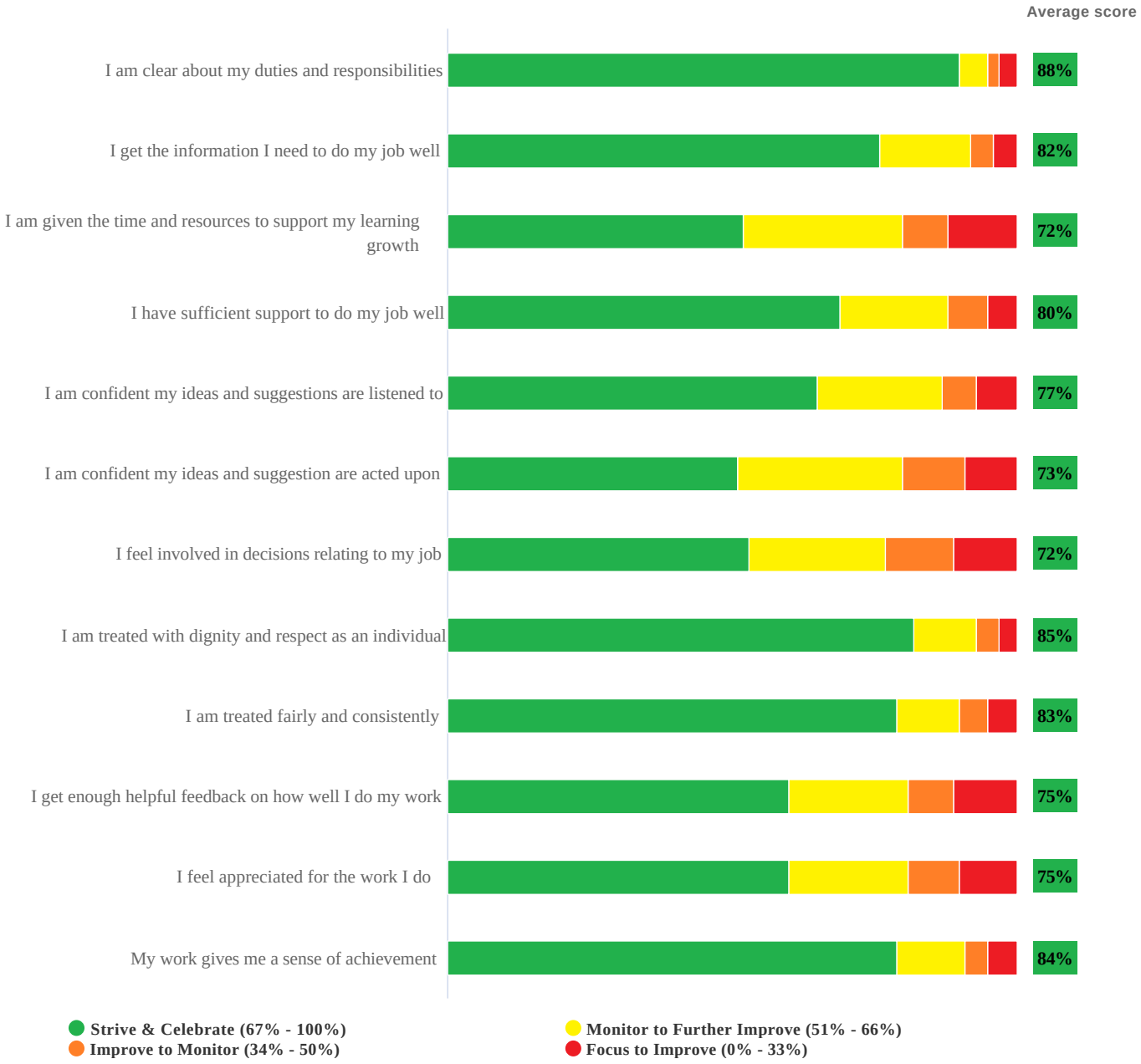
Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

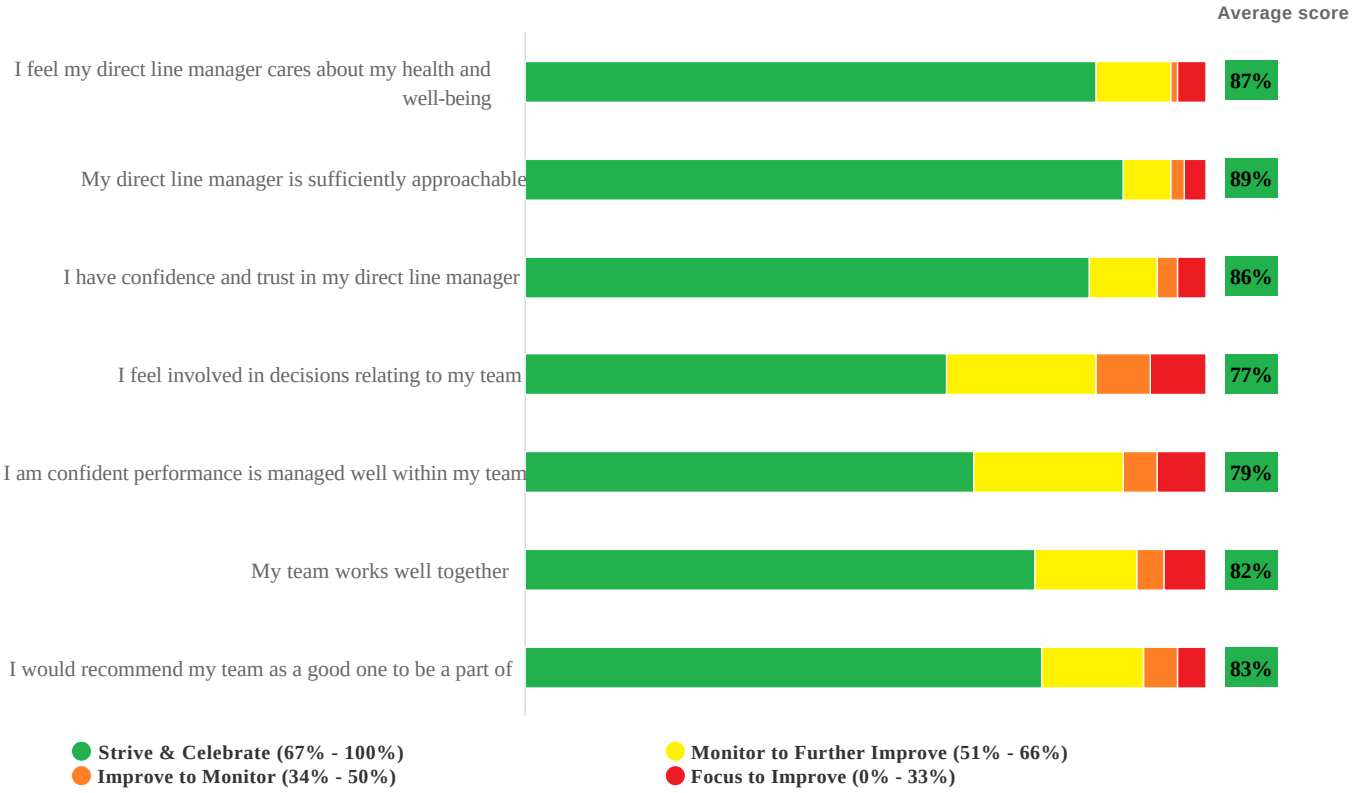
Experience as an Individual:

Number of respondents: 498



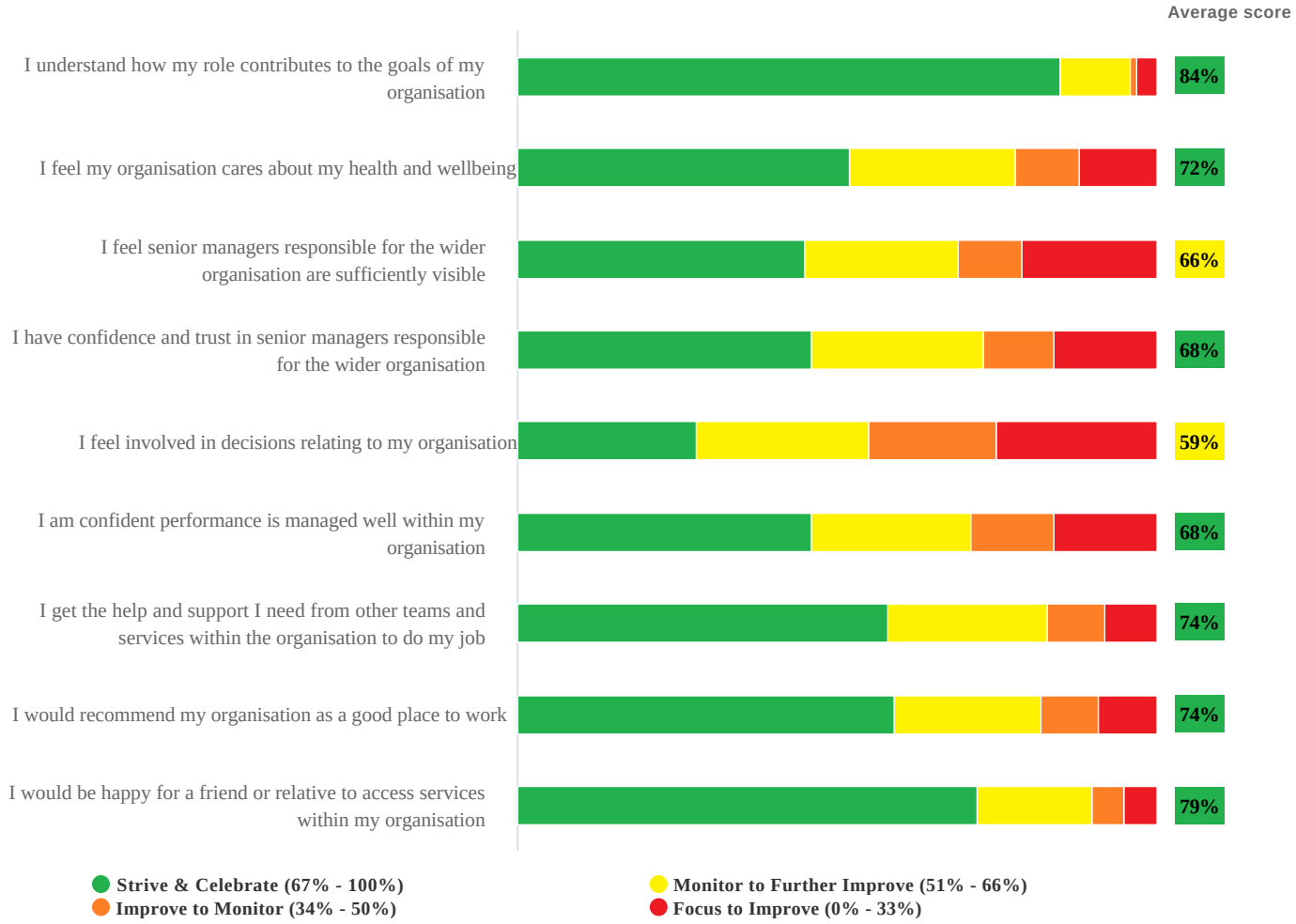
My Team / My Direct Line Manager:

Number of respondents: 498



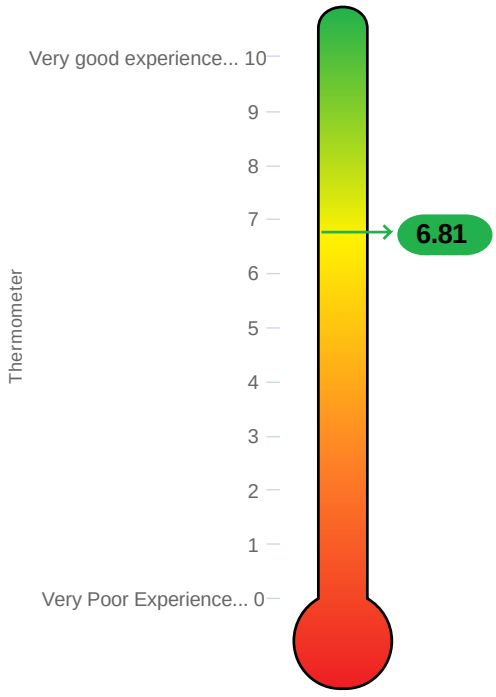
My Organisation:

Number of respondents: 498



Overall, working within my organisation is a .....

Number of respondents: 498



EEI number for teams in the same directorate

EEI Threshold	(67-100) %	(51-66) %	(34-50) %	(0-33) %	No report	Total
Number of Teams	43	2	0	0	19	64
Percentage of Teams	67.2%	3.1%	0%	0%	30%	100%

Agenda Item Number: 18

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	Progress report on the development of the Strategic Planning and Locality Planning Groups
Report By	Caroline Sinclair Interim Chief Social Work Officer Head of Mental Health, Learning Disability, Addictions and Health Improvement
Contact Officer	Gillian Notman, Change and Redesign Manager 0141 355 2394 **Gillian.Notman@ggc.scot.nhs.uk**

Purpose of Report	To present a briefing report to the Health and Social Care Partnership Board updating recent development of the Strategic Planning Group and the East and West Locality Planning Groups

Recommendations	The Health and Social Care Partnership Board is asked to: • Note the content of the report • Note the actions plans for both groups for 2018/2019

Relevance to HSCP Board Strategic Plan	These groups need to be in a position to operate efficiently and effectively in supporting the HSCP to deliver on its strategic plan

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	Following the development of action plans, the groups may need to access sources of funding to support local community changes.

Legal:	None

Economic Impact:	None

Sustainability:	Development or changes should have sustainability plans built in to the projects.

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 MAIN REPORT

1.1 Background

Following Scottish Government guidance, the Strategic Planning Group (SPG) was established for the purpose of developing, finalising and reviewing the strategic plan. This group has representation from all sectors and includes people who use health and social care services and their carers.

Two Locality Planning Groups (LPGs) were established (east and west) to reflect local communities. Membership of these groups included local stakeholders working within health and social care services, GP practices, third sector and service users and carers. The Chairs, who were nominated but each group, were two local GPs. The co-ordination has been done by the HSCP's Change and Redesign Manager.

All of these groups have been running since the beginning of 2016. In order to support the further development of these groups and to provide a focus for the coming year a review was undertaken during 2018.

1.1.2 Progress to date

There have been some useful developments within the localities:-

- Good sharing of ideas and information on local services.
- Initial links with housing to have active dialogue with planners, particularly around

local developments of care homes.

- Discussions have helped shape day care services away from the traditional model towards one which focuses on matching individuals into services including community capacity building.
- Links with the local cancer prevention group have become more established.
- Developing positive dialogue with acute consultants has begun with our shared experiences of intermediate and continuing care.

Progress to date within the Strategic Planning Group

- This group were involved in developing and identifying priorities for the strategic plan 2017-20.
- Involved in shaping and overseeing the HSCP's strategic proposals, policies and plans

1.1.3 Issues and challenges of the Strategic Planning Group and the Locality Planning Groups

Whilst there have been some positive steps towards better local interface, there are some issues around the functioning of these groups. Some of these issues are:-

- The membership of the groups required to be reviewed to reflect all stakeholders including Children & Families and Criminal Justice Services, following their incorporation into the HSCP.
- Leadership and ownership on the focus and development of these groups was limited with the membership not fully understanding their unique contribution.
- Pulling together future priorities for all groups was challenging as the agendas and scope were very wide.

1.1.4 Identified Issues

In order to address the above issues a number of facilitated development sessions took place during 2018. The outcomes of these workshops covered the following areas:

- Review of membership to reflect all key stakeholders.
- Focused outcomes aligned to the HSCP's strategic plan and Local Outcome Improvement Plan.
- Identified leads to drive and take forward agreed outcomes.
- Increase understanding of group and individual roles.
- Understanding of budget/finances and the role of the groups in supporting the HSCP to achieve its financial efficiencies.
- Develop clearer and robust communication channels to reflect progress on outcomes.

1.1.5 Way Forward

The feedback from the workshops resulted in the development of actions for all groups. These are attached in **Appendices (1 and 2)** and will provide the focus for future meetings

Appendix 1

Planning Group Action Plan 2018-2019 - West Locality Planning Group

	Strategic mapping	Actions	Time scales	Leads
1	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities	Identify local assets, servicers and peer support for local people/services to access support and information.	Scope all wellbeing resources Benchmark all information Develop wellbeing pathway Circulate to stakeholders	CW Catherine Davidson Agree at Oct meeting All
	LOIP 5 - Adult health and wellbeing			
2	Strategic plan – priority 5 – People have a positive experience of health and social care services.	Hold local engagement event/road show to promote local services	Identify place area and book venue Confirm scope and aims of event Develop working group (? virtual) to plan event, including publicity and communication. Hold event and evaluate	CW/GN CW/GN CW/GN/Alex Meikle
	LOIP 5 - Adult health and wellbeing			
3	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities	Map out community transport within local area.	Identify scope of project and the current sources of information/issues. Liaise with EDVA to establish working group	Discussion at Oct meeting CW/GN
	LOIP 5 - Adult health and wellbeing			
4	Strategic plan – priority 6 – promote independent living through the provision of suitable housing accommodation and support	In partnership with EDC policy planners and housing, identify the scope for research on older peoples housing project within West locality	Scope still to be determined	GN
	LOIP 5 - Adult health and wellbeing			
5	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities	Communication – **across both localities** Explore options for social media including yammer	Scope out the type of options available to support the introduction of establishing a pilot on social media. Produce a briefing paper to the strategic planning group on recommendations for way forward	KG/CW/GN
	LOIP 6 – Older Adults, vulnerable People and Carers			

6	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities LOIP 6 – Older Adults, vulnerable People and Carers	Scope out models and information on dementia friendly communities	Link in with community planning to understand how the role of the locality planning groups can support and influence dementia friendly community development	KG/CW/GN

Locality Planning Group Action Plan 2018-2019 - East Locality Planning Group

	Strategic mapping	Actions	Time scales	Leads
1	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities LOIP 5 - Adult health and wellbeing	Identify local assets, servicers and peer support for local people/services to access support and information.	Scope all wellbeing resources Benchmark all information Develop wellbeing pathway Circulate to stakeholders	CW Catherine Davidson Agree at Oct meeting All
2	Strategic plan – priority 5 – People have a positive experience of health and social care services. LOIP 5 - Adult health and wellbeing	Hold local engagement event/road show to promote local services	Identify place area and book venue Confirm scope and aims of event Develop working group (? virtual) to plan event, including publicity and communication. Hold event and evaluate	CW/GN CW/GN CW/GN/Alex Meikle
3	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities LOIP 5 - Adult health and wellbeing	Map out community transport within local area.	Identify scope of project and the current sources of information/issues. Liaise with EDVA to establish working group	Discussion at Oct meeting CW/GN
4	Strategic plan – priority 6 – promote independent living through the provision of suitable housing accommodation and support LOIP 5 - Adult health and wellbeing	In partnership with EDC policy planners and housing, identify the scope for research on older peoples housing project within West locality	Scope still to be determined	GN

5	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities LOIP 6 – Older Adults, vulnerable People and Carers	Communication – **across both localities** Explore options for social media including yammer	Scope out the type of options available to support the introduction of establishing a pilot on social media. Produce a briefing paper to the strategic planning group on recommendations for way forward	KG/CW/GN
6	Strategic plan – priority 1 – Promote positive health and wellbeing, preventing ill health and building strong communities LOIP 6 – Older Adults, vulnerable People and Carers	Explore models and projects where intergenerational working has proven to be effective in community development	Scope out options available to support the introduction of establishing a pilot on intergenerational work	KG/CW/GN

Appendix 2

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
STRATEGIC PLANNING GROUP - 6 NOVEMBER 2018

ACTION PLAN

Task/Topic	Action Required	Objective	Time Frame	Lead Responsibility	Involved	Progress
Group Administration						
Agree & finalise Group membership	Confirm membership functions & people occupying these.	Ensure compliance with the guidance and legislation	**January 2019**	**Caroline Sinclair**	**Gillian Notman**	**Complete**
Confirm process for adding items to the agenda	Call for items 10 days before. Papers to be sent 5 working days prior to meeting	People will be prepared to actively involved in SPG with feedback & queries from their representative areas	**January 2019**	**Christina Burns**		
Agree timescales for distribution of minutes and associated papers	As Above	As Above	**As Above**	**As Above**	**As Above**	**As Above**
Develop process for agreeing three key message from every meeting and how these will be communicated across all relevant organisations	Summary at end of meeting will identify 3 key messages. Members to communicate to their named groups as responsible leads.	There is a clear summary of meeting outcome to be shared	**Ongoing**	**Chair**	**SPG Members**	**Ongoing**
Increase understanding of group and individual roles						
Work with group members to help them identify their role in the group	OD Advisor and group to collaboratively design a development programme for members.	Ensure increased confidence of members to undertake their role.	**April 2019**	**Linda Tindall**	**SPG Members**	**Ongoing**
Provide opportunities for group members to share what they bring to the table	Restructured agenda with standing items to reflect each representative group.	All SPG members have the opportunity to share, learn and contribute robustly to the development of the SPG	**Ongoing**	**SPG members**		**Ongoing**

Task/Topic	Action Required	Objective	Time Frame	Lead Responsibility	Involved	Progress
Develop understanding of risk and the SPG's role in risk						
Work with the group to develop their understanding of risk in the HSCP, the process for registering risk and the plan to follow when things go wrong	EDHSCP Corporate risk register to be included as an item at the January SOG meeting and subsequently quarterly	SPG members are suitably informed to provide advice, guidance and input to actions mitigating risks.	**January 2019 (4 times per year)**	**Caroline Sinclair**	**SPG members**	**Ongoing**
Develop understanding of budget/finances and the role of the SPG						
Provide guidance on budget cycles and the way finance works in the HSCP	Overview session to be organised to provide SPG members with an overview of the HSCP financial framework and budget setting process	Members are aware of HSCPs risks in relation to finance and have a clearer picture of decisions relating to strategic & financial planning	**March 2019**	**Jean Campbell**	**Caroline Sinclair**	**Ongoing**
Group Governance						
Support the group to be clear on HSCP priorities	Routinely discuss priorities in strategic plan	SPG members have the opportunity to consider progress in relation to priorities and ongoing relevance to priorities set.	**March 2019 (quarterly**	**Caroline Sinclair**	**SPG members Planning Manager**	**Ongoing**
Provide guidance on the HSCP's decision making process and the role of decision making in the SPG	Present and discuss HSCP Strategic landscape diagram	SPG understand the context within which decisions are made and where they contribute	**January 2019**	**Caroline Sinclair**	**Alan Cairns Linda Tindal SPG members**	**Ongoing**

Agenda Item Number: 19

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**17th January 2019**
Subject Title	**Commissioning Strategy and Market Facilitation Plan**
Report By	**Jean Campbell, Chief Finance and Resources Officer**
Contact Officer	**Gillian Healey, Team Leader, Planning & Service Development** **0141 777 3074** **gillian.healey@eastdunbarton.gov.uk**

Purpose of Report	To update Board members on plans to develop a Commissioning Strategy and incorporated Market Facilitation Plan and outline the approach taken to develop and implement the strategy.

Recommendations	To note and approve the content of this report

Relevance to HSCP Board Strategic Plan	The Commissioning Strategy underpins the HSCP's Strategic and Business Plans and aligns the respective priorities

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	An Equalities Impact Assessment (EQIA) will be completed in conjunction with the development of this strategy

Financial:	Minimal financial resource may be required to support the development of the Strategy, for example, engagement / consultation with key stakeholders

Legal:	None

Economic Impact:	None

Sustainability:	N/A

Risk Implications:	The Strategy is due to be delivered and implemented by April 2019 – any delay will impact on the HSCP's ability to progress priorities, facilitate the much needed change across the commissioned landscape and deliver potential savings.

Implications for East Dunbartonshire Council:	Various Council Officers will be engaged/consulted on the development of this Strategy

Implications for NHS Greater Glasgow & Clyde:	Various NHSGGC Officers will be engaged/consulted on the development of this Strategy

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

1.0 MAIN REPORT

1.1 The aim of the Commissioning Strategy and incorporated Market Facilitation Plan is to convey the HSCP's commissioning intentions over the next three years and introduce plans to stimulate and facilitate change across the market thus ensuring; it is fit for purpose, outcomes focussed, drives up quality, fosters innovation, delivers best value, promotes wellbeing and supports independence

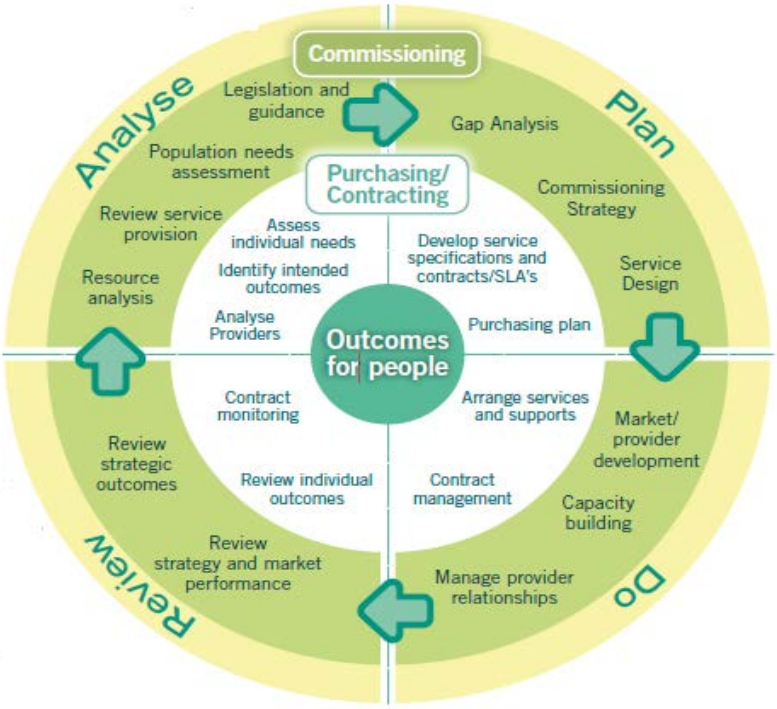
2.0 What is Commissioning?

2.1 Commissioning is at the very heart of providing effective care and support for children, adults and older people. It is the process by which the HSCP, in consultation with partners, determines how to spend its budget in order to get good quality services and wider supports for local people, both now and in the future.

2.2 Commissioning Cycle

Commissioning performed in accordance with the Institute of Public Care (IPC) Commissioning Cycle. The aim of all commissioning activity is to achieve the best possible outcomes for individuals who require care and/or support. Commissioning activity must be personalised, achieve best value and comply with a range of legislative and policy requirements.

2.3 The commissioning cycle and its associated principles and activities underpin the development and implementation of the strategy. These principles are represented in the diagram below:



3.0 Developing the Commissioning Strategy

3.1 A Project Team consisting of; Chief Finance & Resource Officer, Commissioning officers, Operational teams and representatives from the Third & Independent sector has been formed and ultimately is responsible for the delivery of the Commissioning Strategy. Four weekly meetings have been set up to update and review progress and agree the next actions.

3.2 A Project Plan entailing key milestones (as detailed below) and related actions, leads and timescales is in place to help guide and inform the Project Team. Following each meeting, the plan is updated and circulated around members to ensure actions are progressed accordingly. A copy of the Commissioning Action Plan is included as **Appendix 1.**

Key Milestones include:

- SMT approve development of Commissioning Strategy – wlc 12th Nov 18
- Establish Project Team - wlc 19 Nov 18
- Engage/consult key stakeholders: Providers, service users, carers, locality groups, PSUC etc. w/c 26 Nov 18 - Feb 19
- Compile Draft Commissioning Strategy/Market Facilitation Plan - Feb 19
- Submit to SMT / HSCP Board approval / sign Off - Mar 19
- Implementation of Strategy - April 19

3.3 To ensure that the strategy is fully informed, the views of service users, carers, staff, Locality Planning Groups, Third Sector providers and other key stakeholders is currently being sought via various engagement and consultation events. The outcome of these

events will inevitably influence and shape the document. Other determining factors include:

- Demographic data/intelligence identifying the current and projected population profile and needs of East Dunbartonshire
- National and local policy drivers
- Health and Wellbeing Outcomes
- Reducing budgets / requirement to deliver best value

3.4 Once compiled, the draft strategy will be circulated amongst key stakeholders for final comment and following conclusion, submitted to SMT and HSCP Board for approval/sign off. The timeline for implementation is April 2019.

4.0 Improvement Hub

The HSCP is developing the Commissioning Strategy with support from Healthcare Improvement Scotland's Improvement Hub (ihub). Ihub supports organisations to identify high impact opportunities for improvement and transformation and, assists in the design of processes, care models and systems that will improve outcomes and provide practical support to enable changes that will lead to improvement.

4.1 Ihub has agreed to facilitate the HSCP's staff engagement event in December 2018 and Third Sector event in January 2019 – with a view to independently and positively challenging the current approach to commissioning.

4.2 Following implementation of the Strategy, IHub are proposing to set up a series of workshops for key stakeholders to help progress identified priorities and support market transformation.

East Dunbartonshire Health & Social Care Partnership

PROGRAMME MANAGEMENT TEMPLATE

Project Details:	**HSCP COMMISSIONING STRATEGY 2018 - 2021**
What is the piece of work we are doing? *(Project Name)*	Develop and implement an East Dunbartonshire Health and Social Care Partnership (HSCP) Commissioning Strategy (2018 – 2021) (including a Market Facilitation Plan)
Why are we doing this? *(Project Rationale)*	To formalise the HSCP's commissioning intentions and market facilitation plans over the next three years – thus ensuring the social care landscape is "fit for purpose", flexible, responsive to local needs, delivers best value and, in the longer term, is socially and financially sustainable. The Commissioning Strategy is aimed at key stakeholders including; existing and new providers across voluntary, third and private sectors, residents, patients, service users, carers and families, HSCP staff and East Dunbartonshire Council (EDC) colleagues. The Community Empowerment (Scotland) Act, states that we, as Public Body representatives, have a duty to engage and involve the public, patients, service users and carers and other stakeholders in designing, developing and delivering the health and social care services we provide for them.
Who will take responsibility for delivering the project? *(Project Lead)*	Jean Campbell (Chief Finance and Resources Officer) / Gillian Healey (Team Leader - Planning & Service Development)
Project Milestones (Key Actions & Timescales)	• SMT approve development of Commissioning Strategy / Project Plan – **wlc 12th Nov 18** • Establish Project Team to develop Commissioning Strategy (Actions / Leads/ Timescales) – **wlc 19 Nov 18** • Liaise with Corporate Communications re Communication strategy – **w/c 19 Nov 18** • Develop Commissioning Strategy & Market Facilitation Plan – **w/c 26 Nov 18 - Feb 19** • Engage/consult key stakeholders: providers, service users, carers, locality groups, PSUC etc **w/c 26 Nov 18 - Feb 19** • Compile Draft Commissioning Strategy & Market Facilitation Plan - **Feb 19** • Evaluation / Reflection **– Mar 19** • Submit to SMT / HSCP Approval / Sign Off - **Mar 19** • Implement - **April 19** *refer to attached Project Plan for detailed breakdown of activities/timescales
Financial Implications *(Project finance/Resources)*	To be confirmed as project commences / progresses

East Dunbartonshire Health & Social Care Partnership (HSCP)

Draft Project Plan (November 2018)

Commissioning Strategy & Market Facilitation Plan

(Children & Families, Adults, Older People)

2018 - 2021

PROJECT PLAN – COMMISSIONING STRATEGY DEVELOPMENT				
	ACTION	**TIMESCALES**	**LEAD**	**UPDATE 3rd DEC 18**
1.0	**Governance Arrangements**			
1.1	• SMT approval to develop Commissioning Strategy / Market Facilitation Plan • Establish Project Team to Lead, develop, implement strategy /plan – arrange fortnightly meetings to monitor /check progress	w/c 26th Nov 18 w/c 3 Dec 18 w/c 3rd Dec 18	GH AC MF	SM/DP/CS/CC notified Review / change current meeting dates check CS/DP/PM diaries / availability Invite Anne Getty onto PSG Invite Independent sector member onto PSG
1.2	• Brief SMT, HSCP Board, EDC / Members • Engage/liaise with Corp Comms team to support / develop communication strategy	w/c 3rd Dec	GH	Engage with Corp Comms re CS / technical brief
2.0	**Equality Impact Assessment**			
2.1	• Complete EQIA and submit to NHS GGC (equalities) for formal approval	w/c 3rd Dec	AC / MF / LH	Progress update next meeting
3.0	**Develop Commissioning Strategy & Market Facilitation Plan**			
3.1	• Scope & agree key actions / timescales / leads • Identify additional resources required to develop / implement CS / MFP • Agree format / approach for developing CS (client group specific or thematic) • Agree communication strategy (key partners/engagement / communication methods etc) • Triangulate with Strategic / Business / Financial Plans • Identify national & local legislative / policy drivers • Collate/analyse Market Intelligence (demographics, needs/demand profile, service models, spend, market forces etc) • Identify key priorities	3rd Dec 18 6th Dec 18 7th Dec 18 w/c 14th Jan 19	GH GH, AC, AM GH LH/MF	Liaise with Iain Brodie re PSG attendance - awareness of CS development Draft thematics for CS, questions & template for engagement events Contact Ihub, agree approach / support for engagement events (staff / 3rd sector) Prepare draft summary for insertion into CS • Demographics • National/local policy drivers • Commissioned spend (current / predicted across all models/client group/area?)

4.0	**Engagement / Consultation Events**			
4.1	In partnership with Ihub, Engage / consult with key stakeholders including: • Service users, carers, families, • Providers - (third sector, independent, private) • East / West Locality Planning Groups • HSCP / EDC Staff • PSUC (public, service user, carer)	w/c 10th Dec 18 7th Dec 18 18th Dec 18	AC GH	Scope existing forums / dates available to engage / consult - update PP Confirm Ihub support/ approach Staff engagement event arranged
5.0	**Compile Draft Commissioning Strategy & Market Facilitation Plan**			
5.1	• Agree template / design / content / layout • Identify key sections – lead roles /timescales for completion • Compile draft documents - circulate for final comment / amendments	Feb 2018	JC / GH / PT	On-going / update at next meeting
6.0	**Evaluation / Reflection**			
6.1	Project team evaluate / reflect on: • What went well /what didn't /what would we do differently next time / lessons learnt • Timescales – were they met • Resource / budget implications	Mar 19	JC/GH/PT	No update at present
7.0	**SMT / HSCP Approval / Sign Off Evaluation**			
7.1	Present draft Commissioning Strategy and Market Facilitation Plan to SMT / HSCP Board: • Summarise key priorities • Outline service / budget implications • Reflection on approach / lessons learnt • Seek SMT approval / Submit to HSCP Board (21/3/19) with EQIA for sign off • Distribute strategy /plan across all stakeholders • Implement Strategy and Plan	Mar / April 19	JC/GH	No update at present

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire HSCP

Agenda Items for HSCP Board meeting

January 2019 to June 2019

TOPIC SPECIFIC SEMINARS
21 March 2018 – Criminal Justice Social Work
10 May 2019 – Children's Services

HALF DAY DEVELOPMENT SESSION – 8th FEBRUARY 2019
Fairer Access to Care
Audit Scotland Progress Report on Integration
Summary of Financial Position
HSCP BOARD AGENDA ITEMS FOR - 21st MARCH 2019
Quarterly Performance Report Q3
Carers Strategy
Process Report on Primary Care Improvement Plan
Workforce Plan
Fairer Access to Care
Finance Update
Update on External Audit Report
East Dunbartonshire HSCP Risk Register
HALF DAY DEVELOPMENT SESSION – 26th April 2019
Shifting the Balance of care • Closure of Learning Disability Beds • Older People's beds • Children's agenda • Criminal Justice

East Dunbartonshire Health & Social Care Partnership

HSCP BOARD AGENDA ITEMS FOR - MAY 2019
Topic specific Seminar – Children's services
HSCP BOARD AGENDA ITEMS FOR - JUNE 2019
Topic Specific Seminar – Criminal Justice Social Work
OHD Performance Report
Draft Annual Performance Report
Quarterly Performance Report Q4
Review of Winter Plan
Process for 5 year review Integration Scheme (for information) – original Scheme expires 26th June 2020

ED HSCP BOARD - DISTRIBUTION LIST at AUGUST 2018

ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Jacqueline Forbes	Chair - NHS non-executive Board Member	1
Margaret McGuire	NHS non-executive Board Member	1
Susan Murray	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Wilma Hepburn	Professional Nurse Advisor -NHS	1
Andrew McCready	Trades Union Representative	1
Thomas Robertson	Trades Union Representative	1
Lisa Williams	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
Paolo Mazzoncini	Chief Social Work Officer	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Caroline Sinclair	Head of Mental Health, LD, Addictions and HI	1
Derrick Pearce	Head of Adult and Primary Care Services	1
Fiona McCulloch	Planning & Performance Manager	**e-copy only**
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**e-copy only**
Martin Cunnigham	EDC Corporate Governance Manager	3
Jennifer Haynes	Interim Corporate Services Manager	**e-copy only**
Louise Martin	Head of Administration, ED HSCP	**e-copy only**
Frances McLinden	General Manager, Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Sharon Bradshaw	Human Resources	**e-copy only**
Elaine Van Hagen	Head of NHS Board Administration	**e-copy only**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
A. Jamieson	Carers Representative	**1 copy**