

For meeting on

# Agenda 2018



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, 6<sup>th</sup> September 2018** at **9.30 am** to consider the undernoted business.

**Chair Jacqui 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**

**Seminar - Presentation on the Key Elements of Joint Health Improvement Plan- 9am to 9.30am**

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting HSCP Board held on; 28<sup>th</sup> June 2018

Item	Contact officer	Description	Page
<b>STANDING ITEMS</b>			
1.	Susan Manion	Chairperson	Verbal
2.	Jacqui Forbes	Expressions of Interest	Verbal
3.	Martin Cunningham	Minute of HSCP Board held on 28 <sup>th</sup> June 2018	1 - 8
4.	Susan Manion	Chief Officers Report	Verbal
<b>GOVERNANCE ITEMS</b>			
5.	Jean Campbell	Financial Performance Budget 2018/19 –Period 4	9 - 34
6.	Jean Campbell	Financial Monitoring Arrangements 2018/19	35 - 44
7.	Lisa Williams	East Dunbartonshire HSCP Clinical Governance Annual Report 2017	45 - 58

8.	Derrick Pearce	Pharmacy Overview	59 - 64
9.	Martin Brickley/Jenny Proctor	Public, Service User & Carer (PSUC) Representative Support Group report of 6 <sup>th</sup> August 2018	65 – 70
10.	Lisa Williams	East Dunbartonshire HSCP Clinical & Care Governance minutes of 25 July 2018	71 - 82
11.	Caroline Sinclair	East Dunbartonshire HSCP Professional Advisory Group minutes of 27 June 2018	83 - 90
12.	Jean Campbell	East Dunbartonshire Draft Audit Committee Minutes of 27 <sup>th</sup> June 2018	91 - 96
<b>STRATEGIC ITEMS</b>			
13.	Caroline Sinclair	Joint Health Improvement Plan 2018 - 21	97 – 113
14.	Derrick Pearce	East Dunbartonshire Primary Care Improvement Plan	114 – 148
15.	Caroline Sinclair	Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019	149 - 160
16.	Caroline Sinclair	Equal, Expert and Valued, Enhancing Carer Representative involvement on Integration Joint Boards, Second Edition, February 2018	161 – 180
17.	Susan Manion	Moving forward together	181 - 184
18.	Susan Manion	East Dunbartonshire HSCP Strategic Planning Group Minutes of 5 <sup>th</sup> June 2018	185 - 190
<b>ITEMS FOR INFORMATION / NOTING</b>			
19.	Caroline Sinclair	July 2018 - Scottish Attainment Challenge - Care Experienced Children and Young People Funding – East Dunbartonshire.	191 - 196
<b>FUTURE HSCP BOARD AGENDA ITEMS</b>			
20.	Susan Manion	HSCP Board future agenda items	197 - 198
		Date (s) of next meeting <b>Thursday 15<sup>th</sup> November 2018 at 9.30am</b>	

### Item 3

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 28 June 2018.**

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

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

Non-Voting Members present:

<b>S. Manion</b>	Chief Officer - East Dunbartonshire HSCP
<b>J. Campbell</b>	Trades Union Representative - Substitute
<b>J. Campbell</b>	Chief Finance and Resource Officer
<b>W. Hepburn</b>	Chief Nurse
<b>A. Jamieson</b>	Carer Representative - Substitute
<b>A. McCready</b>	Trades Union Representative
<b>P. Mazzoncini</b>	Chief Social Work Officer and Head of Children & Families and Criminal Justice
<b>J. Proctor</b>	Carers Representative
<b>I. Twaddle</b>	Service User Representative – Substitute
<b>L. Williams</b>	Clinical Director

#### **Ian Fraser (Chair) presiding**

Also Present: <b>M. Cunningham</b>	EDC - Corporate Governance Manager
<b>L. Johnston</b>	Clinical Service Manager – Oral Health Directorate
<b>F. McCulloch</b>	Planning Performance & Quality Manager
<b>D. Pearce</b>	Head of Community Health & Care Services
<b>T. Quinn</b>	Head of People & Change
<b>C. Sinclair</b>	Head of Mental Health, Learning Disability & Addictions
<b>L. Tindall</b>	Organisational Development Lead

#### **APOLOGIES FOR ABSENCE**

Apologies for absence were intimated on behalf of Adam Bowman, Martin Brickley & Gordon Thomson.

#### **DECLARATION OF INTEREST**

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

### **1. MINUTE OF MEETING – 10 MAY 2018**

There was submitted and approved the minute of the meeting of the HSCP Board held on 10 May 2018.

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**2. CHIEF OFFICER'S REPORT**

The Chief Officer addressed the Board and summarised the national and local developments in relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 since the last meeting of the Partnership Board. Details included:-

- Adult Support & Protection Inspection – Delays in publishing report expected July 2018.
- Strategic Planning Adult Services – Inspection October – Working Group established & period of self-assessment prior to Inspection
- NHS GG&C – “Moving Forward Together” – The Board noted Martin Brickley and , Ian Ritchie were involved in the Patient and User involvement work in supporting the development of the plan. Susan Manion & David Leese are members of the Programme Board - progress update to September Board Meeting
- Impact of Industrial Action

Following consideration, the Board noted the Report.

**3. FINANCIAL PERFORMANCE BUDGET OUTTURN 2017/18**

The Chief Finance and Resources Officer updated the Board on the financial performance and projected outturn of the partnership for the Year-end of 2017/18.

Following discussion and questions, the Board noted the improved position from the Period 10 report and the proposed use of various reserves to balance the final 2017/18 position.

**4. HSCP BUDGET 2018 / 19**

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 2018/19.

The Chief Finance & Resources Officer summarised the meetings which had taken place between the HSCP, NHS and Council officers following the HSCP Board meeting of 10 May 2018. She highlighted the steps taken to secure a balanced budget for 2018/19, which included a finalisation of the figures since last reported, a list of the transformational changes and efficiencies culminating in the proposed solution as outlined in the report. Members then considered the risks and impacts arising from these proposals as outlined in Table 1.7 of the Report which included total savings required, management efficiency and application of reserves.

Thereafter Members congratulated all officers on achieving the proposed solution. Members noted the increased monitoring arrangements and approved the creation of a Finance & Planning Sub-Committee. In relation to the identified risks with particular regard to the perceived challenges and the reduced level of available reserves the Board agreed that the Chief Officer and the Chief Finance & Resources Officer would

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reiterate these challenges and risks in a letter to the relevant MSPs to help focus on the issues facing HSCPs across the country.

The Board then agreed as follows:-

- To approve the proposal to deliver a balanced budget for the HSCP for 2018/19
- To note the use of reserves as outlined in paragraph 1.6
- To approve the efficiency saving proposals outlined in Appendix 1 in respect of social work services
- To note the risks to the partnership in meeting the service demands for health & social care functions and in the delivery of the strategic priorities set out in the Strategic Plan.
- To note the partnership reserves position outlined in 1.9 to 1.11.
- To the establishment of an HSCP Finance and Planning Sub-committee with appropriate membership from the 3 constituent as referred to in the body of the report.
- To note that the terms of reference for the Finance & Planning Sub-Committee would be submitted to the next HSCP Board meeting
- To note the risks to the partnership in meeting the service demands for health & social care functions and in the delivery of the strategic priorities set out in the Strategic Plan.

**5. ORAL HEALTH PERFORMANCE REPORT - EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP**

A Report by the General Manager, Oral Health Lead Officer Dentistry GG&C, copies of which had previously been circulated, provided the HSCP with an overview of the activities carried out by the Oral Health Directorate within the East Dunbartonshire HSCP.

The CSM – Oral Health Directorate presented the Report, which summarised performance data in relation to oral health programmes and monitoring of oral health activities in East Dunbartonshire and was heard in response to members' questions.

Thereafter the HSCP Board noted the report

**6. ORAL HEALTH PERFORMANCE REPORT – GREATER GLASGOW & CLYDE**

A Report by the General Manager, Oral Health Lead Officer Dentistry GG&C, copies of which had previously been circulated, provided the HSCP with an overview of the activities carried out by the Oral Health Directorate across NHS GG&C.

The CSM – Oral Health Directorate presented the Report, which summarised performance data in relation to oral health programmes and monitoring of oral health activities across NHS GG&C and was heard in response to members' questions contrasting the overall picture with the local picture in East Dunbartonshire.

Thereafter the HSCP Board noted the report

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**7. DRAFT ANNUAL PERFORMANCE REPORT 2017-18**

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, detailed the HSCP's achievements and progress made during 2017/18 against the priorities set out in the 2015-18 Strategic Plan.

The Board heard from the Planning Performance & Quality Manager in response to members' questions, Members emphasised the successes and challenges outlined in this valuable report, in particular in relation to unpaid carers and the negative performance recorded in the annual report.

Thereafter the Board approved the draft Annual Performance Report.

**8. PERFORMANCE REPORT – QUARTER 4 - 2017/18**

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, informed the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, This report covered the period January - March 2018 (Quarter 4).

Following discussion, the Board noted the Q4 Performance Report.

**9. 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 the Board noted the Report.

**10. ED HSCP – CLINICAL & CARE GOVERNANCE GROUP – 28 MARCH 2018 - MINUTES**

The Board noted the draft Minutes of the Clinical Care & Governance Group meeting of 28 March 2018. Members also commented on the reduced attendance / apologies recorded. The Clinical Director confirmed that this had been addressed with all constituent parties agreeing to send a written progress update and where possible a substitute to all future meetings.

**11. ED HSCP STAFF PARTNERSHIP FORUM – 26 MARCH 2018 - MINUTES**

The Board noted the draft Minutes of the ED HSCP Staff Partnership Forum meeting of 26 March 2018.

**12. EAST DUNBARTONSHIRE PRIMARY CARE IMPROVEMENT PLAN**

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, presented the East Dunbartonshire Draft Primary Care Improvement Plan, which outlined proposals to implement the new General Medical Services (GMS) Contract 2018-2021.



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The Head of Community Health and Care Services summarised that a Memorandum of Understanding (MOU) as agreed between the Scottish Government, and the British Medical Association, will be adopted by all Integration Authorities. This MOU covered an initial 3 year period 1 April 2018 to 31 March 2021 and sets out the key aspects relevant to facilitating the commissioning of Primary Care Services and service redesign to support the role of the GP as the Expert Medical Generalist.

He identified the 6 strands of the MOU and confirmed that each HSCP had to develop a Primary Care Improvement Plan (PCIP) by July 2018. The PCIP clarifies actions over three years to implement each of the 6 strands. Following a period of consultation and engagement culminating in a formal session on 25 April 2018, the East Dunbartonshire draft PCIP was drafted to incorporate the engagement outcomes and in accordance with the level of Scottish Government funding identified.

Following discussion and questions the HSCP Board, having noted the East Dunbartonshire draft PCIP, agreed as follows:-

- To note the intention to submit the draft EDPCIP to the Scottish Government, in draft form, in July 2017, and bring back to the HSCP Board in September for sign off
- To approve plans to inform and engage with key stakeholders around the proposed implementation of the PCIP.
- To approve the proposed use of the East Dunbartonshire HSCP's notional allocation of the Primary Care Fund in line with the draft EDPCIP
- To note regular updates will be provided to the HSCP Board on implementation progress and funding usage.

**13. TRANSFORMATIONAL CHANGE PROGRAMME – SEXUAL HEALTH SERVICES**

A Report by the Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, sought approval in principle for the direction of travel set out in the sexual health services Transformational Change Programme.

The Board heard from the Head of Mental Health, Learning Disability and Addiction Services and thereafter noted the information and agreed as follows:-

- To approve in principle the direction of travel set out in the paper;
- To note the intention to submit a final paper for approval following further engagement to a future meeting of the Board meeting;
- To note that the final paper will be informed by local input and local engagement.

**14. WHAT IS INTEGRATION? – AUDIT SCOTLAND REPORT – APRIL 2018**

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A Report by the Chief Officer, copies of which had previously been circulated, presented the most recent report by Audit Scotland on the integration of health and social care.

Having heard the Chief Officer with further details, the Board noted the report and that officers would review governance processes of the Board including the use of directions, and bring forward any recommended changes to practice to a future meeting.

**15. EQUAL, EXPERT AND VALUED, ENHANCING CARER REPRESENTATIVE INVOLVEMENT ON INTEGRATION JOINT BOARDS, SECOND EDITION, FEBRUARY 2018**

A Report by the Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, informed the Board of the publication of the report, "Equal, Expert and Valued, Second Edition". It was proposed that officers would consult with the Public Service User and Carer Support Group on the report and bring forward any identified recommendations to a future meeting.

The Board noted the information.

**16. NHS HEALTH SCOTLAND NEW RESOURCE - THE ROLE OF HEALTH AND SOCIAL CARE PARTNERSHIPS IN REDUCING HEALTH INEQUALITIES**

A Report by the Head of Mental Health, Learning Disability and Addiction Services, copies of which had previously been circulated, advised of the production of a new resource by NHS Health Scotland titled - The Role of Health and Social Care Partnerships in Reducing Health Inequalities.

The Board noted the information and that East Dunbartonshire was mentioned as a contributor to the development of this resource.

**17. HSCP BUSINESS PLAN / SCHEDULE OF TOPICS 2018/19**

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2018/19.

**20. DATE OF NEXT MEETING – 6 SEPTEMBER 2018**

The HSCP Board noted that the next meeting will be held on Thursday 6 September 2018 in the Council Chambers. Jacqueline Forbes will chair this meeting.

Future dates were also provided as under:-

**Session 2018 / 19**

6 September 2018

15 November 2018

17 January 2019

21 March 2019

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**VALEDICTORY REMARKS**

Members and Officers paid tribute to Mr Ian Fraser, Chair of East Dunbartonshire HSCP Board, who, having completed 8 years serving NHS GGC was retiring from service.

Mr Fraser responded in suitable terms.



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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	Financial Performance Budget 2018/19 – Period 4
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk

<b>Purpose of Report</b>	To update the Board on the financial performance of the partnership as at period 4 of 2018/19.
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<b>Recommendations</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the projected Out turn position is reporting an over spend of £806k as at period 4 of 2018/19.</li> <li>b. Note the progress to date on the achievement of the approved savings plan for 2018/19 as detailed in <b>Appendix 1</b>.</li> <li>c. Note the risks associated with the delivery of a balanced budget as detailed in 2.0.</li> </ol>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.
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**Implications for Health & Social Care Partnership**

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

## MAIN REPORT

1.1 The financial performance for the Health & Social Care Partnership is based on the period 4 reporting cycle for the period to the 31<sup>st</sup> July 2018. This is relatively early in the financial year and given the volatility and demand led nature of these budgets, the position can vary throughout the year.

1.2 The position as at the 31<sup>st</sup> July 2018 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance	Projected Out-turn Variance £000
Alcohol & Drugs	1,366	472	441	32	2
Learning Disability (LD)	17,758	5,412	4,983	429	42
Mental Health (MH) – Adult Community	3,719	1,206	1,038	168	53
Planning & Health improvement	572	187	142	45	0
Adult Protection	104	27	27	0	(4)
<b>Total Adult Services</b>	<b>23,518</b>	<b>7,304</b>	<b>6,630</b>	<b>674</b>	<b>93</b>
Older People Community Services	36,087	10,418	10,268	150	(830)
Physical Disability	4,255	1,288	982	306	203
Mental health - Elderly	876	285	246	39	50
Integrated care Fund	686	4	4	0	0
Other	585	25	12	13	370
<b>Total Older People Services</b>	<b>42,489</b>	<b>12,019</b>	<b>11,512</b>	<b>508</b>	<b>(207)</b>
Child Services – Community	13,056	4,076	3,763	313	(361)
Criminal Justice	257	33	58	(25)	0
<b>Total Children &amp; Families</b>	<b>13,313</b>	<b>4,109</b>	<b>3,821</b>	<b>288</b>	<b>(361)</b>
Administration & Management	2,265	316	399	(83)	0
Resource transfer (net)	(2,652)	4,973	4,973	0	0
Planning & Commissioning	1,603	484	482	2	(331)
<b>Total Business Support</b>	<b>1,216</b>	<b>5,773</b>	<b>5,854</b>	<b>(81)</b>	<b>(331)</b>
Prescribing	18,725	6,304	6,304	0	0
GMS	12,573	4,328	4,328	0	0
Other	11,683	4,154	4,154	0	0
<b>Total Family Health Services</b>	<b>42,982</b>	<b>14,786</b>	<b>14,786</b>	<b>0</b>	<b>0</b>
<b>Total Partnership Directly Managed Expenditure</b>	<b>123,518</b>	<b>43,958</b>	<b>42,602</b>	<b>1,388</b>	<b>(806)</b>
Oral Health	9,902	3,183	3,003	180	540
Set Aside	17,381	5,794	5,794	0	0
<b>Total Partnership Expenditure (incl. hosted + set aside)</b>	<b>150,802</b>	<b>52,968</b>	<b>51,399</b>	<b>1,568</b>	<b>(266)</b>

### HSCP Budget Outturn

- 1.3 The current position indicates a projected year end over spend on directly managed partnership budgets of £806k at this point in the financial year. This comprises pressures in relation to Social Work Older People and Children's Services of £1.25m offset by under spends in relation to community health budgets of £440k. This is subject to change given the demand led nature of these budgets and the areas of highest risk in this regard relate to prescribing, care at home services for older people, transitions into adults services and care placements within childcare which will be closely monitored as the year progresses.
- 1.4 The position for the total partnership budget when taking into account the set aside budget and oral health provides a projected over spend at year end of £266k. There are plans underway within oral health to develop community based services for bariatric patients within the site of the Glasgow Royal Infirmary which may impact on the outturn for oral health and given this a hosted arrangement any surplus of monies would be earmarked for specific use within the area of oral health. The set aside will be subject to in year allocations with actual expected to match budget – work is underway to find a more meaningful basis for allocating these costs based on usage of acute services by each partnership across GG&C. This is expected to be in operation for 2019/20.
- 1.5 The year to date position is showing a positive variance on budget of £1.6m due primarily to the impact of vacancies across the partnership and in particular within oral health and other community based health services. In addition, expenditure relating to care at home, housing support and daycare packages have yet to be increased to reflect the uplift to the Scottish Living wage for which funding was made available through the Scottish Government.
- 1.6 The partnership no longer holds a contingency reserve to mitigate unexpected pressures during the year and will therefore continue with the management actions agreed as part of the financial plan for 2018/19 in an effort to address the continuing demand pressures on Social Work services.
- 1.7 There is a programme of service redesign and transformation underway within the partnership which includes a range of priorities in support of delivery of the strategic plan as well as efficiencies and initiatives agreed as part of the budget process for 2018/19. The delivery of a balanced outturn position for the partnership is dependent on the achievement of a challenging savings programme to deliver efficiencies and service redesign during 2018/19. The progress on the delivery of these savings programmes is included as **Appendix 1**. These are monitored through the partnership transformation board and action taken to progress any initiatives that are not meeting the required timescales. Elements of this programme will be delivered in conjunction with the Council's Transformation Team.

### 1.8 Adult Services

The projected outturn for adult services is that of **an under spend of £93k**. This relates in the main to vacancies within community health services and a downturn in residential placements and care at home support for individuals with mental health issues. The impact of children transitioning into adult services has yet to be fully reflected projections so this overall position may change. This represented a significant pressure in previous years. Transitions happen throughout the financial year and can vary in terms of resources required but increasingly individuals are opting for self directed



support options.

## 1.9 Older People Services

The projected outturn for older people services is that of **an overspend of £207k**. This relates to significant pressure within payroll costs for agency staff within the hospital assessment team and overtime and challenging turnover savings within homecare. This is offset to some extent with a downturn in demand for supported accommodation, care at home and daycare services to individuals with a physical disability and capacity within the delayed discharge allocation which will be considered during the year to support the delivery of the un-scheduled care plan. In addition work is underway to review and consolidate the integrated structure for older people which will place less reliance on agency staff and there is a process of filling vacancies within homecare which will reduce the dependency on overtime.

## 1.10 Children & Families Services

The projected outturn for Children's Services is that of **an over spend of £361k**. This relates to un budgeted costs associated with a number of new initiatives to support vulnerable children in relation to a Functional Family Therapy service, Parenting Capacity Assessment service and support to vulnerable families to sustain children safely in the community and avoid accommodation. Work is underway to identify the original funding sources for these developments and identify recurring way to ensure these services are supported to continue. Children's social work services remains a high risk area due to the level of volatility within residential accommodation and fostering placements.

## 1.11 Business Support

The projected outturn for business support is that of **an over spend of £331k**. This relates to un achieved savings in respect of changes to terms and conditions for Council staff which will now not materialise following negotiation with Trades unions. Options for identifying further options within the partnership will be explored and opportunities for implementation during 2018/19 to mitigate the impact from this proposal.

## 1.12 Family Health Service (FHS)

The projected outturn for FHS is that of **a breakeven** at this stage in the financial year. The actual projected expenditure relating to GMS and Other are expected to match budget throughout the year. GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means expenditure is available for April – May 2018 only (2 months). The budget for 2018/19 has yet to be amended to include the financial pressures identified at the budget setting process, however prescribing expenditure is performing as expected in the initial 2 months. This remains the highest risk for the partnership and will be subject to close scrutiny in conjunction with NHS Board prescribing leads to identify any variations to budget throughout the year.

## 1.13 Oral Health

The projected outturn for Oral health is that of **an under spend of £540k**. This relates to vacancies across the services and in particular within medical & dental staffing,

administration and clerical as well as some capacity in relation to property costs. There are expenditure plans being developed which may change this position including the purchase of equipment within the Gorbals health centre and the development of community based service provision within the Glasgow Royal Infirmary which will reduce the variation for Oral Health.

#### 1.14 Set Aside

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

**1.15 Appendix 2** provides a detailed breakdown of the partnership budget performance for the year to the 31<sup>st</sup> July 2018.

**1.16 Appendix 3** provides a detailed breakdown of the partnership NHS budget performance for the year to the 31<sup>st</sup> July 2018.

**1.17 Appendix 4** provides a detailed breakdown of the partnership Social Work budget performance for the year to the 31<sup>st</sup> July 2018.

#### 1.18 Partnership Reserves

Public Bodies (Joint Working) Scotland Act 2014 (section 13) empowers the Integrated Joint Board to hold reserves and recommends the development of a reserves policy and reserves strategy.

**1.19** A Reserves policy was approved by the ED HSCP Audit Committee on the 20th June 2016. This provides for a minimum of 2% of net expenditure (£150.8m) to be held in reserves which equates to approximately £3.016m for the partnership.

**1.20** The position, as at the 31<sup>st</sup> July 2018, with regard to partnership reserves is set out below:-

2018/19 Balance at 31 March 2018  £000		Transfers Out 2017/18 £000	Transfers In 2017/18 £000	2018/19 Balance at 31 July 2018  £000
(102)	Scottish Govt. Funding - SDS			(102)
(36)	Mental health Project			(36)
(1,665)	Service Redesign / Transformation	900		(765)
(6)	Keys to Life Funding			(6)
(523)	Integrated Care / Delayed Discharge			(523)
(198)	Primary Care Cluster funding			(198)
(600)	Oral Health Funding	200		(400)
<b>(3,130)</b>	<b>Total Earmarked</b>	<b>1,100</b>	<b>0</b>	<b>(2,030)</b>
(991)	Contingency – General Reserve	991	0	0
<b>(4,121)</b>	<b>General Fund</b>	<b>2,091</b>	<b>0</b>	<b>(2,030)</b>

**1.21** As part of the financial planning for 2018/19 an element of the earmarked reserve and the totality of the general reserve were applied to address the funding gap in year. This

provides for a balance on earmarked reserves of £2m. There will be a level of spend in relation to service redesign and the progression of specific initiatives for the Scottish Government and through Oral Health. The extent of this will be reflected in future reports as the year progresses.

## **2.0 Financial Risks**

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

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. For 2017/18 this was mitigated through the risk sharing arrangement in place across GG&C, however this terminated from the 1<sup>st</sup> April 2018. The pressure in relation to the short supply of certain drugs has presented a significant risk to this budget.
- Achievement of Savings Targets – there are challenging savings targets to deliver efficiency and transformational change to achieve a balanced budget position for 2018/19. There are significant dependencies and complexities to be considered in order to effectively deliver on these.
- General Reserves – the lack of general reserves held by the partnership will provide limited ability to manage any in year financial pressures or smooth the impact of savings plans where there are unexpected delays in implementation. This will place a reliance on the constituent bodies to provide additional resource where management action has been exhausted.
- Demographic Pressures - Increasing numbers of older people is placing additional demand on a range of services including Home Care. In addition, achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which will have recurring cost implications.
- The implementation of the Carers Act from the 1<sup>st</sup> April 2018 could result in significant increase in demand from carers for services to enable them to continue in their caring role.
- The extension of the entitlement to free personal care for those aged under 65 will present significant additional demands, potentially from a population who are previously not known to Social Work services.
- Independent / Private Providers – the sustainability of independent and private providers to effectively support the provision of a range of social care services presents risks to the delivery of services for the partnership. There are a range of

contracts that are due for renewal over the short term where there is an expectation of increases in the rates paid for services to align with neighbouring local authority areas.

SavingsC ode		Savings type	Status	2018/19 Saving Agreed	2018/19 Saving Expected	Description	Delivery Update - August 2018
<b>Budget / Resourcing efficiencies</b>							
		Efficiency	Green	252,000	252,000	A range of budgets where spend has been lower than expected and this looks set to continue - includes property costs, mileage, SDS Funding.	
		Efficiency	Green	240,000	240,000	Re-costing of care packages for care home, care at home and supported living services	
		Efficiency	Green	214,000	214,000	Consultancy costs will be project specific and managed within overall resources. All salary costs reviewed and refined	
		Efficiency	Green	158,000	158,000	Review and re-alignment of contractual inflation applied to service provision	
		Efficiency	Amber	379,000	379,000	Analysis of vacancies across the SW service and where continuing vacancies can be considered for deletion going forward.	
				1,243,000	1,243,000		Budget lines adjusted
<b>Original Efficiencies / Service redesign Proposals</b>							
	AD2	Efficiency	Amber	50,000	50,000	Review of sleepovers through the identification of technological options where appropriate.	Proposal relates to half year saving - awaiting identification of an individual(s) to undertake sleepover reviews - not commenced.
	AD3	Efficiency	Green	50,000	50,000	Development of a rechange mechanism to other local authorities for individual service provision	Complete
	AD5	Efficiency	Green	50,000	50,000	Review of support services to individuals with mental health issues to ensure effective referral and recovery routes are maximised.	Complete
	AD7	Efficiency	Amber	15,000	15,000	Review of support structure to those individuals suffering from addiction which maximises the levels of support at each tier in the recovery process through the re-configuration of team structures to more effectively deliver.	Proposal relates to review of staffing structure for EDADS which will require support from Council transformation - not commenced.
	OP1	Efficiency	Amber	100,000	100,000	Introduction of a monitoring system for externally provided homecare services - key dependencies re Carefirst / Care at Home Contract	Proposal part of Council transformation programme - initial scoping undertaken - limited progress. Assumes December start date.
	OP8	Efficiency	Amber	50,000	50,000	Review of centre based daycare provision and development of local area co-ordination model to expand community capacity to more effectively support older people.	Work underway, engagement progressed - expect full delivery.
		Efficiency	Green	50,000	50,000	Deletion of vacant post	Complete
	CF4	Efficiency	Amber	200,000	200,000	Review external residential school placements and fostering placements with a view to repatriating children to East Dunbartonshire, within mainstream education and alternative local service provision.	Not commenced
		Efficiency	Amber	75,000	75,000	Consider requirements of successful bid and whether this can be achieved within existing resource and monies re-directed to meet priorities for Children.	Awaiting confirmation of funding for 2018/19.
	CF5	Efficiency	Amber	100,000	100,000	Review external residential school placements and fostering placements with a view to repatriating children to East Dunbartonshire, within mainstream education and alternative local service provision.	Not commenced
	OP9	Charging	Amber	50,000	50,000	Review of charging options for daycare and transport in line with benchmarking information which aligns charges with other Local Authority areas.	Proposal will require approval through the Council. Work undertaken as part of Council budget proposal - limited progress.
		Efficiency	Red	100,000	-	Council budget proposal - to be assessed in terms of impact / achievability	Terms & Condition to be maintained, therefore no saving will accrue from this initiative.
	OP10	Efficiency	Red	320,000	-	Review of care at home services across adult and older people services.	Proposal will require support from through the Council Transformation Programme - initial scoping underway
	OP11	Efficiency	Amber	320,000	320,000	Adjustment of Living Wage Uplift to 2.8% reflecting increase to payroll element of provider rates.	Complete
				1,210,000	1,110,000		
				2,453,000	2,353,000		
<b>Total Efficiencies / Service Redesign Proposals</b>							

	Annual Budget		YTD Budget		YTD Actual		YTD Variance		Projected Variance		Comment
	Health	SW	Health	SW	Health	SW	Health	SW	Health	SW	
<u>Adult Services</u>											
Alcohol & Drugs	698.9	667.0	192.3	280.0	185.7	255.0	6.6	25.0	0.0	2.0	
Learning Disability Community	627.6	17,130.0	205.2	5,207.0	179.8	4,803.0	25.4	404.0	50.0	(8.0)	Relates to vacancies within the service as well as a downturn in pressures on supported accommodation and homecare - the impact of transitions from Childcare have yet to be fully reflected so this position may change. There is emerging pressure on day services staffing costs. This relates to a downturn in demand within residential accommodation, supported living and daycare.
Mental health - Adult Community	1,317.0	2,402.0	381.6	824.0	382.0	656.0	(0.4)	168.0	0.0	53.0	
Planning & Health Improvement	571.7		186.8		141.8		45.0	0.0	0.0	0.0	
Adult Protection	104.0		27.0		27.0		0.0	0.0	0.0	(4.0)	
<u>Older People Services</u>											
	3,215.2	20,303.0	965.9	6,338.0	889.3	5,741.0	76.6	597.0	50.0	43.0	93.0
Older People Community Services	4,415.3	31,672.0	1,209.5	9,208.0	1,202.7	9,065.0	6.8	143.0	0.0	(830.0)	Year end variance relates to worse case scenario for OP services - relates to agency workers within HAT and overtime / non achievement of turnover savings within homecare services - this will be subject to variation as vacancies within homecare are filled with less reliance on overtime.
Physical Disability	876.1	4,255.0	284.7	1,288.0	246.0	982.0	38.7	306.0	50.0	203.0	Relates to a downturn in demand within supported accommodation / living and daycare.
Mental Health - Elderly Services	686.0		3.9		3.9		0.0	0.0	0.0	0.0	Relates to vacancies within the service.
Integrated Care Fund	510.0	75.0	-	25.0	-	12.0	0.0	13.0	370.0	0.0	Relates to delayed discharge - monies to be allocated in year which may change this position.
Other	6,487.4	36,002.0	1,498.1	10,521.0	1,452.6	10,059.0	45.5	462.0	420.0	(627.0)	
<u>Children &amp; Families</u>											
Child Services - Community	1,483.4	11,573.0	483.5	3,592.0	519.7	3,243.0	(36.2)	349.0	(30.0)	(331.0)	Relates to a downturn in expenditure in relation to fostering, adoption and kinship care payments. There is some pressure in relation to school nursing with challenging savings and turnover targets which will be monitored throughout the year.
Criminal Justice	1,483.4	11,830.0	483.5	3,625.0	519.7	3,301.0	(36.2)	324.0	(30.0)	(331.0)	
Business Support	2,264.6		316.4		399.3		(82.9)	0.0	0.0	0.0	
Administration & Management	15,131.1	- 17,783.0	4,973.0		4,973.0		0.0	0.0	0.0	0.0	
Resource Transfer	17,395.7	- 16,180.0	5,289.4	484.0	5,372.3	482.0	(82.9)	2.0	0.0	(331.0)	Includes unallocated savings relating to assumed savings from changes to terms & conditions which will now not materialise.
Planning & Commissioning / Strategy	1,603.0		484.0		482.0		0.0	2.0	0.0	(331.0)	
FHS - Prescribing	18,725.0		6,303.6		6,303.6		0.0	0.0	0.0	0.0	
FHS - GMS	12,573.4		4,327.9		4,327.9		0.0	0.0	0.0	0.0	
FHS - Other	11,683.3		4,154.1		4,154.1		0.0	0.0	0.0	0.0	
	42,981.7		14,785.6		14,785.6		0.0	0.0	0.0	0.0	
<b>Total Partnership Expenditure</b>	<b>71,563.4</b>	<b>51,955.0</b>	<b>23,022.5</b>	<b>20,968.0</b>	<b>23,019.5</b>	<b>19,583.0</b>	<b>3.0</b>	<b>1,385.0</b>	<b>440.0</b>	<b>(1,246.0)</b>	<b>(806.0)</b>
Oral Health - hosted	9,902.1		3,183.3		3,003.2		180.1	0.0	540.0	0.0	540.0
Set Aside	17,381.0		5,793.7		5,793.7		0.0	0.0	0.0	0.0	0.0
<b>Total Partnership Expenditure (incl hosted + Set Aside)</b>	<b>98,846.5</b>	<b>51,955.0</b>	<b>31,999.5</b>	<b>20,968.0</b>	<b>31,816.4</b>	<b>19,583.0</b>	<b>183.1</b>	<b>1,385.0</b>	<b>980.0</b>	<b>(1,246.0)</b>	<b>(266.0)</b>

Relates to vacancies within the service in year - expenditure plans being developed which may change this position including development of community based service provision within the Glasgow Royal Infirmary.

NHSGG&C - East Dunbartonshire HSCP - Period Ending 31st July 2018 (Month 4)

Appendix 3

Care Group	Annual Budget £'000	YTD Budget £'000		YTD Actuals £'000		YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000
Alcohol + Drugs - Community	698.9	192.3	185.7	6.7	48.4	44.4	4.0		
Adult Community Services	4,415.3	1,209.5	1,202.7	6.8	308.8	316.0	(7.2)		
Integrated Care Fund	686.0	3.9	3.9	0.0	(68.1)	(68.1)	0.0		
Child Services - Community	1,483.4	483.5	519.7	(36.1)	123.6	134.9	(11.3)		
Fhs - Prescribing	18,725.0	6,303.6	6,303.6	0.0	1,629.5	1,629.5	0.0		
Fhs - Gms	12,573.4	4,327.9	4,327.9	0.0	985.9	985.9	0.0		
Fhs - Other	12,968.7	4,631.4	4,631.4	0.0	1,277.2	1,277.2	0.0		
Learn Dis - Community	627.6	205.2	179.8	25.5	52.3	44.8	7.5		
Men Health - Adult Community	1,544.8	458.2	458.6	(0.4)	117.6	118.9	(1.4)		
Men Health - Elderly Services	1,013.8	330.6	291.9	38.7	85.8	79.1	6.6		
Oral Health	10,686.0	3,447.4	3,267.3	180.1	882.9	809.2	73.7		
Administration & Management	2,842.6	316.4	399.3	(82.8)	75.9	110.2	(34.4)		
Planning & Health Improvement	571.7	187.0	142.0	45.0	47.6	30.8	16.8		
Resource Transfer - Local Auth	15,438.1	5,075.3	5,075.3	0.0	1,255.7	1,255.7	0.0		
<b>Expenditure</b>	<b>84,275.3</b>	<b>27,172.2</b>	<b>26,989.1</b>	<b>183.5</b>	<b>6,823.1</b>	<b>6,768.5</b>	<b>54.3</b>		
Fhs - Other	(1,285.4)	(477.3)	(477.3)	0.0	(112.4)	(112.4)	0.0		
Men Health - Adult Community	(227.8)	(76.6)	(76.6)	0.0	(19.0)	(19.0)	0.0		
Men Health - Elderly Services	(137.7)	(45.9)	(45.9)	0.0	(11.5)	(11.5)	0.0		
Oral Health	(783.9)	(264.1)	(264.1)	0.0	(67.4)	(67.4)	0.0		
Administration & Management	(68.0)	0.0	0.0	0.0	0.0	0.0	0.0		
Planning & Health Improvement	0.0	(0.2)	(0.2)	0.0	0.0	0.0	0.0		
Resource Transfer - Local Auth	(307.0)	(102.3)	(102.3)	0.0	(25.6)	(25.6)	0.0		
<b>Income</b>	<b>(2,809.8)</b>	<b>(966.4)</b>	<b>(966.4)</b>	<b>0.0</b>	<b>(235.9)</b>	<b>(235.9)</b>	<b>0.0</b>		
<b>East Dunbartonshire Hscp</b>	<b>81,465.5</b>	<b>26,205.8</b>	<b>26,022.7</b>	<b>183.5</b>	<b>6,587.2</b>	<b>6,532.6</b>	<b>54.3</b>		

NHSGG&C - East Dunbartonshire HSCP - Period Ending 31st July 2018 (Month 4)

Expenditure

Appendix 3

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Senior Managers	PA0	403.9	134.6	51.8	82.8	33.7	12.9	20.7	1.5	1.5
Medical & Dental	PA1	3,993.8	1,350.7	1,235.4	115.3	338.0	316.9	21.1	43.0	42.3
Nursing & Midwifery	PA2	5,965.9	1,944.6	1,751.5	193.1	498.9	463.2	35.7	135.2	132.7
Allied Health Professionals	PA3	1,106.9	360.9	404.8	(43.9)	92.2	100.3	(8.1)	26.7	27.6
Healthcare Sciences	PA4	136.9	59.9	62.0	(2.1)	15.3	15.8	(0.5)	3.6	3.6
Other Therapeutic	PA5	468.2	152.6	137.4	15.2	39.0	34.7	4.3	6.7	6.8
Medical Dental Support	PA6	4,566.1	1,454.8	1,395.8	59.0	368.2	352.2	15.9	131.7	133.4
Support Services	PA7	0.0	0.1	0.8	(0.8)	0.0	0.0	0.0		0.0
Admin & Clerical	PA8	1,914.0	621.9	613.6	8.3	159.2	162.8	(3.6)	61.0	61.9
Personal Social Care	PA9	522.7	170.4	153.7	16.7	43.6	37.1	6.5	9.8	10.8
Budget Reserves -pay	PB1	(376.4)	(125.5)	0.0	(125.5)	(31.4)	0.0	(31.4)		0.0
<b>Pay</b>		<b>18,702.0</b>	<b>6,125.0</b>	<b>5,806.8</b>	<b>318.1</b>	<b>1,556.7</b>	<b>1,495.9</b>	<b>60.6</b>	<b>419.1</b>	<b>420.6</b>
Drugs	S10	98.5	32.1	41.2	(9.1)	7.8	10.2	(2.3)		
Surgical Sundries	S11	647.8	155.7	196.6	(40.9)	45.7	44.8	0.9		
Cssd/diagnostic Supplies	S12	42.7	14.0	13.3	0.7	3.5	3.3	0.2		
Equipment	S13	312.3	93.0	26.8	66.2	23.4	5.2	18.2		
Other Admin Supplies	S14	1,589.2	330.0	452.2	(122.1)	96.8	109.5	(12.7)		
Hotel Services	S15	2,354.0	74.8	28.1	46.7	(50.3)	7.3	(57.6)		
Property	S16	286.0	93.8	69.8	24.0	23.5	0.2	23.4		
Heating Fuel And Power	S17	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Other Therapeutic Supplies	S18	18.5	6.1	4.4	1.7	1.5	1.0	0.5		
Other Supplies	S19	211.6	70.5	19.1	51.4	48.5	(54.8)	103.2		
Budget Reserves - Non Pay	S1X	730.6	(20.1)	0.0	(20.1)	(48.9)	0.0	(48.9)		
<b>Non Pay</b>		<b>6,291.2</b>	<b>849.9</b>	<b>851.5</b>	<b>(1.5)</b>	<b>151.5</b>	<b>126.7</b>	<b>24.9</b>		
Resource Transfer	S20	15,438.1	5,075.3	5,075.3	0.0	1,255.7	1,255.7	0.0		
Purchase Of Healthcare	S30	206.0	68.7	65.7	3.0	17.2	14.2	3.0		
<b>Purchase Of Healthcare</b>		<b>15,644.1</b>	<b>5,144.0</b>	<b>5,141.0</b>	<b>3.0</b>	<b>1,272.9</b>	<b>1,269.9</b>	<b>3.0</b>		
Gms	9	12,573.4	4,327.9	4,327.9	0.0	985.9	985.9	0.0		
Gps	0	21,850.2	7,326.2	7,326.1	0.0	1,887.7	1,887.7	0.0		
Gds	1	7,590.8	2,836.6	2,836.6	0.0	837.5	837.5	0.0		
Gos	2	2,032.7	699.0	699.0	0.0	164.9	164.9	0.0		
<b>Family Health Services</b>		<b>44,047.1</b>	<b>15,189.7</b>	<b>15,189.6</b>	<b>0.0</b>	<b>3,876.0</b>	<b>3,876.0</b>	<b>0.0</b>		
Savings	S50	(409.2)	(136.4)	0.0	(136.4)	(34.1)	0.0	(34.1)		
<b>Savings</b>		<b>(409.2)</b>	<b>(136.4)</b>	<b>0.0</b>	<b>(136.4)</b>	<b>(34.1)</b>	<b>0.0</b>	<b>(34.1)</b>		
<b>East Dunbartonshire Hscp</b>		<b>84,275.2</b>	<b>27,172.2</b>	<b>26,988.9</b>	<b>183.2</b>	<b>6,823.0</b>	<b>6,768.5</b>	<b>54.4</b>	<b>419.08</b>	<b>420.6</b>

Income

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Scot Bodies	I30	(1,063.7)	(356.3)	(356.3)	0.0	(89.1)	(89.1)	0.0		
Other Hch	I31	(375.0)	(102.3)	(102.3)	0.0	(25.6)	(25.6)	0.0		
<b>Hch Income</b>		<b>(1,438.7)</b>	<b>(458.6)</b>	<b>(458.6)</b>	<b>0.0</b>	<b>(114.7)</b>	<b>(114.7)</b>	<b>0.0</b>		
Unified Fhs	I20	(85.7)	(30.1)	(30.1)	0.0	(8.8)	(8.8)	0.0		
Non Disc Fhs	I21	(1,285.4)	(477.3)	(477.3)	0.0	(112.4)	(112.4)	0.0		
<b>Fhs Income</b>		<b>(1,371.1)</b>	<b>(507.4)</b>	<b>(507.4)</b>	<b>0.0</b>	<b>(121.2)</b>	<b>(121.2)</b>	<b>0.0</b>		
Other Operating Income	I40	0.0	(0.4)	(0.4)	0.0	0.0	0.0	0.0		
<b>Other Operating Income</b>		<b>0.0</b>	<b>(0.4)</b>	<b>(0.4)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>		
<b>East Dunbartonshire Hscp</b>		<b>(2,809.8)</b>	<b>(966.4)</b>	<b>(966.4)</b>	<b>0.0</b>	<b>(235.9)</b>	<b>(235.9)</b>	<b>0.0</b>		



**GENERAL FUND REVENUE MONITORING 2018/19**

**SUMMARY FINANCIAL POSITION**

<b>As at : 29 July 2018</b>
<b>Accounting Period 4</b>
<b>Integrated Health &amp; Social Care Partnership</b>
Community Health & Care Services
Mental Health, Learning Disability, Addictions & Health Improvement
Children & Families and Criminal Justice
Social Work Strategic / Resources
HSCP Overspend Position for Discussions at HSCP Board
<b>Total</b>

<b>BUDGET</b>	
<b>Annual Budget</b>	<b>Budget Period 4</b>
36,002	10,521
20,300	6,339
11,829	3,624
(16,180)	484
<b>51,952</b>	<b>20,968</b>

<b>ACTUAL</b>	
<b>Expenditure Period 4</b>	<b>Projected Annual</b>
10,059	36,629
5,740	20,259
3,302	12,160
482	(15,849)
<b>19,583</b>	<b>53,200</b>

<b>VARIANCE</b>	
<b>At Period 4</b>	<b>Projected Period 12</b>
(462)	628
(599)	(41)
(322)	331
(3)	331
1,385	(1,248)
<b>0</b>	<b>0</b>



**GENERAL FUND REVENUE MONITORING 2017/18  
DETAILED FINANCIAL POSITION as at Period 3: 1 July 2018**

**INTEGRATED HEALTH AND SOCIAL CARE**

**COMMUNITY HEALTH & CARE SERVICES**

**ADULTS**

	52	14	14	54	0	2
	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<b>1 Employee Costs</b>	52	14	14	54	0	2
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. This relates to unachievable staff turnover savings.						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>9 Other Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>Total - Adults</b>	<b>52</b>	<b>14</b>	<b>14</b>	<b>54</b>	<b>0</b>	<b>2</b>

**OLDER PEOPLE**

<b>1 Employee Costs</b>	7,932	2,144	2,398	8,426	254	494
At this stage projections show that there will be an unfavourable variation to budget. These projections assume vacancies will be filled and so create a pressure against staff turnover savings. Delays in this process will reduce this pressure apart from where covered by agency staff. Projected overspends in overtime and other pay are based on average earnings over the first four periods. Payroll variations will continue to be monitored as an area of recurring pressure especially within the Homecare service.						
<b>2 Property Costs</b>	3	1	4	3	3	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	138	45	73	138	28	0
Budgets relate to Homecare PPE, telecare costs and homecare related disabled adaptations. No variation is expected.						
<b>4 Agencies and Other Bodies</b>	24,269	7,387	7,056	24,604	-331	334
At this stage there is an increase in the commitment against Residential Accommodation, Homecare and Supported Accommodation. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	30	8	10	30	2	0

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Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.

	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<b>7 Admin and Other Costs</b>	438	144	-55	438	-199	0
Underspends are due to late recharges for Care of Gardens and Fleet. These will be posted within the next period. No variation to budget is expected.						
<b>8 Health Board Resource Transfer Income</b>	-7	0	0	-7	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-1,183	-535	-436	-1,183	99	0
No variation on budget is expected						
<b>Total - Older People</b>	<b>31,620</b>	<b>9,194</b>	<b>9,051</b>	<b>32,448</b>	<b>-143</b>	<b>828</b>

**PHYSICAL DISABILITY**

<b>1 Employee Costs</b>	681	183	192	678	9	-3
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At this stage projections show that there will be a small variation to budget. This relates to a small percentage of staff turnover savings that will not be able to be achieved.

<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	630	207	38	630	-169	0
Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipt contract. The current underspend is in relation to a backlog of invoices to be processed through the IProc system. No variation on budget is expected.						
<b>4 Agencies and Other Bodies</b>	2,992	908	776	2,793	-132	-200

At this stage there is an increase in the commitment against Residential Accommodation and Homecare and a reduction in Daycare, Supported Accommodation and Supported Living. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.

<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	5	1	-3	5	-4	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	23	8	0	23	-7	0
No variation on budget is expected						

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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<b>8 Health Board Resource Transfer Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-77	-19	-22	-77	-3	0
No variation on budget is expected						
<b>Total - Physical Disability</b>	4,255	1,288	982	4,052	-306	-203
<b>OTHER</b>						
<b>1 Employee Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	75	25	12	75	-14	0
This budget relates to payment made to East Dunbartonshire Women's Aid. No variation on budget is expected.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>9 Other Income</b>	0	0	0	0	0	0

**GENERAL FUND REVENUE MONITORING 2017/18  
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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
No variation on budget is expected	75	25	12	75	-14	0
<b>Total - Other</b>	<b>75</b>	<b>25</b>	<b>12</b>	<b>75</b>	<b>-14</b>	<b>0</b>
<b>COMMUNITY HEALTH &amp; CARE SERVICES (ALL)</b>						
<b>1 Employee Costs</b>	<b>8,665</b>	<b>2,341</b>	<b>2,604</b>	<b>9,158</b>	<b>264</b>	<b>493</b>
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be a variation to budget. These projections assume vacancies will be filled and so create a pressure against staff turnover savings. Delays in this process will reduce this pressure apart from where covered by agency staff. Projected overspends in overtime and other pay are based on average earnings over the first four periods. Payroll variations will continue to be monitored as an area of recurring pressure especially within the Homecare service.						
<b>2 Property Costs</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>0</b>
No variation on budget is expected						
<b>3 Supplies and Services</b>	<b>767</b>	<b>252</b>	<b>112</b>	<b>767</b>	<b>-140</b>	<b>0</b>
Budgets relate to Homecare PPE, telecare costs and disabled adaptations. Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a backlog of invoices to be processed through the IProc system. No variation on budget is expected.						
<b>4 Agencies and Other Bodies</b>	<b>27,337</b>	<b>8,320</b>	<b>7,844</b>	<b>27,471</b>	<b>-477</b>	<b>135</b>
At this stage there is an overall increase in the commitment value of Care Packages within Older People and Physical Disability services. This is mainly in relation to Residential Accommodation and Homecare with a potential saving in supported living. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
<b>5 Budget Savings</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
No variation on budget is expected						
<b>6 Transport and Plant</b>	<b>35</b>	<b>9</b>	<b>7</b>	<b>35</b>	<b>-1</b>	<b>0</b>
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.						
<b>7 Admin and Other Costs</b>	<b>461</b>	<b>152</b>	<b>-55</b>	<b>461</b>	<b>-206</b>	<b>0</b>
Underspends are due to late recharges for Care of Gardens and Fleet. These will be posted within the next period. No variation to budget is expected.						
<b>8 Health Board Resource Transfer Income</b>	<b>-7</b>	<b>0</b>	<b>0</b>	<b>-7</b>	<b>0</b>	<b>0</b>
No variation on budget is expected						
<b>9 Other Income</b>	<b>-1,260</b>	<b>-554</b>	<b>-458</b>	<b>-1,260</b>	<b>96</b>	<b>0</b>
No variation on budget is expected						
<b>Total - Community Health &amp; Care Services</b>	<b>36,002</b>	<b>10,521</b>	<b>10,059</b>	<b>36,629</b>	<b>-462</b>	<b>628</b>

GENERAL FUND REVENUE MONITORING 2017/18  
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**MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT  
 ADDICTIONS**

	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<b>1 Employee Costs</b>	438	122	122	474	1	36
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget.						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	9	3	4	9	1	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	579	154	129	540	-25	-38
At this stage there is a reduction in the commitment against Residential Accommodation. This, however, is being offset by a higher than anticipated cost of Homecare. These commitments include an estimation of all uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	5	2	0	5	-1	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	-364	0	0	-364	0	0
No variation on budget is expected						
<b>9 Other Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>Total - Additions</b>	667	280	255	664	-25	-2
<b>LEARNING DISABILITY</b>						
<b>1 Employee Costs</b>	1,552	417	494	1,520	77	-32

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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<p>At this stage projections show that there will be a small variation to budget. This assumes that a small percentage of the staff turnover savings will not be achieved. There is also a £400k saving allocated to the Pineview service. For this report it is assumed that this will be achieved.</p>						
<b>2 Property Costs</b>	30	10	4	30	-6	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	34	11	6	34	-5	0
This budget relates to supplies for clients within John Street and Pineview. No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	13,264	4,159	3,778	13,276	-381	13
<p>At this stage there is a significant reduction in the Commitments against Care Packages for Supported Accommodation and Homecare. There is, however, increased commitment against Residential Accommodation and Daycare. These commitments include any estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year but do not include increased sleeper costs and any delay in data entry into the Carefirst system. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.</p>						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	385	96	108	385	12	0
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.						
<b>7 Admin and Other Costs</b>	1	0	0	1	-0	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	-83	0	0	-83	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-339	-92	-148	-339	-57	0
Additional income is included in relation to a prior year out of boundary charge for a client supported by John Street. This was under negotiation with West Dunbartonshire Health and Social Care Partnership and was recently agreed and backdated to 17/18.						
<b>Total - Learning Disability</b>	14,842	4,601	4,241	14,823	-361	-19
<b>MENTAL HEALTH</b>						
<b>1 Employee Costs</b>	486	130	157	557	27	71
At this stage projections show that there will be a variation to budget. This assumes that staff turnover savings will not be achieved as Mental Health officer vacancies are being covered by agency staff.						
<b>2 Property Costs</b>	0	0	1	0	1	0



**GENERAL FUND REVENUE MONITORING 2017/18  
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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
No variation on budget is expected						
<b>3 Supplies and Services</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	2,033	701	507	1,909	-195	-124
At this stage there is a significant reduction in the commitment against Residential Accommodation, Daycare and Supported Living. There is, however, increased commitment against Supported Accommodation and Homecare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	-85	0	0	-85	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-32	-8	-10	-32	-2	0
No variation on budget is expected						
<b>Total - Mental Health</b>	2,402	824	656	2,349	-168	-53
<b>ADULT PROTECTION</b>						
<b>1 Employee Costs</b>	96	26	26	100	0	4
At this stage projections show that there will be a small variation to budget. This assumes that all staff turnover savings will be achieved.						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	3	1	1	3	-0	0

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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
No variation on budget is expected						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	2	1	-0	2	-1	0
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>9 Other Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>Total - Adult Protection</b>	<b>101</b>	<b>27</b>	<b>27</b>	<b>105</b>	<b>-1</b>	<b>4</b>

**DAY SERVICES, OUTREACH & BME (MILAN)**

<b>1 Employee Costs</b>	<b>2,285</b>	<b>618</b>	<b>541</b>	<b>2,314</b>	<b>-77</b>	<b>29</b>
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. There is an overspend as a result of bringing the Pineview service in house which is being offset with reserves in the current year, a number of posts in older people services supported through NHS income. Overtime within homecare will continue to be monitored as an area of recurring pressure, however the filling of vacancies in this area has alleviated pressure in year.						
<b>2 Property Costs</b>	<b>67</b>	<b>22</b>	<b>13</b>	<b>67</b>	<b>-9</b>	<b>0</b>
Underspends are non domestic rates profiling. This will be brought in line for the next report. There is no expected variation at this time.						
<b>3 Supplies and Services</b>	<b>91</b>	<b>30</b>	<b>23</b>	<b>91</b>	<b>-7</b>	<b>0</b>
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	<b>34</b>	<b>2</b>	<b>0</b>	<b>34</b>	<b>-2</b>	<b>0</b>
No variation on budget is expected						
<b>5 Budget Savings</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
No variation on budget is expected						
<b>6 Transport and Plant</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>-2</b>	<b>0</b>
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>6</b>	<b>-1</b>	<b>0</b>

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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
No variation on budget is expected						
<b>8 Health Board Resource Transfer Income</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-201	-69	-16	-201	53	0
No variation on budget is expected						
<b>Total - Day Services, Outlook, Outreach &amp; BME (Milan)</b>	2,288	606	562	2,317	-44	29
<b>MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS &amp; HEALTH IMPROVEMENT (ALL)</b>						
<b>1 Employee Costs</b>	4,857	1,313	1,341	4,966	28	108
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. It has been assumed that vacancies will be filled apart from in Mental Health where cover is provided in the interim by agency staff. There is also a £400k saving allocated to the Pineview service. For this report it is assumed that this will be achieved.						
<b>2 Property Costs</b>	97	32	18	97	-14	0
Underspends are non domestic rates profiling. This will be brought in line for the next report. There is no expected variation at this time.						
<b>3 Supplies and Services</b>	134	44	33	134	-11	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	15,912	5,017	4,414	15,763	-603	-150
At this stage there is a significant reduction in the Commitments against Care Packages for Homecare and Supported Living. There is, however, increased commitment against Residential Accommodation and Daycare. These commitments include an estimation of uplifts in respect of the Scottish Government's Living Wage for this financial year, however, do not include increased sleepover costs and any delay in data entry into the Carefirst system. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
<b>5 Budget Savings</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Transport and Plant</b>	391	98	108	391	10	0
Transport costs are currently overspending. This pressure will continue to be monitored on an ongoing basis.						
<b>7 Admin and Other Costs</b>	13	4	1	13	-3	0
Underspends are due to profiling. Additional expenditure for the recovery café can now be reported, however administrative expenditure has been monitored and in year savings have now been identified in stationery, independent living fund, conferences and courses and other admin.						
<b>8 Health Board Resource Transfer Income</b>	-532	0	0	-532	0	0
No variation on budget is expected						

**GENERAL FUND REVENUE MONITORING 2017/18  
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	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<b>9 Other Income</b>	<b>-572</b>	<b>-169</b>	<b>-174</b>	<b>-572</b>	<b>-5</b>	<b>0</b>
Additional income is included in relation to a prior year out of boundary charge for a client supported by John Street. This was under negotiation with West Dunbartonshire Health and Social Care Partnership and was recently agreed and backdated to 17/18.						
<b>Total - Mental Health, Learning Disability, Addictions &amp; Health Improvement</b>	<b>20,300</b>	<b>6,339</b>	<b>5,740</b>	<b>20,259</b>	<b>-599</b>	<b>-41</b>

**CHILDREN & FAMILIES AND CRIMINAL JUSTICE  
CHILDREN & FAMILIES**

<b>1 Employee Costs</b>	<b>4,468</b>	<b>1,200</b>	<b>1,116</b>	<b>4,383</b>	<b>-84</b>	<b>-86</b>
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a variation to budget.						
<b>2 Property Costs</b>	<b>48</b>	<b>16</b>	<b>0</b>	<b>48</b>	<b>-16</b>	<b>0</b>
No variation on budget is expected						
<b>3 Supplies and Services</b>	<b>73</b>	<b>24</b>	<b>20</b>	<b>73</b>	<b>-4</b>	<b>0</b>
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	<b>6,883</b>	<b>2,308</b>	<b>2,066</b>	<b>7,258</b>	<b>-243</b>	<b>375</b>

At this point projections show reduced pressure on Foster Payments, Adoption, Custody, Shared Carer and Kinship care payments and also within Daycare. The Fostering decrease is in relation to a reduction in the number of external placements. A review of projections have also identified pressures within flexible support, care at home, supported accommodation and supported living. There are also pressures in relation to under budgeted costs for the PACe / PCAS services and Functional Family Therapy service.

<b>5 Transport and Plant</b>	<b>86</b>	<b>21</b>	<b>23</b>	<b>86</b>	<b>1</b>	<b>0</b>
No variation on budget is expected						
<b>6 Admin and Other Costs</b>	<b>99</b>	<b>33</b>	<b>19</b>	<b>140</b>	<b>-13</b>	<b>41</b>
The variation in this line relates to an anticipated pressure in relation to unbudgeted discretionary pathways payments.						
<b>7 Income</b>	<b>-85</b>	<b>-10</b>	<b>-0</b>	<b>-85</b>	<b>10</b>	<b>-0</b>
No variation on budget is expected						
<b>Total - Children &amp; Families</b>	<b>11,573</b>	<b>3,592</b>	<b>3,243</b>	<b>11,903</b>	<b>-348</b>	<b>331</b>

**CRIMINAL JUSTICE**

<b>1 Employee Costs</b>	<b>1,246</b>	<b>336</b>	<b>343</b>	<b>1,246</b>	<b>7</b>	<b>-0</b>
Detailed analysis of costs to date continue. At this point projections assume that there will be a small variation in relation some of the staff turnover savings being unachievable.						
<b>2 Property Costs</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>-0</b>	<b>0</b>
No variation on budget is expected						
<b>3 Supplies and Services</b>	<b>55</b>	<b>18</b>	<b>0</b>	<b>55</b>	<b>-18</b>	<b>0</b>

**GENERAL FUND REVENUE MONITORING 2017/18  
DETAILED FINANCIAL POSITION as at Period 3: 1 July 2018**

	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	0	0	-13	0	-13	0
No variation on budget is expected						
<b>5 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>6 Admin and Other Costs</b>	15	5	0	15	-5	0
No variation on budget is expected						
<b>7 Income</b>	-1,060	-326	-273	-1,060	53	0
Increased income in respect of Scottish Government grant funding for Criminal Justice and also recharges to Strathclyde University for an external secondment are expected to over recover within this financial year. Budgets will be amended to reflect the additional income and expenditure expected.						
<b>Total - Criminal Justice</b>	257	33	58	257	26	-0

**CHILDREN & FAMILIES AND CRIMINAL JUSTICE (ALL)**

<b>1 Employee Costs</b>	5,715	1,535	1,459	5,629	-76	-86
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a variation to budget.						
<b>2 Property Costs</b>	48	16	0	48	-16	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	128	42	21	128	-22	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	6,883	2,308	2,053	7,258	-255	375
At this point projections show reduced pressure on Foster Payments, Adoption, Custody, Shared Carer and Kinship care payments and also within Daycare. The Fostering decrease is in relation to a reduction in the number of external placements. A review of projections have also identified pressures within flexible support, care at home, supported accommodation and supported living. There are also pressures in relation to under budgeted costs for the PACE / PCAS services and Functional Family Therapy service.						
<b>5 Transport and Plant</b>	86	21	23	86	1	0
No variation on budget is expected						
<b>6 Admin and Other Costs</b>	114	38	20	155	-18	41
The variation in this line relates to an anticipated pressure in relation to unbudgeted discretionary pathways payments.						
<b>7 Income</b>	-1,145	-336	-273	-1,145	63	-0
No variation on budget is expected						
<b>Total - Children &amp; Families and Criminal Justice</b>	11,829	3,624	3,302	12,160	-322	331

**GENERAL FUND REVENUE MONITORING 2017/18  
DETAILED FINANCIAL POSITION as at Period 3: 1 July 2018**

**SOCIAL WORK STRATEGIC / RESOURCES**

	Annual Budget £000	Budget Period 4 £000	Expenditure Period 4 £000	Projected Annual £000	Variation Period 4 £000	Projected Year End Variation £000
<b>1 Employee Costs</b>	494	133	98	607	-35	113
Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be an overspend in relation to one unbudgeted head of service post.						
<b>2 Property Costs</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>3 Supplies and Services</b>	6	2	2	6	-0	0
No variation on budget is expected						
<b>4 Agencies and Other Bodies</b>	1,349	431	360	1,384	-71	34
The reported variation relates to an increase in anticipated costs for advocacy and prior year invoices from EDLCT.						
<b>5 Budget Savings</b>	-290	-95	0	0	95	290
This is the balance of savings and includes those identified as terms and conditions changes.						
<b>6 Transport and Plant</b>	0	0	0	0	0	0
No variation on budget is expected						
<b>7 Admin and Other Costs</b>	43	14	22	44	8	1
Additional legal expenses have resulted in a small pressure against admin costs.						
<b>8 Health Board Resource Transfer Income</b>	-10,257	0	0	-10,257	0	0
No variation on budget is expected						
<b>9 Other Income</b>	-7,526	0	0	-7,633	0	-107
No variation on budget is expected. The period variation relates to reserves that will be moved back to the balance sheet for the next report.						
<b>Total - Social Work Strategic / Resources</b>	-16,180	484	482	-15,849	-3	331
<b>Total Integrated Health and Social Care Variances</b>	51,952	20,968	19,583	53,200	-1,385	1,248

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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	Financial Monitoring Arrangements 2018/19
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk

<b>Purpose of Report</b>	To update the Board on the financial monitoring arrangements in place for 2018/19.
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<b>Recommendations</b>	The Integration Joint Board is asked to: <ol style="list-style-type: none"> <li>a. Approve the arrangements for monitoring and effective oversight of the partnership financial performance and planning.</li> <li>b. Approve the revised Term of Reference for the Performance, Audit &amp; Risk Committee.</li> </ol>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	The performance of the budget and achievement of the efficiencies and service redesign is critical in particularly challenging financial constraints. A robust structure to provide effective oversight and prompt corrective actions will support the delivery of a balanced budget.
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	The financial position of the partnership provides for a level of sustainability in the short term; however acceleration of service redesign and efficiencies in the way services are delivered is required to meet the financial challenges in the medium / longer
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	term.	
<b>Risk Implications:</b>	There are a number of financial risks moving into futures years given the rising demand in the context of reducing budgets which will require effective financial planning as we move forward.	
<b>Implications for East Dunbartonshire Council:</b>	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<b>x</b>
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	



## MAIN REPORT

- 1.1 At the previous meeting of the IJB, it was agreed that a Finance and Planning sub-committee would be established in order to effectively monitor the delivery of the efficiencies, service redesign and transformation which support a balanced budget and oversee the financial planning for the partnership moving forward.
- 1.2 A review of the current structures and governance arrangements in place for the ED HSCP and across other partnership areas would support the inclusion of these responsibilities within the Performance, Audit & Risk Committee as opposed to the creation of a bespoke committee. This will be supplemented by specific development sessions for IJB Board members on the financial planning decisions for the setting of the budget and officer led meetings to review the financial performance and forward planning assumptions for the partnership including representation from the Council and the NHS Board.
- 1.3 The terms of reference for the Audit Performance & Risk Committee have been reviewed and amended to reflect the additional responsibilities and are included as **Appendix 1**.



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**East Dunbartonshire Health & Social Care Partnership Board**  
**Performance, Audit & Risk Committee**  
**Terms of Reference**

**August 2018**

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## 1. PURPOSE

- 1.1 East Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and East Dunbartonshire Council (described in full within its approved Integration Scheme). The Council and the Health Board discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as East Dunbartonshire Health & Social Care Partnership. The Health & Social Care Partnership Board is responsible for the operational oversight of East Dunbartonshire Health & Social Care Partnership.
- 1.2 The Partnership Board is a legal entity in its own right created by Parliamentary Order, following ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Partnership Board.
- 1.3 The Health & Social Care Partnership Board positively promotes the principles of sound corporate governance within all areas of its affairs. Its Performance, Audit & Risk Committee is an essential component of the governance of the Health & Social Care Partnership Board detailed within its Financial Regulations.
- 1.4 The East Dunbartonshire Health & Social Care Partnership Board has established this Performance, Audit & Risk Committee as a Committee of the Partnership Board to support it in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. These Terms of Reference for the Performance, Audit & Risk Committee reflect the span of responsibilities of the Partnership Board and requirements of its approved Financial Regulations, i.e.:
- The Strategic Plan.
  - Financial plan underpinning the Strategic Plan.
  - The operational delivery of those integrated services delegated to the Partnership Board (except for NHS acute hospital services).
  - Relevant issues raised by the internal Performance, Audit & Risks of the Health Board, Council and the Partnership Board.

## **2. MEMBERSHIP**

- 2.1 The Performance, Audit & Risk Committee will be composed of the six voting members of the Partnership Board.
- 2.2 The Performance, Audit & Risk Committee will be chaired by the Vice-Chair of the Partnership Board.
- 2.3 As the Performance, Audit & Risk Committee will be responsible for overseeing the financial governance arrangements of the Partnership Board, other non-voting members of the Partnership Board shall also have the right to attend. A schedule of meetings will be published for all Partnership Board members, and those non-voting members who confirm their intention to attend the meeting will be issued with papers for that meeting.
- 2.4 The Chief Finance & Resources Officer will nominate an Internal Performance, Audit & Risk Service, led by a named Chief Internal Performance, Audit & Riskor, to work on behalf of the Performance, Audit & Risk Committee.
- 2.5 The external auditors for the Partnership Board will be appointed by the Accounts Commission.
- 2.6 The appointed Chief Internal Auditor will normally attend meetings of the Performance, Audit & Risk Committee.
- 2.7 A representative of the external auditors will normally attend meetings of the Performance, Audit & Risk Committee.
- 2.8 The Chief Officer and Chief Finance & Resources Officer of the Health & Social Care Partnership Board will normally attend meetings of the Performance, Audit & Risk Committee.
- 2.9 The Performance, Audit & Risk Committee will be provided with a secretariat function by East Dunbartonshire Health & Social Care Partnership.
- 2.10 Other officers of the Health & Social Care Partnership, East Dunbartonshire Council and NHS Greater Glasgow & Clyde may also be invited to attend meetings as required.

## **3. REPORTING**

- 3.1 The Performance, Audit & Risk Committee will formally provide a copy of its minutes to the Partnership Board for inclusion on the agenda's of its subsequent meetings. These minutes will be made publicly available.
- 3.2 The Performance, Audit & Risk Committee will provide the Partnership Board with an Annual Statement, timed to support finalisation of the accounts and the governance statement, summarising its conclusions from the work it has done during the year.

## **4. RESPONSIBILITIES**

- 4.1 The Performance, Audit & Risk Committee will advise the Partnership Board and its Chief Finance & Resources Officer on the effectiveness of the overall internal control environment and the performance of the HSCP. Specifically the Committee will be responsible for:-

- The strategic processes for risk, control and governance and the governance statement.
  - Effectively monitoring the delivery of the efficiencies, service redesign and transformation which support a balanced budget and oversee the financial planning for the partnership moving forward.
  - The financial governance and accounts of the Partnership Board, including the process for review of the accounts prior to submission for Performance, Audit & Risk, levels of error identified, and management's letter of representation to the external auditors.
  - The planned activity and results of both internal and external Performance, Audit & Risk as they relate to the activities of the Partnership Board.
  - The adequacy of management response to issues identified by Performance, Audit & Risk activity, including external audit's management letter/report.
  - The effectiveness of the internal control environment.
  - Assurances relating to the corporate governance requirements for the Partnership Board.
  - Appointment of the internal audit service or for purchase of non-audit services from contractors who provide audit services.
  - The preparation and implementation of the strategy for performance review and monitoring of performance of the HSCP towards achieving its policy objectives and priorities in relation to all functions of the IJB.
  - Ensuring the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standard of service and in line with performance indicators and to receive regular reports on these to review the outcomes and improvement actions.
  - Overseeing the delivery of value for money and service quality initiatives
  - Review the risk register on an annual basis and the effectiveness of risk management plans which ensure sound governance through the identification, controls and measures to mitigate or eradicate known risks to the partnership.
  - Reviewing the implementation of the Strategic Plan through an overview of the partnership's Service redesign Programme.
  - Promoting the highest of standards of conduct by board members and monitoring and reviewing the Codes of Conduct maintained by the IJB.
  - Having oversight of information governance arrangements and the adherence to legislative requirements.
- 4.2 The Performance, Audit & Risk Committee will also periodically review its own effectiveness and report the results of that review to the Partnership Board.

## **5. RIGHTS**

- 5.1 The Chief Finance & Resources Officer will be responsible for providing assurance on the system of internal financial control to the Performance, Audit & Risk Committee on behalf of the Health Board and Council. In doing this, the Chief Finance & Resources Officer will be reliant on both the Health Board's and Council's systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Partnership Board as expressed in its Strategic Plan.
- 5.2 The Performance, Audit & Risk Committee receive, scrutinise and comment upon the formal submission of reports, findings and recommendations by the appointed Internal Audit service, external auditor (as appointed by the Accounts Commission), Audit Scotland and Inspectorate bodies. The Performance, Audit & Risk Committee will review the HSCP's Risk Register at least once a year. The Chief Finance & Resources Officer

will ensure that follow-up reports on actions required will be provided to the Performance, Audit & Risk Committee as agreed.

- 5.3 The Chief Finance & Resources Officer will prepare an Annual Governance Statement for the Performance, Audit & Risk Committee prior to its being presented to the Partnership Board.
- 5.4 The Chief Internal Auditor for the Partnership Board will report to the Chief Finance & Resources Officer and the Performance, Audit & Risk Committee on an annual risk-based Audit plan in respect of the activities of the Partnership Board; delivery of the plan and recommendations; and will provide an annual internal audit report, including the audit opinion.
- 5.5 The Performance, Audit & Risk Committee may procure specialist ad-hoc advice at the expense of the Partnership Board, subject to budgets agreed by the Chief Finance & Resources Officer and confirmed by the Partnership Board.
- 5.6 The appointed Chief Internal Auditor and the representative of External Audit (as appointed by the Accounts Commission) will have free and confidential access to the Chair of the Performance, Audit & Risk Committee.

## **6. MEETINGS**

- 6.1 The procedures for meetings are that:
  - 6.1.1 The Performance, Audit & Risk Committee will meet as required throughout the year, a *minimum* of two meetings during the course of the year, with a provision for special meetings if required at the discretion of the Chair of the Performance, Audit & Risk Committee. These meetings should be scheduled at regular intervals between the meetings of the Partnership Board and in consideration of relevant business. The Committee reserves the right to hold private meetings with the Internal and External Auditors.
  - 6.1.2 The meetings will be conducted in accordance with the Standing Orders of the Partnership Board, including:
    - At least one half (i.e. three) of the six members of the Performance, Audit & Risk Committee will be present for the meeting to be deemed quorate.
    - Members of the Performance, Audit & Risk Committee must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the Performance, Audit & Risk Committee, before taking part in any discussion on that item. Where an interest is disclosed, the other members present at the meeting in question shall decide whether the member declaring the interest is to be prohibited from taking part in discussion of, or voting on, the item of business.
  - 6.1.3 Performance, Audit & Risk Committee meetings will normally be attended by the Chief Officer, the Chief Finance & Resources Officer, appointed Chief Internal Auditor and a representative of the External Auditor.
  - 6.1.4 The Performance, Audit & Risk Committee may ask any other officers from the Health & Social Care Partnership, East Dunbartonshire Council and NHS Greater Glasgow & Clyde to attend to assist it with its discussions on any particular matter.

- 6.1.5 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the Performance, Audit & Risk Committee shall be open to the public (as per the Standing Orders of the Partnership Board). The Chief Officer shall be responsible for giving public notice of the date, time and place of each meeting of the Performance, Audit & Risk Committee by posting within the main offices of the Health & Social Care Partnership not less than five days before the date of each meeting.
- 6.1.6 The Performance, Audit & Risk Committee may by resolution at any meeting exclude the press and public there from during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence. The Performance, Audit & Risk Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.
- 6.1.7 Every meeting of the Performance, Audit & Risk Committee shall be open to the public but these provisions shall be without prejudice to the Performance, Audit & Risk Committee's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Performance, Audit & Risk Committee may exclude or eject from a meeting a member or members of the press or public whose presence or conduct is impeding the work or proceedings of the Performance, Audit & Risk Committee.
- 6.1.8 The Partnership Board or the Chief Finance & Resources Officer may ask the Performance, Audit & Risk Committee to convene further meetings to discuss particular issues on which they want the Performance, Audit & Risk Committee's advice.



Agenda Item Number: 7

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	East Dunbartonshire HSCP Clinical Governance Annual Report 2017
<b>Report By</b>	Dianne Rice/ Lisa Williams
<b>Contact Officer</b>	Lisa Williams, Clinical Director, 0141 232 8216. <a href="mailto:Lisa.Williams@NHS.Net">Lisa.Williams@NHS.Net</a>

<b>Purpose of Report</b>	To highlight and detail the Clinical and Care Governance activities taking place within East Dunbartonshire, and to advise the HSCP Board on some of the past and current activity taking place within the HSCP. The report requires to be submitted annually to NHS GGC Clinical Governance Support Unit to provide assurance to the Health Board in respect of HSCP health services which are provided under direction by the Health Board, and operationally managed by the HSCP Chief Officer.
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<b>Recommendations</b>	The Partnership Board is asked to: Note and approve the content of the report, and accept this as a true reflection of work ongoing within the HSCP, to ensure that our service users are provided with safe, effective and person-centred care.
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<b>Relevance to HSCP Board Strategic Plan</b>	The Clinical and Care Governance group provide support to delivery of the Strategic plan to ensure governance arrangements are comprehensive and robust.
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### Implications for Health & Social Care Partnership

<b>Human Resources</b>	N/A
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<b>Equalities:</b>	To oversee Clinical & Care services provided to service users & carers of East Dunbartonshire and ensure all are treated fairly and equally.
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<b>Financial:</b>	N/A
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<b>Legal:</b>	N/A
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<b>Economic Impact:</b>	N/A
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<b>Sustainability:</b>	N/A
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<b>Risk Implications:</b>	<p>The CCGG has a responsibility to review complaints received, and ensure that any outcome measures are met as appropriate.</p> <p>The CCGG reviews all clinical incidents bi-monthly to ensure any learning and change is taken forward in an appropriate manner.</p> <p>Documenting and learning from complaints and incidents is fundamental to good governance within the organisation.</p>
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	For noting by Health Board, to provide assurance of primary care governance arrangements.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<p><b>1.1</b> The report reflects the period from January 2017 to December 2017.</p> <p><b>1.2</b> The report highlights the involvement of service users and carers, and the importance placed upon using feedback to inform development of services.</p> <p><b>1.3</b> The report details specific quality improvement activities undertaken within our service teams over the period stated. Quality improvement activities are widely supported throughout the HSCP teams by the Clinical Effectiveness Unit, and a bi-monthly report of all activity is detailed to the Clinical and Care Governance Group. This annual report aims to give an overview of activity with some detail around specific projects, rather than a full review of all activity.</p>

**East Dunbartonshire**  
**Health and Social Care Partnership**  
Draft  
Annual Clinical & Care Governance  
Report 2017

Report by: Dr Lisa Williams, East Dunbartonshire HSCP Clinical Director

Date:

## **1. Introduction**

- 1.1** East Dunbartonshire Health and Social Care Partnership (HSCP) was formed in 2015 and covers the geographical boundary of East Dunbartonshire with an estimated total population of 105,026.
- 1.2** Each year an annual report reflecting on the clinical & care governance of the HSCP and the progress it has made in improving the quality of care is produced. The report is structured around the three main domains set out in the National Quality Strategy: 1. Patient Safety, 2. Clinical Effectiveness, and 3. Person-Centred Care. This report will describe the main governance framework and demonstrate our work to improve the quality of care in our HSCP through a small selection of the activities and interventions. It is important to note that there is substantially more activity at personal, team, and service level arising from our collective commitment to provide a quality of care we can be proud of. This report can only reflect a small selection so is illustrative rather than comprehensive.

## **2. Person-centred care**

- 2.1** Intermediate Care - 24.5% of patients were transferred to the intermediate care facility, within Westerton Care Home preventing further delay in their discharge, resulted in an average reduction of 56 bed days per month in the number of bed days lost to delayed discharge. Of these admissions approximately 30% were subsequently discharged to their own home with a suitable care package.
- 2.2** Community Mental Health Team involved in NHS Greater Glasgow & Clyde (NHSGG&C) Board wide pilot to analyse admission & discharge activity. The team are looking at current systems, processes & resources with both administration staff and clinicians.
- 2.3** Adoption of an Operational Framework ensuring consistency of guidelines and approaches throughout NHSG&C.
- 2.4** Development of a feedback survey tool within Community Mental Health to be rolled out in January 2018.
- 2.5** Trauma project is ongoing in collaboration with ARC and Third Sector organisations. The majority of staff within Mental Health and Alcohol & Drug service have been trained in the ability to identify and treat trauma.
- 2.6** Primary Care Mental Health Team are developing an electronic Cognitive Behavioural Therapy system to improve access for patients who are unable to attend appointment whilst working.
- 2.7** Systems Training for Emotional Predictability & Problem Solving (STEPPS) multi-disciplinary programme has been developed for people with personality disorders. The programme is for 20 weeks and is facilitated by a Clinical

Psychologist and Community Psychiatric Nurse, to teach people skills in dealing with their disorder.

- 2.8** Through multi-disciplinary discussions, the Community Mental Health Team has reduced waiting time for general assessment to a maximum of 4 weeks. Analysis of this has shown that service users have been seen and treated or discharged earlier making the service more responsive to service user needs.
- 2.9** Multi-disciplinary physical health checks are now available within Community Mental Health Team for people with severe and enduring mental health issues.
- 2.10** Older Peoples Mental Health continues to embed the Stress and Distress model in our approach to Dementia. Evaluation showed that there was a need for Information sharing Sessions which have now been established and take place once per month with core membership comprising of Psychology, Psychiatry and the Clinical Team Lead.
- 2.11** Establishment of Band 6 Nurse within EDADS with specific responsibilities specialising in alcohol care and treatment which recognised this was a gap in clinical service delivery, enabling greater community based care and treatment. This also helps to facilitate home based detox.
- 2.12** Oral Health: Paediatric Pain Pathway – pathway to improve the effectiveness of assessment for General Anaesthetic for children who have high caries and pain has been redesigned. A dedicated Significant Clinical Incident gateway pathway has shifted the balance of care from secondary to primary care and reduces the time for assessment and expedites urgent cases (seen within 24/48 hours). More children are being seen earlier for assessment and more patients diverted to non-general anaesthetic treatment modalities.
- 2.13** Pubic Dental Service Oral Surgery Service – A specialist-led primary care service has been developed to deliver intermediate complex care to patients. This removes less complex cases from secondary care services, thus enabling consultants to treat the more complex cases. This reduces the volume of patients referred to secondary care, reducing waiting times. Patients referred to the primary care oral surgery service will benefit from the generally shorter waiting times experienced in primary care.
- 2.14** Patient Feedback in relation to District Nursing service indicated 100% of respondents agreed / strongly agreed that they received the care they required, when they required it, and in the way they wanted it to be delivered.

### **3. Patient Safety**

- 3.1** Ongoing support is being provided to GP Practices with the repeat prescribing Local Enhanced Service (LES) to ensure safe prescribing systems are in place within the Practices.
- 3.2** Polypharmacy reviews are ongoing for care home patients.

- 3.3 A medicine reconciliations pilot is taking place within some GP Practices to ensure appropriate prescribing for patients being discharged from hospital or attending outpatient clinics.
- 3.4 Pharmacy checks on acute prescriptions.
- 3.5 Review of complex case protocols to provide a more robust and consistent approach for higher risk cases.
- 3.6 The Scottish Patient Safety Programme to reduce pressure ulcers in care homes was piloted within East Dunbartonshire. This project is complete and as a result, a suite of tools and resources are available for all care homes across Scotland to support adequate risk assessment and early intervention for pressure damage.

#### **4. Clinical Effectiveness**

- 4.1 Pharmacy technician led review of medicine stock management within care homes.
- 4.2 Monitoring of GP, non medical prescribers & General Dental Practitioner prescribing data to ensure safe and effective prescribing.
- 4.3 Introduction of Acute ward rounds with Older People's Mental Health Team Lead and ward Nurses to facilitate effective discharge, care planning, and seamless transitions back into the community or long term care.
- 4.4 The Primary Care Mental Health Team have visited all GP Practices within the HSCP to update on referrals, patient management, and distribute appropriate literature, thereby building knowledge and stronger relationships with mental health services and GPs.
- 4.5 Within the HSCP we are currently undertaking a full Learning Disability service review which draws on the links within the integrated team between clinical need, risk and the provision of services provided through social care.
- 4.6 Joint respiratory clinics – Asthma / COPD being jointly managed by Practice Support Pharmacists and Practice Nurses with clinics being delivered within the practice setting.

#### **5. Incident Reporting**

- 5.1 During 2017 a total of 1,090 incidents were recorded on Datix recording system for East Dunbartonshire Health & Social Care Partnership including both hosted services, Primary Care element of the Oral Health Directorate (OHD) & Specialist Children's Services (SCS). The system currently records NHS service incidents. The table below shows a breakdown of HSCP and hosted service incidents

Service	No. Of Incidents
HSCP (health only)	259
Oral Health Directorate (Primary Care)	158
Specialist Children's Services	678

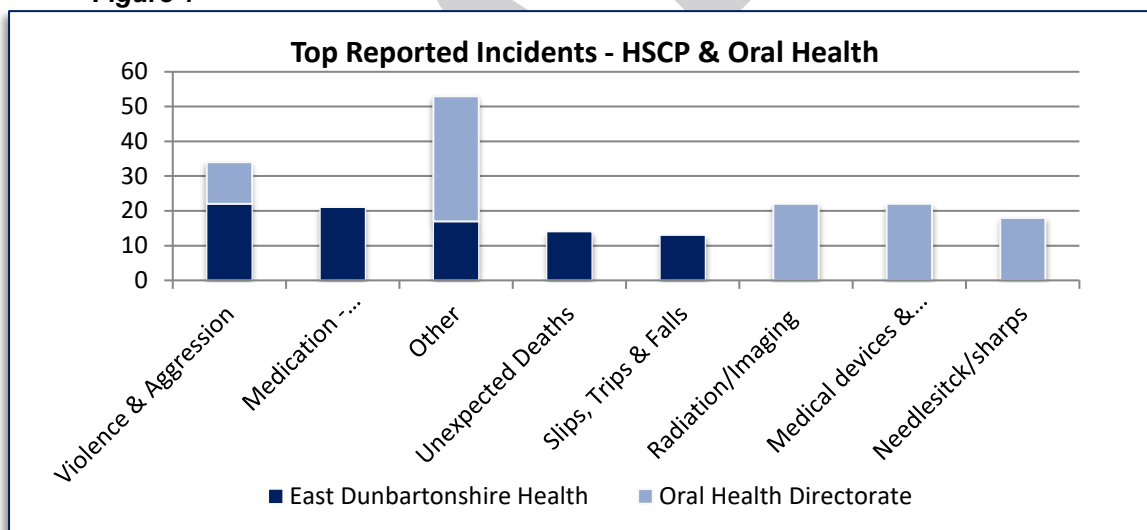
Source: Datix Recording System

**5.2** The HSCP began hosting Specialist Children's Service in July 2017. Incidents from this service shown in the table above reflect the period between 1<sup>st</sup> July 2017 to 31<sup>st</sup> December 2017.

**5.3** A large number of the HSCP incidents were related to pressure ulcers (30.5%). There is a recognised NHSGG&C process for reporting all Grade 2, 3 and 4 Pressure Ulcers. All pressure ulcers recorded within this period were recorded in line with this process. Any ulcers found to be avoidable were reviewed as SCI's to determine how and why they happened and any subsequent lessons to be learned.

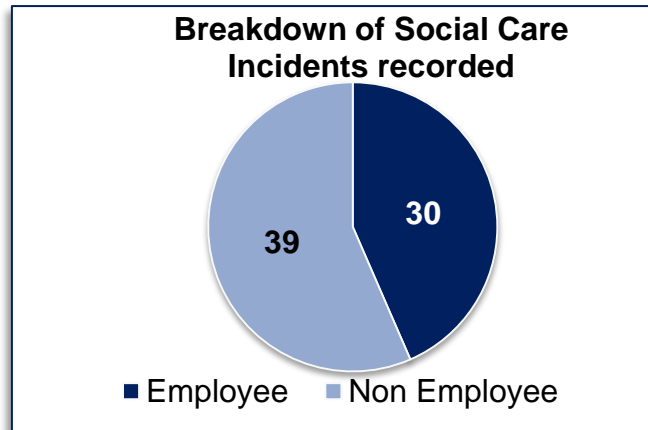
**5.4** Figure 1 below highlights the top reported incidents over 2017 for the HSCP & the Primary Care element of the Oral Health Directorate.

**Figure 1**

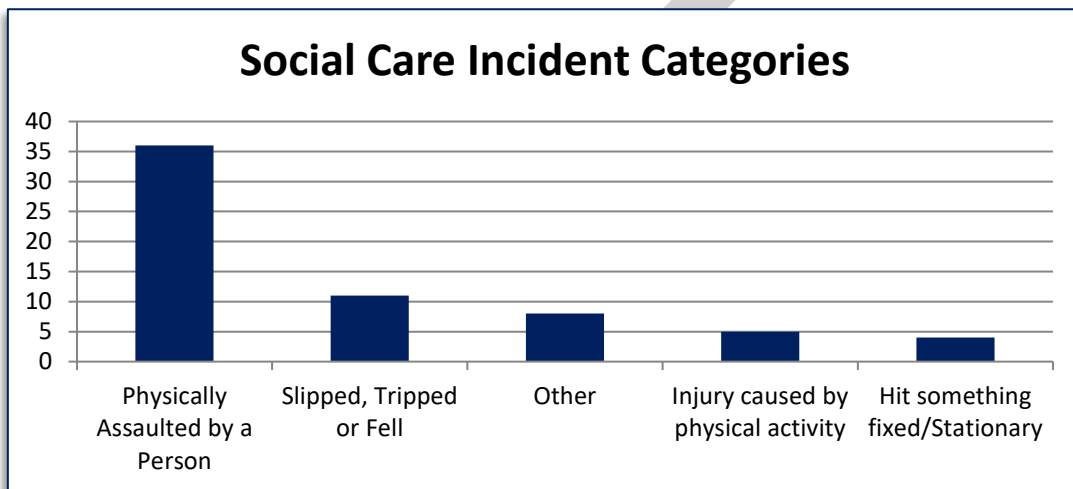


Source: Datix Recording System

**5.5** Using "Trent" Health & Safety recording system, a total of 69 incidents were recorded for Social Care.



Source: Trent



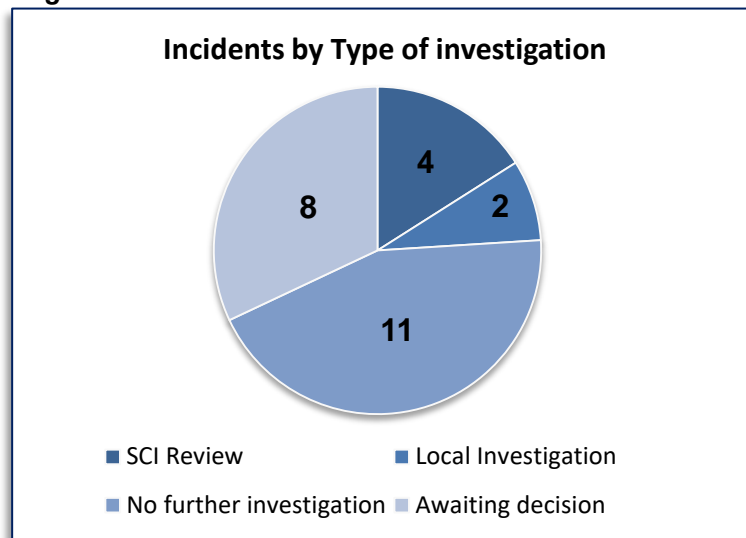
**5.6** All incidents recorded are reviewed bi-monthly at the Clinical & Care Governance meetings to monitor any recurring issues, trends or any further action required. All staff are required to complete recording of incidents as appropriate and undertake any relevant training.

## **6 Significant Clinical Incidents**

**6.1** There were **25** HSCP & hosted service incidents reported during 2017 which were given a severity score of 4 (major) or 5 (extreme). Figure 2 below indicates the level of investigation for each incident.



**Figure 2**



Source: Datix Recording System

**6.2** As stated in figure 2, 4 incidents required a further SCI review. At the time of this report 2 of these incidents have been investigated and closed whilst the other 2 incidents are awaiting sign off from the clinical teams involved.

### **6.3 Learning from SCI review**

- 1 incident had no learning;
- 1 incident identified gaps in record keeping and areas requiring improvement such as accurate risk assessment and care plans which record concordance issues. The ongoing monitoring of records and care plans are implemented through caseload management supervision.

### **6.4 Outcome codes**

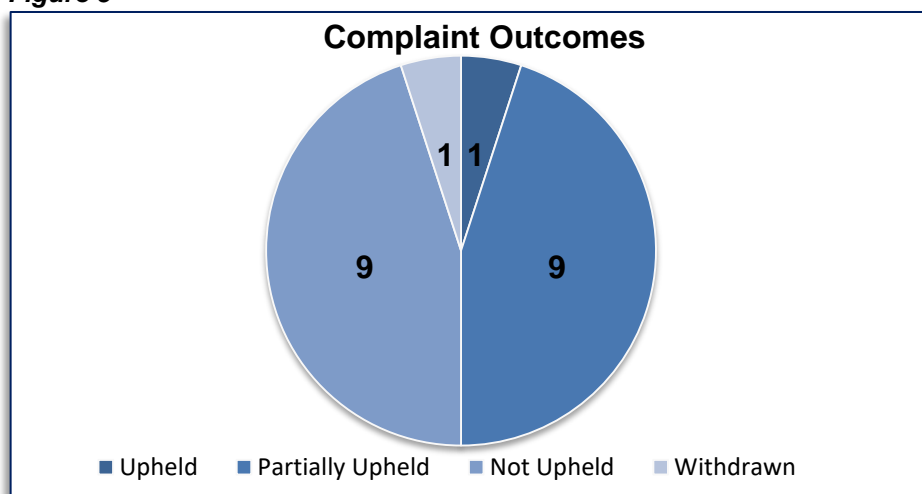
- Both incidents have outcome recorded as:  
"3. Minor system of care issues - different plan and/or delivery of care may have resulted in a different outcome".

## **7. Complaints**

**7.1** East Dunbartonshire HSCP & hosted services received a total of 20 complaints. All complaints were responded to within the 20 day timescale, and in line with NHS GG&C complaints policy. One complaint was withdrawn, therefore not investigated.

Figure 5 below shows complaint outcomes.

**Figure 5**



Source: Datix Recording System

## 7.2 Analysis of complaints received showed the following themes:

- Staff attitude and behaviour;
- Availability to treatment; and
- Communication

## 8. Clinical Governance Arrangements

8.1 The role of the Clinical & Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, professional registration and validation, learning, continuous improvement and inspection activity.

Specifically the group is responsible for the following:

- Providing assurance to the Health & Social Care Partnership Board, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place;
- Reviewing significant and adverse events and ensure learning is applied;
- Supporting staff in continuously improving the quality and safety of care;

- Ensuring that service user / patient views on their health and care experiences are actively sought and listened to by services;
- Creating a culture of quality improvement and ensuring that this is embedded in the organisation.

**8.2** The group is chaired by the Clinical Director and the membership includes Chief Officer HSCP, Chief Social Work Officer, Professional Nurse Advisor, Pharmacy Lead, and NHSGG&C Clinical Effectiveness representative.

**8.3** The group meets on a bi-monthly basis and the agenda is structured to cover the areas of:

- Professional Leadership / Standards including registration and practice assurance;
- Improvement Activity including self-evaluation and clinical governance actions;
- Service Care Group Activity;
- Patient / Service User views including complaints, surveys and feedback;
- Quality and safety of care including public protection, inspections and contract monitoring;
- Review of significant and adverse events.

**8.4** The agenda closely aligns to NHSGG&C clinical governance toolkit but reflects the inclusion of social care within an integrated partnership.

**8.5** The group provides a regular exception report to the Primary care and Communities Clinical Governance Forum (PCCCGF) to ensure that local governance issues and learning are shared more widely across all primary care as appropriate. The PCCCGF then provides its own report to the Boardwide Clinical Governance meeting.

## **9.0 Update of Example Case Studies from 2016 Annual Report**

### **9.1 Stress & Distress**

The Stress and Distress Newcastle model is now fully embedded within older people's mental health and work continues to develop apace.

The team have now moved to a model of Formulation in Action which has demonstrated improvement and collaborative working between agencies.

## Case Study

*"I met patient X on Friday when she was admitted to the ward and due to the excellent work in her Stress and Distress formulation I actually felt like I knew her and was way ahead of the curve in her care and management.*

*I spoke with her son and summarised what I understood of Mrs X and he was amazed that I could know her so well. I explained that I couldn't take the credit for this and it is due to the colour and detail you added to Mrs X story. Mrs X has expressive and receptive dysphasia and to get a formulation like this and the background information is tremendous.*

*Thank you so much for the work you are doing and know that it does make a difference to patients (and colleagues)".*

## 9.2 Reducing Pressure Ulcers in Care Homes

East Dunbartonshire participated in a Scottish Patient Safety Programme (SPSP) pilot to reduce the incidence of pressure ulcers in Care Homes. The project started in June 2016 and involved 5 independent Care Homes within East Dun with input from the Care Home Liaison Nursing service (CHLN), Tissue Viability (TV) and Clinical Effectiveness. This support and guidance enabled the Care Homes to use a Quality Improvement approach to develop and test tools and resources to support risk assessment, prevention and early identification of pressure damage and also to use data collection to inform, learn and share, leading to positive changes in practice.

The project ended in December 2017 and has been evaluated positively by the participating Care Homes who have continued to use the tools and resources. Ongoing work has continued to share the learning from the project and spread the work to other Care Homes, HSCP's, Health Boards and countries. This has included a local celebration event in April, with representation from other HSCP's and independent sectors to showcase the tools and resources. East Dun was invited to present this work at the National Pressure Ulcer Summit in Manchester and also more recently at the Institute for Healthcare Improvement summer camp which was hosted by Health Improvement Scotland.

The CHLN service will continue to support the Care Homes with pressure ulcer prevention and engage other local Care Homes by promoting a pressure ulcer champion role within each Care Home. The CHLN will facilitate regular meetings to network, share learning and good practice and the TV service will attend bi annually to provide training.

### 9.3 FALLS Prevention

The East Dunbartonshire HSCP Falls Prevention and Management model was showcased recently by the local Falls lead at the first UK 4 Nations Falls Summit.

Since the summit took place we have worked hard to ensure robust pathways are established for those who fall or for whom falls is a risk.

Key pieces of work which have taken place over the past year are;

- Establishing a pathways cross primary care, social work, health improvement, Home Care & Third Sector organisations to ensure those at risk are identified at an early stage. They should have access, where required, to a multi-factorial assessment and determine what actions are required to prevent and /or manage future falls.
- Pathways established with the Scottish Ambulance Service to provide assessment and intervention at patients homes. Once assessment is completed there is a direct link to the Community Rehabilitation Team.
- East Dunbartonshire HSCP staff and colleagues from Health Improvement Scotland and Living Well in Communities piloted the national tool for prevention of falls and fractures within 4 care homes in East Dunbartonshire. Evaluation from the pilot shows that falls were reduced by between 50 & 62%.
- Introduction of 'Take the Balance Challenge' across the HSCP. This tool allows participants to evaluate their own balance and strength. If participants identify any issues in their balance the challenge recommends 'The Super Six'. These are exercised designed to build and sustain strength and balance going into later life.



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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	Pharmacy Overview
<b>Report By</b>	Derrick Pearce Head of Community Health & Care Services
<b>Contact Officer</b>	Carolyn Fitzpatrick. 0141 232 2322. Carolyn.Fitzpatrick@ggc.scot.nhs.uk

<b>Purpose of Report</b>	The purpose of this report is to give the Board an overview of all the activities of the Prescribing Team; to assure the Board of the work being done to support efficient and effective prescribing.
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<b>Recommendations</b>	It is recommended that the Health and Social Care Partnership Board note the contents of the report
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<b>Relevance to HSCP Board Strategic Plan</b>	To support the safe, effective and efficient services as part of the Strategic Plan priorities
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	Financial implications are detailed in the report
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	1. No Direction Required	X
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

## MAIN REPORT

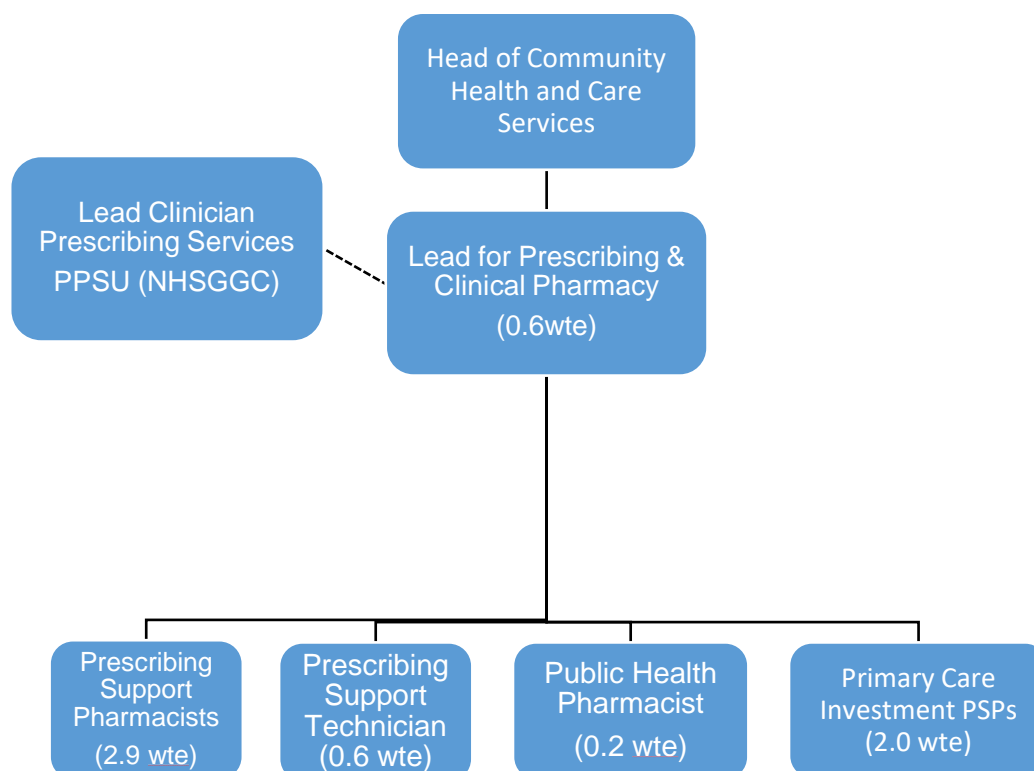
### 1 Background

1.1. The HSCP prescribing team has worked for some time with GPs and clinicians across the HSCP services to support the delivery of efficient and effective prescribing practice. The work is led by the HSCP lead for prescribing and Clinical Pharmacy, with professional links in to the Health Board Prescribing Advisor, working closely with our Clinical Director. The change in the risk management arrangements brings this work in to sharper focus as the financial and service repercussions become an issue that the Board at some point may have to consider. It is for this reason that it is important to note, in this first financial year, the work taking place to ensure a high quality service is provided and the risk is managed.



## 1.2. The Team

The HSCP Prescribing Team currently consists of pharmacists and a technician.



## 1.3. Prescribing Work streams

There are currently three main workstreams for the HSCP Prescribing Team;

1. Prescribing Support
2. Prescribing Efficiencies
3. Pharmacotherapy (GP Contract)
4. Community Pharmacy Support

Taking each of these prescribing workstreams individually;

## 2. Prescribing Support

2.1. The Prescribing Team have provided Prescribing Support for all the GP practices in the HSCP through a number of activities including medication review, delivery of education and training, support delivery of local and national prescribing targets, support GP practices with Prescribing Local Enhanced Services, development and implementation of local prescribing initiatives and monitoring of prescribing costs and trends. Prescribing advice is also provided to:

- Practice Nurses
- Community Nurses
- AHPs
- Care home staff and others.

2.2. In addition Prescribing Support Pharmacists also run chronic disease management clinics including respiratory, Coronary Obstructive Pulmonary Disease and a post myocardial infarction (heart attack) clinic which is run in close connection with the hospital out patient's clinics.

2.3. The Prescribing Team support the HSCP Medication Protocol which provides for the administration of medication to Homecare clients. Support involves the maintenance of database, co-ordinating with pharmacies supporting the service, liaising with homecare organisers and manager, district nurses etc to deliver service and training of carers in medication administration and recording.

2.4. Support is provided to care homes and the associated GP practices in the form of prescribing advice to staff, medication reviews and medicine management training. The Prescribing Support Technician regularly visits all the care homes to check stock levels and advise on medicine ordering to ensure waste is minimised.

### **3. Prescribing Efficiencies**

The main focus of the work is to support practices to make prescribing efficiencies in each of the GP practices in the HSCP. This is achieved mainly through the Health Board prescribing initiatives.

#### **3.1. Prescribing Budget Background**

##### **3.1.1. 2017-18**

For the financial year 2017-18, East Dunbartonshire was allocated a prescribing budget of £18,677,323. This was based on the previous year's spend but with a number of adjustments to account for practice list sizes, horizon scanning and anticipated cost and volume increases. The budget also assumed the achievement of prescribing savings (£9.3m for the Health Board, £700k for ED HSCP) which were achieved through prescribing initiatives, GP Local Enhanced Service, IT software and Community Pharmacy Initiatives.

In 2017-18 East Dunbartonshire spent £19,235,785 on medicines which was £564,462 (3%) over budget. The reason for the overspend was mainly down to the short supply of certain medicines but also due to patent savings not being as much as expected and the need for more expensive medicines. As there was a risk sharing arrangement in place, all the HSCPs reported a cost neutral situation for prescribing and the Health Board covered the over spend.

There have been many problems with the supply of particular medicines in the UK over recent years, which have been caused by a number of issues including the limited availability of active ingredients, manufacturing problems, natural disasters and trade issues. This has resulted in some patients needing to have medicines changed to alternatives and often when a medicine becomes available again after short supply it is at an inflated price and costs to the NHS are significant increased. When the effects of short supply are calculated it was found that £440,978 of the East Dun overspend was due to the increased costs of medicines where there had been supply problems. Unfortunately the costs of short supply are outwith the control of the HSCP and Health Board but the risks are significant and we expect the short supply problems to continue into the foreseeable future.

### 3.1.2. 2018-19

From the 1st April 2018 the risk sharing arrangement across the Health board terminated and for 2018/19 and the prescribing budgets will be allocated on the existing basis to HSCPs but there will be no contingency arrangement with the Health Board and no sharing of risk across the HSCPs. The Board will continue to work together with Chief Officers to mitigate this, and more widely reduce the costs of drugs, through a series of actions including collaborating with other HSCPs across Scotland to proactively engage with the Scottish Government with the clear aim of establishing plans to reduce overall drug costs in 2018/19.

Prescribing savings of £11.3million need to be achieved across the Health Board this year and a Prescribing Efficiency plan is in place with regular board wide Prescribing Summit meetings to monitor progress. The prescribing savings targets for the HSCP will be available shortly and these will be monitored and any actions required locally will be addressed by the HSCP Prescribing Governance Group.

- 3.1.3. The risks the HSCP are significant and although through the implementation of prescribing initiatives, efficiencies can be achieved, there are other elements which can affect prescribing spend which the HSCP has limited control or influence over such the costs of medicines and problems with short supply.

## **4. New GP Contract – Pharmacotherapy Service**

- 4.1. Pharmacotherapy services to support GP practices are identified as one of the key priority areas to be addressed by the HSCP with stakeholders in their Primary Care Improvement Plan aimed at strengthening, safe, patient centred care and shifting workload from the GPs.
- 4.2. Currently all practices have a small amount of additional pharmacy support (approximately 0.1 wte per practice) to start providing a pharmacotherapy service. Recruitment is ongoing and additional pharmacists will join the team soon allowing each GP practice more support.
- 4.3. Pharmacotherapy activity to date has included medicines reconciliation, support with acute prescriptions and screening patients for Chronic Medication Service (see details below)

## **5. Community Pharmacy**

- 5.1. The Public Health Pharmacist provides support to 24 pharmacies in East Dunbartonshire HSCP in Public health and Health Improvement. The major focus is supporting the NHS GGC smoking cessation programme, Quit Your Way. This involves training of pharmacists, technicians, dispensers and counter assistants for Quit Your Way programme covering all of NHS GGC area.
- 5.2. The Public Health Pharmacist has works with the ED Health Improvement team to deliver health improvement messages through pharmacy including dental, breast screening, cancer awareness, smoking cessation, minor ailments treatments (burns

etc.), sun awareness, baby aware manual.

- 5.3. Close working with Pharmacy Champion and Lead Community Pharmacist to support of the pharmacies in ED.
- 5.4. Working with community pharmacies to provide Respiratory Local Enhanced Service to ensure patients can use inhalers appropriately.
- 5.5. Support with Pharmacy First scheme which allows patients to access free advice and / or treatment for uncomplicated urinary tract Infection in women or impetigo.
- 5.6. Actively promoting Chronic Medication Service (CMS) and working with GP practices and community pharmacies to increase numbers of patients using service. The CMS allows patients with long-term conditions to register with a Community Pharmacy of their choice for the provision of pharmaceutical care including a pharmaceutical care review and a serial prescription (a 24, 48 or 56 week prescription) from their GP.
- 5.7. Supporting community pharmacies to deliver Minor Ailments Service (MAS). The MAS is for children, people aged 60 or over, people who hold a medical exemption certificate and people on certain benefits. It allows people to access medicines for minor ailments direct from their pharmacy, free of charge.
- 5.8. Introduction of scheme allowing patients to get gluten free products direct from community pharmacies without need for GP prescription. Similar scheme to be introduced in September for Oral Nutritional Supplements
- 5.9. Community Pharmacist Independent Prescribing Clinics. An increasing number of pharmacists are independent prescribers which allows them to prescribe for a variety of conditions depending on areas of competency.

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

<b>Date of Meeting</b>	28 <sup>th</sup> June 2018
<b>Subject Title</b>	Public, Service User & Carer (PSUC) Representative Support Group report of 6 <sup>th</sup> August 2018
<b>Report By</b>	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)
<b>Contact Officer</b>	David Radford Health Improvement & Inequalities Manager 0141 355 2391 <a href="mailto:David.radford@ggc.scot.nhs.uk">David.radford@ggc.scot.nhs.uk</a>

<b>Purpose of Report</b>	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)
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<b>Recommendations</b>	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.
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<b>Relevance to HSCP Board Strategic Plan</b>	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.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 Main Report</b>
1.1 The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in <b>Appendix 1</b> .
<b>2.0 SUMMARY</b>
2.1 The most recent PSUC meeting was on 6 August 2018, where members received a presentation from Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions, Public Health Improvement and acting Chief Social Work Officer.
2.2 The group have recently advertised, interviewed and appointed several new members to fill recent membership vacancies; this is an ongoing process.
2.3 The HSCP recently held a development session with the Carer members of the PSUC group. This was undertaken by using the National Coalition of Carers 'Equal, Expert and Valued' report which shares recommendations towards a barrier free Carer participation and involvement.
2.4 The Carer group agreed to review each standard, noting the evidence of HSCP implementation and benchmark against the progress made through the PSUC representative group and to make recommendations that would further embed good practice.
2.5 The Carers review report with recommendations has been forwarded to the HSCP Senior Management Team (SMT) and will be presented to the HSCP Board for consideration.
2.6 The group discussed and agreed to pen a letter to the Scottish Government, via the local MSP's, noting their awareness and concern to the current financial landscape

and the financial settlement to Public Sector organisations.

- 2.7** The members received a copy their own 'working agreement' for comment and will be discussed further at the next PSUC meeting..





### Appendix 1

Public Service User and Carer Support Group – 6 August, 2018 – Room F33a, KHCC.

Attending; Gordon Cox, Linda Jolly, Fiona McManus, Avril Jamieson, Martin Brickley, Jenny Proctor, David Bain, Sandra Docherty, Suzanne McGlennan Briggs and Isobel Twaddle.

Apologies; Susan Manion, Karen Albrow

HSCP Staff in attendance; Caroline Sinclair, David Radford and Anthony Craig

Action points agreed at meeting;

- The Chair wishes the action note to record the member's thanks and best wishes to Claire Taylor and Mary McKenzie who recently resigned from their roles with PSUC.

Action	By who	When	G	A	R
The Hospital Discharge Leaflet – (the carer/patient/relative checklist). The group wish this paper to be distributed to the LPG groups for discussion / update (G Nottman).	AC	By next meeting 01/10/18			
Identify key contacts to distribute the Hospital Discharge Leaflet within GPs Practices & / EDC Hubs.	A/C	By next meeting 01/10/18			
Arrange an induction meeting between Fiona McManus & Jean Campbell re the role and remit for the Transformational Group.	AC	ASAP			
AC to re-engage in the process of re-advertising and interviewing to fill recent membership vacancies for the PSUC group.	AC	By next meeting 01/10/18			
Members requested a 'map'	AC	By next meeting			

of the SMT and their involvement with the various Board / Planning Groups.		01/10/18			
The members agreed to 'draft' a letter to the Scottish Government, via the local MSP's, noting their concern on the current financial challenges facing local government funding.	G Cox	By next meeting 01/10/18			
Members requested that the link to 'Moving Forward Together' (MFT) sent to the membership for knowledge sharing/update.	AC	By next meeting 01/10/18			
Members have requested that the HSCP business plan be emailed to all PSUC members.	AC	By next meeting 01/10/18			
PSUC Carers reps have requested the recent 'Carers' report with recommendations be distributed to all PSUC group members.	AC	By next meeting 01/10/18			
Scope out dates for 2019 PSUC group meetings / correlate with IJB and SPG meeting dates and share with group for comments, prior to next meeting.	AC	By next meeting 01/10/18			

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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	Clinical & Care Governance Minutes of 25 <sup>th</sup> July 2018
<b>Report By</b>	Lisa Williams, Clinical Director
<b>Contact Officer</b>	Lisa Williams, 0141 304 7425, <a href="mailto:Lisa.Williams@nhs.net">Lisa.Williams@nhs.net</a>

<b>Purpose of Report</b>	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.
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<b>Recommendations</b>	The Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>a. Note the contents of the minute of the Clinical &amp; Care Governance Sub Group held on the 25<sup>th</sup> July 2018 (draft)</li> </ul>

<b>Relevance to HSCP Board Strategic Plan</b>	This group support the clinical & care delivery aspects of the Strategic Plan.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally.
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<b>Financial:</b>	None.
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward to manage risk and maintain proper governance
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	arrangements.
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<b>Implications for East Dunbartonshire Council:</b>	N/A
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	N/A
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<b>x</b>
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	

Chief Officer: Susan Manion

**Clinical & Care Governance Sub Group**  
25<sup>th</sup> July 2018, 3.00pm  
Corporate Meeting Room, Stobhill

**Members Present**

<b>Name</b>	<b>Designation</b>
Lisa Williams	Clinical Director
Susan Manion	Chief Officer
Caroline Sinclair	Head of Community Mental Health, LD & Addictions
Derrick Pearce	Head of Community Health and Care Services
David Aitken	Joint Adult Services Manager
Stephen McLeod	Head of Specialist Children's Services
Gillian Notman	Change & Redesign Manager
Alex O'Donnell	Criminal Justice Service Manager
Claire Carthy	Fieldwork Manager
Leanne Connell	Senior Nurse, Adult Nursing
Lorna Hood	Senior Nurse, Children & Families
Michael McGrady	Consultant in Dental Public Health Clinical Effectiveness Co-ordinator
Lorraine Currie	Operations Manager, Mental Health
Fraser Sloan	Clinical Risk Analysis

**In Attendance**

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

**Apologies**

<b>Name</b>	<b>Designation</b>
Paolo Mazzoncini	Head of Children's Services / Chief Social Work Officer
Fiona Munro	Manager, Rehab & Older Peoples Services
Andrew Millar	Clinical Effectiveness Co-ordinator
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Raymond Carruthers	Operational Service Manager, Oral Health
Wilma Hepburn	Professional Nurse Advisor

No.	Topic	Action
1	<b>Apologies and attendance</b>	
	Apologies and attendance are detailed on page 1  Lisa Williams welcomed all attendees to the group.	
2	<b>(a) Minutes of Previous Meeting – 30<sup>th</sup> May 2018</b>	
	The minutes of the 30 <sup>th</sup> May 2018 were agreed as correct.	
	<b>(b) Rolling Action List</b>	
	The group updated the outstanding actions from the previous meeting. Dianne will update the document to reflect the updates.	<b>DR</b>
3	<b>Matters Arising</b>	
	<u>Primary Care &amp; Community Partnerships Governance Group workplan</u> It was agreed at the meeting on 30 <sup>th</sup> May that Lisa Williams would circulate the above; however, Lisa informed the group that the workplan had not yet been approved. Once approval is given she will circulate the workplan to the group.	<b>LW</b>
	<u>SCI Flowchart</u> Lisa Williams advised that the new SCI flowchart is available on Staffnet. Dianne Rice will circulate the link to the group.	<b>DR</b>
	<u>Progress against Inspection Actions</u> Raymond Walsh will provide a technical note on the progress made against recommendations given by Care Inspectorate post inspection.	<b>RW</b>
4	<b>Governance Leads Update / Reports</b>	
4a.	<u>Core Audit Reports</u> District Nursing noted that there was an increase in administering catheters but noted there were no other concerns to note.  Lorna Hood informed the group that there have been some issues in regards to the audit tool within Children & Families, however, a working group has been established and implemented an action plan to resolve the issues highlighted. No other concerns were noted.	
b.	<u>LD Governance</u> David Aitken attended the group and informed that a rapid alert had been completed due a death which occurred within residential care.  LD Redesign – David advised that the redesign process was ongoing and that two work streams had been identified, 1. Day Services & 2. Accommodation Based Services. Working groups have been established to progress the work streams. David will keep the Clinical & Care Governance Group updated on progress made.	
c.	<u>Mental Health Governance</u> Lorraine Currie discussed an ongoing SCI where a gap was identified that appropriate checks were not completed within Acute Sector. Lorraine advised that this SCI has been discussed at the Boardwide SCI group. Lorraine will	

	<p>update the group of any local actions required.</p> <p>Initial findings for the Community Mental Health Patient Survey which takes place on Discharge shows positive results. Lorraine advised that the survey will be repeated using the feedback received from this survey.</p> <p>Primary Care Mental Health Team are waiting on the final report in relation to their telephone CBT pilot. Once received Lorraine will bring to the group.</p> <p>Lisa Williams highlighted that Pharmacies will now not be storing Clozapine and that local guidelines will have to be established and that storage for this drug will have to be identified.</p> <p>HSE Audit – Discussion took place around issues not being action in relation to the HSE Action Plan. Derrick Pearce advised that the Building User Group had been reconvened to deal with these issues. Derrick will report on this at the next meeting.</p>	<p><b>LC</b></p> <p><b>DP</b></p>
<b>d.</b>	<p><u>Primary Care &amp; Community Partnerships Governance Group update</u> Lisa informed the group that there had been an SCI in relation to an insulin incident. The group will complete a review of all insulin incidents recorded and learning will be shared with local teams.</p> <p><u>Adult Services Inspection</u> The group were informed that the Care Inspectorate and Health Improvement Scotland recently inspected Adult Services within Renfrewshire HSCP. The report has now been finalised and is available online. Lisa highlighted that East Dunbartonshire HSCP will also soon be inspected and the HSCP will have to evidence the progress made to date for delivering better, more effective person-led services through integration.</p> <p><u>SPSP</u> Lisa noted that there were concerns around how the PC&amp;CPGG would continue to support the SPSP post as there was no continued funding for this. Lisa will keep the group updated.</p>	
<b>e.</b>	<p><u>Board Clinical Governance Forum update</u> Lisa advised that the chair of this group will be on leave for a significant period of time and that there were concerns around who will take over as chair in their absence. Lisa advised that this will be discussed at the Chief Officers meeting on the 26<sup>th</sup> July 2018. Lisa will advise the group of outcome.</p>	<b>LW</b>



<p>f.</p>	<p><u>OHD update</u> At the meeting on 28<sup>th</sup> March 2018, Michael McGrady advised that it was reported that Scottish Government were looking to up skill General Dental Practitioners to provide Domiciliary visits. This was discussed briefly at the meeting on the 30<sup>th</sup> May, where the group had been sent the Oral Health Improvement Plan for information. Michael informed the group that this is due to be implemented by January 2019, however, there has been no update from the Scottish Government.</p> <p><u>Primary Care Clinical Governance Group</u> Michael advised he attended the above group in June 2018 and that once the minutes of the group have been approved he will circulate to the group for their information.</p> <p>Oral Health is currently looking to share the learning from 4 complaints which had gone to SPSO. Michael will highlight any local relevant actions / learning to the group.</p> <p>Michael noted that 23 GDP complaints were recorded. It was discussed that this seemed to be quite a low number. Discussion took place around investigating the recoding of complaints. Michael will update the group with any developments.</p> <p><u>IR(ME) Regulations 2018</u> Michael noted that the above regulations are now in place and that OHD are working with Clinical Effectiveness and Primary Care Clinical Governance who are working on an approval process. It has been noted that there are a lack of opportunities from NES etc for GPDs.</p>	<p><b>MMcG</b></p> <p><b>MMcG</b></p> <p><b>MMcG</b></p>
<p>g.</p>	<p><u>Specialist Children's Services update</u> Stephen McLeod attended the meeting today and updated the members on the reporting structures for CAMHS. The service is required to produce an annual report, which Stephen has agreed to share with the members.</p> <p>Stephen will send Dianne relevant minutes &amp; documentation for inclusion in future agenda for member's information.</p>	<p><b>SMcL</b></p> <p><b>SMcL/DR</b></p>
<p>h.</p>	<p><u>Criminal Justice update</u> <u>MAPPA</u> Alex O'Donnell updated the group on current MAPPA arrangement in place. Alex chairs the multi-agency MAPPA group. As part of Alex's role, it is his responsibility to look at risks and release plans.</p> <p><u>Stop it Now</u> Alex informed the group that the Stop it Now Campaign has gone live. This campaign has been established to reduce internet sexualised abuse. Alex will circulate the information and weblink for the campaign.</p> <p><u>SPS Report</u> Alex stated that a report has been published by SPS. This report includes information on demographics, healthcare &amp; standards of care within prisons and transition of individuals in their return to community. The report will be shared with the members.</p>	<p><b>AO'D</b></p> <p><b>AO'D</b></p>



<p>5.</p>	<p><u>Service Inspections</u> <u>Homecare</u> An inspection was carried out by the Care Inspectorate of East Dunbartonshire HSCP Homecare Service on the 25<sup>th</sup> May 2018. The following categories and grades were received:</p> <ul style="list-style-type: none"> <li>• Quality of Care &amp; Support – 3 (Adequate)</li> <li>• Quality of Staffing – 2 (Weak)</li> <li>• Quality of Management &amp; Leadership – 2 (Weak)</li> </ul> <p>An improvement plan has been devised and is discussed on a weekly basis to monitor progress and compliance of the plan.</p> <p>Derrick Pearce noted that during the inspection, individuals receiving a Home care service reported positive experiences.</p> <p>Derrick will update the group will progress made.</p> <p><u>Review of Adult Support &amp; Protection report – April 2018</u> The report noted good evident and leadership. One recommendation was made in relation to having chronologies included within case files.</p> <p>An action plan will be devised to progress the recommendations. The action will be split into 2 work streams</p> <ul style="list-style-type: none"> <li>• How chronologies work at case file level</li> <li>• How to work in partnership</li> </ul>	
<p><b>Risk Management</b></p>		
<p>6a.</p>	<p><u>Care Home Update</u> Concerns remain around Clachan of Campsie Care Home in relation to recruitment. The HSCP are supporting the Care Home with their recruitment process.</p> <p>Leanne Connell advised that various groups have been established. They are:</p> <ul style="list-style-type: none"> <li>• Providers Forum</li> <li>• Care Home Communications Group</li> <li>• Care Home Quality Improvement &amp; Performance Group</li> </ul> <p>The above groups have been established to allow sharing of information and gather baseline data to allow services to plan for better outcomes for individuals.</p> <p>Lisa Williams informed the group that there has been a concern raised by a care home in relation to GPs not providing visits. Lisa will update once outcome has been reached.</p> <p>Lisa also advised that the new Birdston Care Home will not have LES in place but will be covered by normal GMS cover with local services.</p> <p>Michael McGrady informed the group that an East Dunbartonshire Care Home had no engaged in Caring for Smiles. Michael will email Derrick Pearce with details.</p>	<p>LW</p> <p>MMcG/ DP</p>

b.	<p><u>Clinical Risk update</u> Fraser Sloan gave an overview of the report previously circulated with the agenda.</p> <p>Discussion took place around expected patient deaths being categorised as “other”. Fraser explained that it had been requested that an “expected death” category be added to Datix, however, this was rejected at the Datix User Group.</p> <p>Fraser has provided Lisa with a report which compares all HSCP incidents. Lisa informed the group that prior to circulating / discussing this with the group it would be agreed at the Primary Care &amp; Community Partnerships Governance Group.</p>	
c.	<p><u>HSCP Incident Report – 19/05/18 – 09/07/18</u></p> <p>The group reviewed the report.</p> <p><u>Clinical Incidents</u> Incident No. 516563 – This incident was in relation to a needlestick injury. Leanne Connell advised the group that Diabetic Specialist Nurse will complete a competency framework for all nurses during induction. Incident No. 520477 – This incident is in relation to unexpected death. The group were informed that the results from post mortem are required before closing the incident. Incident No. 517659 – It was noted that the approval status of this incident had been categorised as “rejected”. Dianne to contact Datix to change approval status from “rejected” to “finally approved”.</p> <p>Lisa Williams asked that staff are reminded not to attach names within incidents.</p> <p><u>Pressure Ulcer</u> It was noted that all incidents reported were not avoidable.</p>	<p><b>DR</b></p> <p><b>All</b></p>
d.	<p><u>OHD Incident report – 19/05/18 – 09/07/18</u> The group reviewed the report.</p> <p>Michael McGrady advised that there had been on Child Protection incident which had been investigated and reported appropriately.</p> <p>One SEA is currently ongoing due to patient having a seizure and was given Buccal Midazolam which had expired. Learning will be shared once complete.</p> <p>Michael and Raymond Carruthers are looking at recurring themes and will share outcome once complete.</p>	<p><b>MMcG</b></p> <p><b>MMcG/ RC</b></p>
e.	<p><u>Datix update</u> The June bulletin was circulated previously with the agenda for information.</p>	
<b>Reducing Harm from Medicines</b>		
8.	<p><u>Public Health Reports / Prescribing updates</u> There were no reports to note.</p> <p>Lisa highlighted the risk to partnership for prescribing overspend. This budget will no longer be held centrally and each HSCP is responsible for their own budget.</p> <p>NHSGG&amp;C have launched a staff campaign in relation to this. The campaign highlights the costs of medications and medication wastage.</p>	

<b>Clinical Effectiveness / Quality Improvement</b>		
<b>9a.</b>	<p><u>Quality Improvement Workplan</u> Andrew Millar was unable to attend the meeting. The group reviewed the workplan.</p> <p>Discussion took place around the template used. Dianne to highlight this to Andrew.</p>	<b>DR</b>
<b>b.</b>	<p><u>EDHSCP QI Projects with Clinical Effectiveness Support</u> The report was circulated previously with the agenda for information.</p>	
<b>c.</b>	<p><u>East Dunbartonshire Clinical Effectiveness Report</u> The report was circulated previously with the agenda for information.</p>	
<b>Scottish Patient Safety Programme</b>		
<b>10a.</b>	<p><u>SPSP</u> Discussed previously under item 4d.</p>	
<b>b.</b>	<p><u>SPSO update – June &amp; July 2018</u> The SPSO reports were circulated previously with the agenda for information.</p>	
<b>Enabled to Deliver Person Centred Care</b>		
<b>11a.</b>	<p><u>Complaints Report- 19/05/18 – 09/07/18</u></p> <p>The group reviewed the reports.</p> <p>i) Health – Three complaints were received during the time period. One was fully upheld, 1 was withdrawn as a formal complaint and 1 was submitted to East Dunbartonshire HSCP in error.</p> <p>ii) Social Work – 6 complaints were received during this time period. Two were partially upheld, 2 were not upheld, 1 was logged as “not a complaint” and 1 is still under investigation.</p>	
<b>12.</b>	<p><u>The Quality Principles Service User Questionnaire</u> This report was circulated previously with the agenda for information. David Aitken explained that the Alcohol &amp; Drug Partnership (ADP) had commissioned the Scottish Drug Forum to gather feedback via a peer questionnaire. The SDF conducted the research by attending and engaging with various groups. The outcomes and recommendations from this report were reviewed and were overall very positive. It was felt that a key factor in this was as a result of it being a peer led questionnaire which improved response rate and was felt to give a more accurate reflection of service user experience. Negative responses are being followed up by the local Addictions team.</p>	
<b>Vulnerable Children &amp; Adults</b>		
<b>13a.</b>	<p><u>Child Protection</u> Claire advised that the group that there are currently 58 Children on the Child Protection register within East Dunbartonshire.</p> <p>Claire informed the group that an annual report for child protection had been published. The group agreed that at the next meeting there should be a focus on Child Protection.</p>	<b>CC/LH</b>

	<p>Claire and Lorna Hood will present:</p> <ul style="list-style-type: none"> <li>• Annual Report;</li> <li>• Best practice; and</li> <li>• Single point of access.</li> </ul>	
<b>b.</b>	<p><u>Child Protection Case Conference Attendance</u> There was no report to note as this meeting took place out with reporting timeframe.</p>	
<b>c.</b>	<p><u>Looked After &amp; Accommodated</u> Claire Carthy updated the group on current arrangements for Looked After &amp; Accommodated young people.</p> <p>Claire informed the group that the Corporate Steering Group has secured a grant to establish a Peer Support service for young people who have been accommodated.</p> <p>Social Work Children &amp; Families team are continuing to recruit more Foster Carers &amp; Adopters.</p> <p><u>Child Sexual Exploitation</u> The group were advised that there is a national drive to protect older young people (teenagers) from this type of exploitation where they are supported to make choices that will keep them safe.</p>	
<b>d.</b>	<p><u>Child Protection Forum Minutes – 24/04/18</u> The minutes were circulated previously with the agenda for information.</p>	
	<b>Infection Control</b>	
<b>14.</b>	<p><u>Partnership Infection Control minutes</u> There were no minutes to note as this meeting took place out with reporting timeframe.</p>	
	<b>General Business</b>	
<b>15.</b>	<p><u>Clinical &amp; Care Governance Project Phase 1: 2018-2019</u> This paper and Project Initiation Document were circulated previously with the agenda for information.</p> <p>The project aims to use existing information sources and to engage with Integration Authorities, IJBs, Health Boards, Local Authorities, national regulatory/scrutiny bodies (Care Inspectorate and Healthcare Improvement Scotland) and strategic bodies/organisations with an interest in health and social care delivery (including Social Work Scotland, the National Social Work Services Strategic Forum, CCPS and Scottish Care) to identify:</p> <p>(i) what is working well to assure clinical and care governance in health and social work/social care services, in line with the national Framework (2015) (ii) what could be improved to support implementation of the national Framework (2015) (iii) actions required to support agreed changes, if required to the national Framework (2015) and any implementation support requirements.</p>	

19	<p><u>Any other business</u></p> <p><u>Registered Service Inspections</u></p> <p>Discussion took place in regards to registered service inspections. The group agreed that these inspection reports should be visible to the group. It was also agreed that only inspections which fall below a certain grade, or a change in grade should be on the agenda for discussion. Derrick Pearce, Caroline Sinclair, Lisa Williams and Dianne Rice will meet to look at process for this.</p> <p><u>Vice Chair</u></p> <p>There is currently no vice chair in place for the Clinical &amp; Care Governance Group. Lisa asked that a vice chair be nominated. It was agreed that Caroline Sinclair will be vice chair in Lisa's absence.</p>	DP/CS/ LW/DR
20	<p><u>Schedule of meetings 2018</u></p> <p>The schedule of remaining dates for 2018 was circulated previously with the agenda for information.</p>	
21	<p><b>Date and time of next meeting</b></p> <p><b>Thursday 4<sup>th</sup> October 2018, 2.30pm, F33A&amp;B, KHCC</b></p>	

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Agenda Item Number: 11

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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	East Dunbartonshire HSCP Professional Advisory Group minutes of 27 <sup>th</sup> June 2018
<b>Report By</b>	Caroline Sinclair, Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services
<b>Contact Officer</b>	Caroline Sinclair, 0141 232 8216, Caroline.Sinclair@ggc.scot.nhs.uk

<b>Purpose of Report</b>	To provide the HSCP Board with the minute of the Professional Advisory Group Meeting of 27 <sup>th</sup> June 2018 (attached at <b>Appendix 1</b> ).
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<b>Recommendations</b>	The HSCP Board is asked to: <ul style="list-style-type: none"> <li>To note the contents of the minute attached.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Professional Advisory Group is an important multi senior staff group, whose role is to ensure that people who use health and social care services are safe from harm.
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**Implications for Health & Social Care Partnership**

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



Chief Officer: Susan Manion

**HSCP PROFESSIONAL ADVISORY GROUP MEETING**  
**WEDNESDAY 27<sup>th</sup> June 2018, ROOM F26, KHCC**

**Present:**

Paolo Mazzoncini	<b>(PM)</b>	Chief Social Work Officer & Head of Children's Services (Chair)
Lisa Williams	<b>(LW)</b>	Clinical Director
Caroline Sinclair	<b>(CS)</b>	Head of Community Mental Health, LD & Addictions.
Derrick Pearce	<b>(DP)</b>	Head of Community Health & Care Services
Wilma Hepburn	<b>(WH)</b>	Professional Nurse Advisor
Fiona Munro	<b>(FM)</b>	Team Manager
Claire Carthy	<b>(CC)</b>	Social Work Field Work Manger
Michael Mcgrady	<b>(MM)</b>	Consultant in Dental Public Health
Carolyn Fitzpatrick	<b>(CF)</b>	Lead for Clinical Pharmacy and Prescribing

**In attendance:**

Christina Burns	<b>(CB)</b>	Minutes
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No	Topic/Subject	ACTION
1.	<b>Welcome &amp; Apologies</b>	
	PM welcomed Caroline Sinclair and Derrick Pearce to the Professional Advisory Group. Apologies received on behalf of Susan Manion, David Aitken.	
2.	<b>Previous Minutes</b>	
	Minutes reviewed and approved as an accurate record.	
3.	<b>Matters Arising</b>	
	<ul style="list-style-type: none"> <li> <b><u>PAG Terms of Reference</u></b>            PM explained the role of the PAG. A lengthy discussion took place around the ToR which had been circulated in February. PM felt it pertinent this was reviewed at the meeting to ensure that it is still relevant.             CS was particularly interested the Redesign aspect and queries the level of involvement the group had around redesign.            PM and LW suggested that the role of the group is purely advisory and should issues be highlighted through discussions within the PAG that these would be raised with the appropriate individuals or groups to avoid replicating work being carried out elsewhere.         </li> <li> <b><u>Nomination for Vice Chair</u></b>            PM requested that nominations for a vice chair are submitted to PM &amp; CB within 14 days.         </li> </ul>	

	<p><b>Action:</b> CB to collate Nominations for PAG</p> <ul style="list-style-type: none"> <li>• <b><u>Duty of Candour</u></b> CB advised that as yet there has not been a response from Robert McIlreavy around the availability of training &amp; modules. Moira McDonald has been in contact to advise that there are no available modules from an EDC perspective. <p>WH clarified that face to face training is available for Band 7 staff and above who are delivering Duty of Candour. There are also Learn Pro modules that can be accessed by all staff.</p> <p>Further discussion took place around EDC's process for collecting data in terms of incidents reported. CC explained that although staff are familiarising themselves with the legislation there is currently no mechanism or process in place.</p> <p>Some uncertainty remains that all staff are fully up to date with the requirements of the legislation.</p> </li> </ul> <p><b>Action:</b> Discussion around the Duty of Candour paperwork &amp; framework to be added to future SMT agenda.</p> <p><b>Action:</b> LW to ask Dianne Rice to forward related documents to CB for circulation, SCI Toolkit est.</p> <ul style="list-style-type: none"> <li>• <b><u>Prescribing</u></b> In relations to the public awareness campaign discuss at the last PAG meeting, CF explained that there is a board wide approach to tackle the waste of medicine as opposed to suggesting patients buy over the counter medicines which may be negatively viewed by the SG. PM confirmed that it was unlikely that there would be a local campaign to avoid undermining the approach taken by the board. PM highlighted the article which featured in the recent Core Brief.</li> <li>• <b><u>Oral Health Report</u></b> MM provided the group with a brief recap of the report. MM also suggested that the PAG may be interested in the changes around patients in Care Homes. The current view is that these patients will be treated by high street GDP's with more complex cases being dealt with by public dentists in a shared work approach. It is hoped that this will be in place by January next year although there is yet to be an agreed process for training, funding and governance. <p>MM also suggested that the PAG look at how dentists can assist in the delivery of overall general health messages.</p> </li> </ul> <p><b>Action:</b> MM to provide regular Oral Health Updates to the PAG.</p>	<p><b>CB</b></p> <p><b>PM/CB</b></p> <p><b>LW/CB</b></p> <p><b>MM</b></p>
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	<p><b><u>MFT</u></b> There have been a number of presentations and discussions however there have been no specific further developments. LW advised that the PAG will be updated as developments occur.</p> <p><b><u>Lead Optometrist</u></b> DP informed the group that Morven Campbell is no longer the Lead Optometrist and has ceased in this post. The intention is to recruit to this role. DP is hopeful that the post will be filled by the end of the summer.</p>	
4.	<b>Registration with Professional Bodies</b>	
	<p>PM discussed recent issues with SSSC registration and queried the processes in place around registration for each area. PM also asked if there had been similar experiences elsewhere.</p> <p>The group discussed the arrangements in place for their respective areas in detail.</p> <p>DP explained that although many of the issues raised relate to Homecare staff, it is important to note that the revalidation process for Homecare has only recently been implemented. Work is now underway to rectify the issues and to invoke a more robust process</p>	
5.	<b>MH Strategy</b>	
	<p>The Mental Health Strategy tile encompasses a large amount of work including:</p> <ul style="list-style-type: none"> <li>• The new National Mental Health Strategy 2017/27.</li> <li>• At GG&amp;C wide level there is the Mental Health Strategy 5 year programme, work is currently on going.</li> <li>• Adult Mental Health Programme Board.</li> <li>• Older Peoples Mental Health Strategy which is yet to get underway.</li> </ul> <p>The overall aim of the Strategy is to enable people to receive care at home and in the community as well as reducing unnecessary hospital admissions through prevention and developing community services.</p> <p>With regard to Children and young people there is a separate strand of work going on around this and discussions are ongoing around CAMH's est.</p> <p>CS also discussed SG funding with the caveat that there are substantial expectations attached to the funding.</p>	
6.	<b>Unscheduled Care</b>	
	<p>DP explained that Unscheduled Care is being looked at more generally and does not focus solely on Care Homes although Care homes are a significant part of the issue. It particular relates to older people or adults with disabilities where secondary care is anticipated but is required on an emergency or unscheduled basis. As with the Mental Health Strategy there are numerous work streams and steering groups on going.</p> <p>DP also discussed reducing patient's length of stay where possible as well as unscheduled care in relation to MFT.</p>	

	The recent industrial action demonstrates the importance of social work & home care services and the impact this had on secondary care.	
7.	<b>GP Contract</b>	
	<p>The new GP contract went live on the 1<sup>st</sup> of April. This is essentially a new way of working aimed at improving resilience and sustainability to offset the ongoing issues around the retention of GP's and the lack of locum cover.</p> <p>Multi-disciplined teams will be set up within each practice which will include Pharmacy support, Advance Nurse Practitioners, MH Practitioners and Community Health Workers amongst others. The HSCP's will employ and manage these teams. This will hopefully allow GP's to concentrate on complex cases with the GP's essentially being the expert medical practitioner.</p> <p>In order for this to happen each HSCP needs to develop a Primary Care improvement plan which will be implemented locally.</p> <p>DP discussed the Primary Care Investment fund and the challenges around funding much of which is being ring fenced for specific areas in line with the MOU.</p>	
8.	<b>50 Years of Social Work &amp; 70 Years of NHS Anniversary</b>	
	<p>The group discussed the upcoming anniversary. PM asked the groups opinion on circulating a collective communication to mark the occasion and to recognise the hard work carried out by staff.</p> <p><b>Action:</b> Ideas to be sent to CB for consideration.</p>	<b>ALL/CB</b>
9.	<b>Agenda Items For Future PAG</b>	
	<ul style="list-style-type: none"> <li>• Update on the Primary Care Improvement Plan</li> <li>• Mental Health 15 Delivery Plan</li> <li>• GDPR (Reflective Discussion)</li> <li>• Inspection of Adult Services</li> <li>• Health &amp; Social Care Standards</li> <li>• Review Redesign Work (DP to confirm)</li> </ul> <p><b>Action:</b> CB to request agenda items next months</p>	<b>CB</b>
10.	<b>Any other business</b>	
	<p>WH explained the issues around the retention of Band 6 staff.</p> <p>WH provided an update on the OOH services and funding.</p> <p>WH discussed the recent industrial action and the ban on O.T.</p>	

11.	<b>Date of next meeting:</b>	
	12 <sup>th</sup> September 2018, F26, KHCC.	



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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	East Dunbartonshire Draft Audit Committee Minutes of 27 <sup>th</sup> June 2018
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216, Jean.Campbell2@ggc.scot.nhs.uk

<b>Purpose of Report</b>	To provide the Board with an update on the business of the Audit Committee held on the 27 <sup>th</sup> June 2018.
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<b>Recommendations</b>	The Integration Joint Board is asked to:  a. Note the contents of the minute of the <b>draft</b> Audit Committee held on the 27 <sup>th</sup> June 2018.

<b>Relevance to HSCP Board Strategic Plan</b>	This committee provides support to the IJB in its responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered..
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**Implications for Health & Social Care Partnership**

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



**Minutes of  
East Dunbartonshire Health & Social Care Partnership Audit Committee Meeting  
held at 2:00pm on Wednesday 27<sup>th</sup> June 2018  
in S1, Kirkintilloch Health & Care Centre**

**Present:**

	Susan Murray (Chair)	(IF)	Jean Campbell	(JC)
	Sheila Mechan	(SMe)	Susan Manion	(SMa)
	Jacqueline Farmer	(JF)	Jacqueline Forbes	(JF)
	Ian Ritchie	(IR)	Gillian McConnachie	(GM)

**In attendance:** Kirsty Gilliland (Minutes) (KG)

No.	Topic	Action by
1.	<b>Welcome and Apologies</b>	
	Susan Murray welcomed those present. Cllr Alan Moir and Ian Fraser's apologies were noted.	
2.	<b>Minutes of previous meeting – 21<sup>st</sup> February 2018</b>	
	The minute of the meeting held on 21 <sup>st</sup> February 2018 was approved as an accurate record.	
3.	<b>ED HSCP Audit Committee - Revised Terms of Reference</b>	
	<ul style="list-style-type: none"> <li>• Ms Campbell – a number of changes were agreed following the last meeting. These are now reflected in the report.</li> <li>• Mrs Manion – need clarity of functions to ensure there is no overlap with the IJB.</li> </ul> <p>The Committee approved the revised Terms of reference within report.</p>	
4.	<b>EDC Internal Audit Annual Review 2017/18</b>	

	<p>Mrs McConnachie gave an overview of the Internal Audit Annual Review 2017/18, including consideration of the adequacy and effectiveness of East Dunbartonshire Council's systems and processes under the strategic direction of the Partnership.</p> <p>Mrs Forbes questioned the audit work outputs only being 90% complete. Mrs McConnachie commented that this is partly due to a timing issue but this will be picked up in the next cycle.</p> <p>The Committee noted the report.</p>	
<b>5.</b>	<b>EDC Internal Audit Progress Update 2017/2018</b>	
	<p>Mrs McConnachie presented the EDC Internal Audit Progress update 2017/18, focusing particularly on the outputs from January 2018 to March 2018.</p> <p>The Committee noted the update.</p>	
<b>6.</b>	<b>PWC Internal Audit Annual Report on NHSGG&amp;C 2017/18</b>	
	<p>Mrs McConnachie gave an overview of PwC's Internal audit annual report on NHSGG&amp;C.</p> <p>The audit opinion given by PwC on NHS Greater Glasgow &amp; Clyde is generally satisfactory with some improvements required. There are some areas of weakness and non compliance in the framework of governance, risk management and control. Some improvements are required in these areas. Three of the 18 audit reviews undertaken during 2017/18 reports were rated overall as high risk.</p> <p>NHS Greater Glasgow &amp; Clyde has accepted their findings.</p> <p>The Committee noted the update.</p>	
<b>7.</b>	<b>EDC Audit and Risk Planning 2018/19</b>	
	<p>Mrs McConnachie presented the planned schedule of works which will support the 2018/19 Council Audit and Risk plan. The planned audits which are of particular relevance to the HSCP are; direct payments; social work – financial assessment process; Carefirst (social work system) testing; Carefirst proposals and social work regularity reviews.</p> <p>Mr Ritchie asked Mrs McConnachie to clarify why Table 4 shows regularity and irregularity. Mrs McConnachie advised that irregularity generally relates to fraud whilst regularity relates to recurring items, for example, petty cash or payroll.</p> <p>The Committee noted the report.</p>	
<b>8.</b>	<b>Unaudited Draft Annual Accounts 2017/18</b>	

	<p>Ms Campbell presented the Unaudited Draft Annual Accounts 2017/18 and advised that the recommendations to changes in the presentation and consistency had been amended.</p> <p>The report shows a favourable year end position for the partnership with an overall surplus of £947,000 after applying reserves. This will help to meet the priorities set out in the plan and provide some resilience for ongoing pressures and slippage in savings plans.</p> <p>The Committee approved the local code of governance against which the IJB will measure itself in the Annual Governance Statement for 2017/18 and noted the unaudited accounts.</p>	
<b>9.</b>	<b>A.O.C.B.</b>	
	<p>Mrs Manion reiterated the plan for this year. Given the function of this committee is to support the role of the IJB, providing assurance that robust processes are in place. The Terms of Reference involve looking at the performance, therefore, we need to ensure there is continued improvement.</p> <p>Mr Ritchie highlighted that there may be something that can be picked up from the quarterly / annual report.</p> <p>Mrs Mechan suggested it would be worthwhile noting items for the next meeting.</p> <p>Mrs Forbes suggested looking at areas where there is a risk or we are not delivering.</p>	
<b>10.</b>	<b>Date of Next Meeting – September 2018</b>	
	Next meeting of the group is scheduled to take place on 21 <sup>st</sup> September 2018.	



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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	Joint Health Improvement Plan 2018 - 21
<b>Report By</b>	Caroline Sinclair Interim Chief Social Work Officer Head of Mental Health, Learning Disability, Addictions and Health Improvement -0141 232 8216, Caroline.Sinclair@ggc.scot.nhs.uk
<b>Contact Officer</b>	David Radford, Health Improvement & Inequalities Manager

<b>Purpose of Report</b>	To present the East Dunbartonshire Joint Health Improvement Plan 2018 - 21 for noting. The Plan has been prepared by the HSCP on behalf of the Community Planning Partners and sets out the core public health improvement priorities and approaches to be delivered over the next three years.
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<b>Recommendations</b>	The Board is asked to: <ul style="list-style-type: none"> <li>▪ Note the content of the final plan</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The priorities and actions described within the draft Joint Health Improvement Plan are included within the Strategic Plan
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	The Joint Health Improvement Plan will be subject to an EQIA
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	<b>x</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>1.0 MAIN REPORT</b>
1.1 This is the fourth East Dunbartonshire Joint Health Improvement Plan (JHIP).
1.2 This Plan builds on the improvements made during the previous JHIPs.
1.3 The Plan has been prepared by the HSCP on behalf of the Community Planning Partners and sets out the core common public health improvement priorities
1.4 The JHIP 2018 – 2021, establishes the context from which the Community Planning Partners will collaborate to plan, develop and deliver a range of actions towards improving health and wellbeing across East Dunbartonshire.
1.5 The JHIP is the instrument for the delivery of LOIP Outcome 5: (Our people experience good physical and mental wellbeing with access to a quality built and natural environment in which to lead healthier more active lifestyles), but also links to Outcome 3: (Our children and young people are safe, healthy and ready to learn).
1.6 The ambitions of this plan are to further improve the opportunities for people living and working in East Dunbartonshire, to live a long and healthy life and to reduce the health inequalities of those who live within our Place communities.
1.7 The Plan sets out 5 key themes that reflect the draft outcomes within the National Public Health Review and the health and wellbeing needs of local residents.
1.8 The Plan will be delivered through multi agency partnership groups, each responsible for the development and implementation of actions associated with each theme.

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# EAST DUNBARTONSHIRE JOINT HEALTH IMPROVEMENT PLAN 2018 - 2021

# INTRODUCTION

## **Vision**

The East Dunbartonshire Community Planning Partnership's (CPP)'s vision is: "Working together to achieve the best with the people of East Dunbartonshire."

This will be realised through shared knowledge, values, intelligence and by working in partnership for a healthier, happier and fairer East Dunbartonshire.

## **Local Outcome Improvement Plans**

The East Dunbartonshire CPP Local Outcome Improvement Plan (LOIP) establishes the shared actions for our Community Planning Partners. The LOIP has 6 strategic outcomes, with the Joint Health Improvement Plan (J-HIP) realising the ambitions for LOIP 5 - *Our people experience good physical and mental wellbeing with access to a quality built and natural environment in which to lead healthier more active lifestyles*. Further, the J-HIP will extend its reach to support core actions and ambitions highlighted within LOIP 3 - *Our children and young people are safe, healthy and ready to learn*.

## **Approach**

Being healthy is about being able to make decisions and better manage individual life circumstances. The CPP acknowledges that improving health needs to stretch beyond traditional approaches to embrace multi agency, collaborative, actions that will support and increase the health and wellbeing outcomes across East Dunbartonshire. The content of the plan describes a range of universal and targeted approaches that protect good health and address health inequalities, taking into account that health means different things to different people. Through this approach, the Community Planning Partners set out to improve the health outcomes for local people, address health inequalities to realise the aims of equality legislation, detailed within the Equality Act (2010).

This J-HIP aligns to that of the World Health Organisation, who, through their Ottawa Charter for Health Promotion (WHO 1986 & 2005) established a series of actions required to achieve a



healthy population and to reduce health inequalities. The plan also embraces the themes from the emerging national public health review for Scotland, alongside data and information gathered through collaborative working and engagements with partners and services users across East Dunbartonshire. These conversations will be supported by evidence gathered locally and nationally focussing on actions that will have the greatest potential to:

- Improve health and wellbeing
- Reduce health inequalities
- Increase personal and collective resilience and build capacity

### **What matters to local communities?**

Service user and carer feedback and involvement will be a continuous process to ensure views from all sectors of the community are captured and shared to influence priorities and actions. Engaging and listening about what matters to our residents is central in determining our key themes for this Plan.

Community consultations were undertaken by the Community Planning Partners in 2016, with the aim to determine the key priorities in forming our Place Plans, the analysis of this feedback identified the following themes that relate to keeping people healthy:

- Increased access and better maintenance of walking routes
- Increased access to Community gardens, nature trail and allotments
- Increased opportunity for social activity and interaction including, healthy eating and fitness groups.

Whilst the following range of themes were reflected during the East Dunbartonshire Health & Social Care Partnership engagement events during 2017:

- Reduce social isolation,
- Increase physical activity
- Support a healthy diet
- Increase capacity towards self management

### **The Joint Health Improvement Plan**

The Plan recognises that there is an opportunity to improve health and wellbeing throughout the authority, through the process of recognising and sharing our collective skills and assets and through the identification and delivery of collective objectives and actions.

The Health Improvement Planning and Performance Partnership will undertake the responsibility for the development and delivery of the J-HIP. The Plan identifies five key priority areas with each priority being delivered through a partnership sub group, who, in turn, will be responsible for the associated actions progression against identified success criteria.

The Plan focuses on developing opportunities for individuals, families and communities to be involved with improving their own health and wellbeing incorporating the following criteria:

- What is known about the priority;
- What matters to our communities
- How will we measure success

## **The Priorities**

### **KEY PRIORITY 1**

# Tobacco Prevention, Cessation & Control

## What does the data say?

Across Scotland, smoking is the biggest preventable cause of illness and death, with smoking prevalence in the most deprived communities four times higher than within the most affluent (Scot Gov. 2015):

- In Scotland, 21% of adults reported as being smokers, (2015 Scottish Health Survey).
- In East Dunbartonshire, 15% of adults reported as being smokers, (East Dunbartonshire Adult Health & Wellbeing Being Survey 2014).
- In East Dunbartonshire, 34%, who live in our most deprived communities, reported as being smokers, (East Dunbartonshire Adult Health & Wellbeing Being Survey 2014).

## Those who are exposed to Second Hand Smoke:

- In Scotland, 12% of non smokers (aged 16+) reported to being exposed to second hand smoke (2015 Scottish Health Survey).
- In East Dunbartonshire, 25% of adults reported being exposed to second hand smoke, (East Dunbartonshire Adult Health & Wellbeing Being Survey 2014).
- In East Dunbartonshire, 46% of adults, who live in our most deprived communities, reported being exposed to second hand smoke - (East Dunbartonshire Adult Health & Wellbeing Being Survey 2014).

## What matters to communities?

Local people want organisations to work together to promote and deliver a wide range of services that support and promote positive health, such as to help people stop smoking.

## Our Approach

The multi-agency East Dunbartonshire Tobacco Alliance is the partnership group

responsible for the development and implementation of actions to reduce tobacco harm across East Dunbartonshire. The focus is not only the prevention of smoking and supporting those who want to stop smoking but also actions that support the enforcement of legislation.

### **What will partners do?**

- Deliver smoke free services particularly within the most disadvantaged communities.
- Deliver smoke free services to specific groups, such as pregnant women who are smokers.
- Establish a Home Fire Safety & Stop Free partnership referral process for those identified as being vulnerable to fire in their homes.
- All partner organisations develop and implement policies and protocols reflecting the requirements of national guidance and legislation to reduce the impact of smoking on their employees.
- Create a range of community based smoke free environments including Smoke Free Play-parks and Smoke Free Community Events.
- Deliver a range of intervention to determine compliance with enforcement legislation, including reducing access to illicit tobacco products.

### **Measuring Success**

The main impact measure will be smoking prevalence and exposure to second hand smoke which will be quantified through the 3 yearly East Dunbartonshire Adult Health & Wellbeing survey.

## **KEY PRIORITY 2**

# **Obesity and Physical Activity**

## **What does the data say?**

Scotland's obesity rates continue to be amongst the highest in the developed world (Scottish Government. 2017)

- In Scotland, 65% of adults are overweight, (Scottish Health Survey 2016).
- In East Dunbartonshire, 50% of adults are classed as being overweight, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 51% of adults meet the target for fruit / vegetable consumption – at least 5 portions per day, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 35% of adults, who live in our most deprived communities, meet target for fruit / vegetable consumption, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).

### **Physical Activity**

- In Scotland, 63% of adults meet the national physical activity guidelines, (Scottish Health Survey 2016).
- In East Dunbartonshire, 71% of adults meet the physical activity target, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 58% of adults, who live in our most deprived communities, meet target for physical activity, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).

## **What matters to communities?**

Local people highlighted the partners should help people to improve their health through activities such as walking, gardening and other social activities.

## **Our Approach**

The multi agency East Dunbartonshire Obesity and Physical Activity Group is the partnership group responsible for the development and implementation of actions that will respond to Scotland's national obesity strategy and physical activity implementation plan.

The focus will be to deliver actions that will increase the number of adults attaining the weekly recommended target for being physically active and consuming healthier food options.

## **What will partners do?**

- Review recommendations from the National Obesity strategy and deliver an action plan reflecting the local and national priorities to reduce level of obesity.
- Develop pathways with third sector organisations to provide wider access to community cooking groups.
- Deliver community led food initiatives, increasing knowledge and capacity for the safe food handling and hygiene practice.
- Deliver leisure, cultural and recreational activities, particularly within PLACE communities, including walking and cycling.
- All partner organisations develop and implement policies supporting a healthy and active workforce.

## **Measuring Success**

The main impact measure will be percentage of residents reported as being overweight and who meet the target for physical activity, determined through the three yearly East Dunbartonshire Health & Wellbeing survey.

**KEY PRIORITY 3**

## **Alcohol and Drug, Intervention and Awareness**

**What does the data say?**

The harm (both individual and societal) caused by alcohol has become a major challenge

affecting Scotland, (Scottish Government 2009).

- In Scotland, 50% of men regularly drink over alcohol consumption guidelines, (Scottish Government 2008).
- In Scotland, 30% of women regularly drink over alcohol consumption guidelines, (Scottish Government 2008).
- In Scotland, 6% of adults reported having used one or more illicit drugs in the last year (Scottish Crime and Justice Survey 2015).
- In East Dunbartonshire, 31% of adults exceed the daily limit for alcohol consumption (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 22% of adults who live in our most deprived communities exceed the daily limit for alcohol consumption, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 16% of adults reported to have been binge drinkers in the previous week, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire the percentage rate of adults who use illicit drugs is 33% less than the national rate, (NHS Information Services Division 2012).

### **What matters to communities?**

Local people want organisations to work together to promote and deliver a wide range of services that promote positive health and to help people access the services they need.

### **Approach**

The multi agency East Dunbartonshire Alcohol and Drug Information and Awareness Group (ADIAG), delegated by the East Dunbartonshire Alcohol and Drug Partnership (ADP), is the partnership group responsible for the development and implementation of actions to increase awareness and capacity to mitigate the impact of alcohol and



substance misuse.

### **What will partners do?**

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

### **Measuring Success**

The main impact measure will be the consumption of alcohol by adults reported in the three yearly 3 yearly East Dunbartonshire Adult Health & Wellbeing survey. (Due to the change in the recommended safe consumption levels for alcohol the next data set will differ from that previously reported).

## **KEY PRIORITY 4**

# **Positive Mental Health and Wellbeing**

### **What does the data say?**

To achieve good mental health we need ensure more equitable access to services

and develop individual capacity.....Poverty and social exclusion can increase the likelihood of mental ill health, and mental ill-health can lead to greater social exclusion and higher levels of poverty (Scottish Government. 2017).

- In Scotland, approximately 25% people experience a mental health problem at some point in their lifetime, (NHS Health Scotland 2017).
- In East Dunbartonshire, 90% of adults have a positive perception of their mental health, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 84% of adults, who live in our most deprived communities, have a positive perception of their mental health, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 70% of adults feel in control of their decisions affecting life, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire, 60% of adults, who live in our most deprived communities, feel in control of decisions affecting life, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).

### **What matters to communities?**

Local people want organisations to work together to promote and deliver a wide range of actions and opportunities promoting positive mental health, increase capacity and address the causes of worries and concerns.

### **Approach**

The East Dunbartonshire Health and Wellbeing Network is the partnership group responsible for the development and implementation of actions to build confidence, resilience, wellbeing and capacity with Partners and local communities across East Dunbartonshire.

## What will partners do?

- Deliver, in partnership, a range of community engagements opportunities, to assess and to identify local community wellbeing and learning needs.
- Develop and implement a co-ordinated approach to build wellbeing and individual(s) capacity within Place localities.
- Implement recommendations from National Mental Health Strategy and develop and deliver an East Dunbartonshire Mental Health Improvement Plan, increasing community resilience and wellbeing.
- Revise and increase access to the East Dunbartonshire Community Asset Map.

## Measuring Success

The main impact measure will be percentage of residents who report a positive perception of the influence they have in decisions that affect their lives, reported in the 3 yearly East Dunbartonshire Adult Health & Wellbeing survey.

## KEY PRIORITY 5

# Healthy Environment

## What does the data say?

In Scotland, the environment in which people live and the prosperity they enjoy have significant impact on their health and wellbeing, (Scottish Government 2009).

- In East Dunbartonshire 10% of adults have a negative perception of availability of safe play spaces, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire 32% of adults who live in our most deprived have a negative perception of availability of safe play spaces, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire 91% of adults feel as if they belong to their (local) area, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire 82%% of adults, who live in our most deprived communities, feel as if they belong to their (local) area, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).
- In East Dunbartonshire 76% of adults feel safe walking alone around this local area even after dark, (East Dunbartonshire Adult Health & Wellbeing Survey 2014).

### **What matters to communities?**

Local people identified a need for increased access and better maintenance of walking routes and increased access to community gardens, nature trail and allotments.

Further, local people identified clean and healthy built environments, where people feel safe, alongside access to quality natural environments and community growing spaces.

### **Approach**

The East Dunbartonshire Healthy Environment Action Group is the multi agency partnership group responsible for the development and implementation of opportunities to optimise the use of the outdoors for health and wellbeing, through the process of community capacity building and assets based practice.

### **What will partners do?**

- Deliver a range of environmental legislation towards a cleaner and safer East

Dunbartonshire.

- Deliver approaches toward improving local air quality, including promotion of electric vehicles, vehicle efficiency programmes, and greening of transport routes.
- Develop and deliver the East Dunbartonshire Playpark Audit and Action Plan.
- Develop accessible areas for walking, cycling, play and recreation.
- Strengthen the implementation of the East Dunbartonshire Green Strategy Network.
- Deliver the implementation of the East Dunbartonshire active travel plan.
- Develop and deliver the East Dunbartonshire Food Growing Strategy to increase opportunities to grow fruit, vegetables and flowers.
- Develop volunteering and eco-therapy within the natural environment on biodiversity project(s).

### **Measuring Success**

The main impact measure will be the delivered through the review of the East Dunbartonshire Councils Green Network Indicator report.



**Agenda Item Number: 14**

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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	East Dunbartonshire Primary Care Improvement Plan
<b>Report By</b>	Derrick Pearce, Head of Community Health and Care Services
<b>Contact Officer</b>	Gillian Notman, Change and Redesign Manager, 0141 355 2322, Gillian.Notman@ggc.scot.nhs.uk

<b>Purpose of Report</b>	The purpose of this report is to seek formal approval from the Integration Joint Board on East Dunbartonshire's Primary Care Improvement Plan (PCIP) associated with the new General Medical Services Contract (GMS) 2018-21.
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<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Note the PCIP submitted to the Scottish Government on the 31<sup>st</sup> July (<b>Appendix 1</b>)</li> <li>• Note the initial phase of implementation for the PCIP to commence immediately with recruitment of posts to join primary care starting August.</li> <li>• Note that ongoing communication and engagement with key stakeholders will guide further iterations of the local PCIP;</li> <li>• Note that regular updates will continue be provided to the HSCP Board on implementation progress and funding usage.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The new GP contract has significant impacts on the delivery of HSCP services, partly in the redesigning of services, recruitment/training of new staff as well as the management of whole system changes.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	The new Contract supports the development of new roles and multidisciplinary teams working in and alongside GP practices. The Contract also facilitates the transition of the GP role into an Expert Medical Generalist. In year 1 of the PCIP, new members of the multidisciplinary team will be aligned to each MOU commitment, with recruitment for some healthcare professionals sitting centrally for board-wide allocation.
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<b>Equalities:</b>	At present, there are no equality issues related to this report however EQIAs will be conducted in due course.
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<b>Financial:</b>	Increased funding to the HSCP of £619,190 in 2018/19 from the Primary Care Fund. Year 1 (2018) of the PCIP is unlikely to involve an overspend due to mid-year implementation.
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<b>Legal:</b>	There are no legal issues within this report
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<b>Economic Impact:</b>	There are no economic issues within this report
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<b>Sustainability:</b>	Refocusing of primary care model will require the HSCP to support and deliver through service redesign.
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<b>Implications for East Dunbartonshire Council:</b>	To enable the GP to function as Expert Medical Generalist, workload is beginning to be redistributed to extended roles and functions to the wider multidisciplinary teams (including staff employed by East Dunbartonshire Council working in the HSCP).
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<b>Risk Implications:</b>	Emerging risks will be managed through the HSCPs Primary Care Improvement Plan group. Workforce availability across all Allied Health Professionals/extended roles has been recognised as a challenge nationally.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The new GMS contract will impact how community services are delivered throughout the Health Board. Consistent messages on redesign of primary and community services should ensure patient population of NHSGG&C have analogous expectations
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>X</b>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

## MAIN REPORT

### 1.0 REPORT

1.1 The new GMS contract, agreed between Scottish Government and the BMA, was adopted in Scotland on 1<sup>st</sup> April 2018. This contract proposed a refocusing of the GP role as Expert Medical Generalist. In doing so it aimed to build on the core strengths and values of General Practice whilst also seeking to deliver transformational change to enable sustainability in the face of rising demand, falling primary care workforce numbers and sub-optimal patient experience.

1.2 A Memorandum of Understanding (MOU) has been agreed between the Scottish Government and the British Medical Association, to be adopted by Integration Authorities. This MOU will cover an initial 3 year period 1 April 2018 to 31 March 2021 and sets out the key aspects relevant to facilitating the commissioning of Primary Care Services and service redesign to support the role of the GP as the Expert Medical Generalist.

1.3 Each HSCP was tasked with compiling a local Primary Care Improvement Plan (PCIP) which identified key priorities and deliverables related to the MOU commitments. The development of the PCIP took into consideration the HSCP's profile of primary care, disease prevalence, local opportunities and challenges.

1.4 A Primary Care Improvement Plan Working Group has been set up by the HSCP. This group consists of the Clinical Director, the Head of Community Health and Care services, service leads with the HSCP and representation for the LMC who provides input from the GP subcommittee. We worked collaboratively with these partners to pull together our Primary Care Improvement Plan which builds on these key MOU commitments. .

1.5 Key MOU priorities to be executed within year 1 include:

- **The Vaccination Transformation Programme (VTP)** - High level deliverable: All services to be Board run by 2021.

Year 1: An influenza vaccination service will provide cover to all housebound patients in East Dunbartonshire over a 10 week period, removing this workload from GP practices. Pre-5 vaccinations to be carried out by 5.5 band 3 and 4 nurses.

- **Pharmacotherapy Services** - High level deliverable: services to be delivered to the patients of every practice by 2021.

Year 1: An additional 4.5 practice support pharmacists and practice support technicians will embed into practices across East Dunbartonshire to help reduce prescribing workload from GPs.

- **Community Treatment and Care Services** - High level deliverable: services to be delivered in every area by 2021, starting with Phlebotomy.

Year 1: Establish a centralised phlebotomy service for all housebound patients including chronic disease monitoring through the adult community nursing service. The currently provided 20 hours will be supplemented to 56 hours per week.

- **Urgent Care (Advanced Practitioners)** - High level deliverable: sustainable roles such as Advanced Nurse Practitioner (ANP) services used for urgent unscheduled care as part of the practice or cluster-based team.

Year 1: ANPs will attend to urgent care cases that practices may have. The HSCP will aim to recruit 2 band 7 ANPs who will work across a cluster based-model as a pilot.

- **Additional Professional Roles (MSK Physiotherapy & Mental Health)**  
- High level deliverable: create a dynamic multidiscipline team consisting of physiotherapists or mental health workers who can act as the first point of contact.

Year 1: Pilot to be implemented in one cluster to establish potential for role out across other clusters. Two band 7 Advanced practice Physiotherapists will provide in-practice first-point-of-contact support to patients presenting with musculoskeletal problems.

1.6 On the 28<sup>th</sup> July a draft PCIP was brought to the HSCP for noting. In dialogue with our Local Medical Council /GP subcommittee an agreed plan was submitted, (in line with all other HSCPs) to the Scottish Government highlighting our planned approach and commitments for 2018/20



# Primary Care Improvement Plan

## 2018-2021

Version 1	11 <sup>th</sup> April	Local PCIP working group
Version 2	25 <sup>th</sup> April	Engagement session with GPs
Version 3	11 <sup>th</sup> June	Sent to LMC rep for GP subcommittee rep
Version 4	14 <sup>th</sup> July	Sent to wider GP subcommittee
Version 5	4 <sup>th</sup> July	Further amendments added pre GP subcommittee meeting
Version 6	4 <sup>th</sup> July	Post GP subcommittee changes
Version 7	30 <sup>th</sup> July	Submission to Scottish Government pending final GP-subcommittee approval
Version 8	31 <sup>st</sup> July	Final version with GP subcommittee approval

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## 1. Local Profile

### 1.1. East Dunbartonshire – Local Context

East Dunbartonshire Health and Social Care Partnership (EDHSCP) is one of six Partnerships operating within the Greater Glasgow & Clyde Health Board area. The HSCP is responsible for delivering primary and community health, social work and social care services in the communities of East Dunbartonshire. There has been a long history of positive joint working between the local statutory services and independent contractors, including GP practices in this area. East Dunbartonshire HSCP also hosts NHS Greater Glasgow & Clyde (NHSGG&C) Oral Health and Specialist Children Services. Appendix 1 shows the location of East Dunbartonshire's GP practices, as well as the cluster groupings. It highlights the geographical spread of the practices including the rural practices which pose some challenges to the operational delivery of health and social care services.

### 1.2. Profile of Primary Care Delivery

There are 16 GP practices in East Dunbartonshire serving a practice list size of 106,296 patients. These practices work in 3 clusters, with each practice having a dedicated Practice Quality Lead (PQL), and each cluster a dedicated Cluster Quality Lead (CQL). In total there are 74 GPs in the area including salaried GPs, and those who work full/part time. These are supported by an undefined number of sessional GPs working across multiple HSCP areas.

**Table 1: workforce summary within GP practices in East Dunbartonshire**

\*Health Care Support Worker

Partners	Training Practice	Trainees	Retainees	Staff employed in practice	Practice nurses	*HCSWs
64	13/16 are training practices	16	3	235	33	18

The HSCP hosts quarterly GP forum events which are well attended by the practices as well as by relevant HSCP representatives and staff members. Key workforce issues reflect the national landscape, whereby there are particular challenges recruiting and retaining doctors into general practice. Table 1 summarises the workforce breakdown within the practices in the area, with a total of 235 staff employed within practices in East Dunbartonshire.

A more detailed primary care workforce survey is planned for later on in the year.

### 1.3. Local Opportunities

The aims of the new GMS contract align with the key strategic themes of the 2018-2021 EDHSCP Strategic Plan which involves; keeping people healthy, improving access to services, reducing unnecessary hospital admissions and supporting people to live at home or in a homely setting.

There is an opportunity to build on ongoing development work within the GP clusters, evidenced by the cluster improvement plans. For example, all clusters are involved in work which supports reception and administration staff to facilitate signposting to local services. This provides opportunities to influence the way that patients seek care and treatment from the most appropriate member of the multidisciplinary team, signposting people to get the right support at the right time.

By extending the multidisciplinary team to wrap around primary care services, there is the opportunity to free up GP time to act in a role as the Expert Medical Generalist, allowing them to focus on patients with complex care needs.

#### 1.4. Local Challenges

The population of East Dunbartonshire has a high proportion of older adults, compared with the Scottish average. It has the highest life expectancy in Scotland at 83.9 years for females (compared with 81.1 years in Scotland), and 80.7 years for males (compared with 77.1 years in Scotland).

Over the years 2014-2037, there is a projected increase of 95% in the number of people aged over 75. This has consequences for a heightened demand on health and social care services, despite being positive for society and older people.

**Table 2 : population estimates for those aged 65-85+ within East Dunbartonshire and Scotland (2018)**

<u>Age</u>	<u>No.</u>	<u>ED % in age bracket</u>	<u>Scotland % in age bracket</u>
65-74	12646	11.8%	10.6%
75-84	8360	7.8%	6.2%
85+	3445	3.2%	2.3%

*Source: National Records of Scotland*

Whilst the majority of East Dunbartonshire's residents live within the 20% least deprived data zones, there are five data zones within the 20% most deprived in Scotland. Evidence indicates that poor socio economic circumstances affect opportunities for good health and access to services. This deprivation is important.

At the whole-system level, East Dunbartonshire has a high use of unscheduled care and a relatively low use of scheduled care. These issues are less marked than in younger, poorer partnership areas. District nursing, physiotherapy, outpatient referrals, day cases and in-patients activity are all projected to see very significant increases by 2025 (as shown in Table 5), driven primarily by an ageing population.

Projections estimate an increase of 9.2% outpatient attendances by 2025 which is higher than the 8% increases projected across NHSGG&C, reflecting the concentration of older people in East Dunbartonshire, as the highest users of outpatient appointments, in comparison with NHSGG&C as a whole. The most common referrals in 2016 were to dermatology, orthopaedics, and general surgery. The greatest percentage increases projected in 2025 are for geriatric medicine and diabetes/endocrinology suggesting where preventative strategies could be focused.

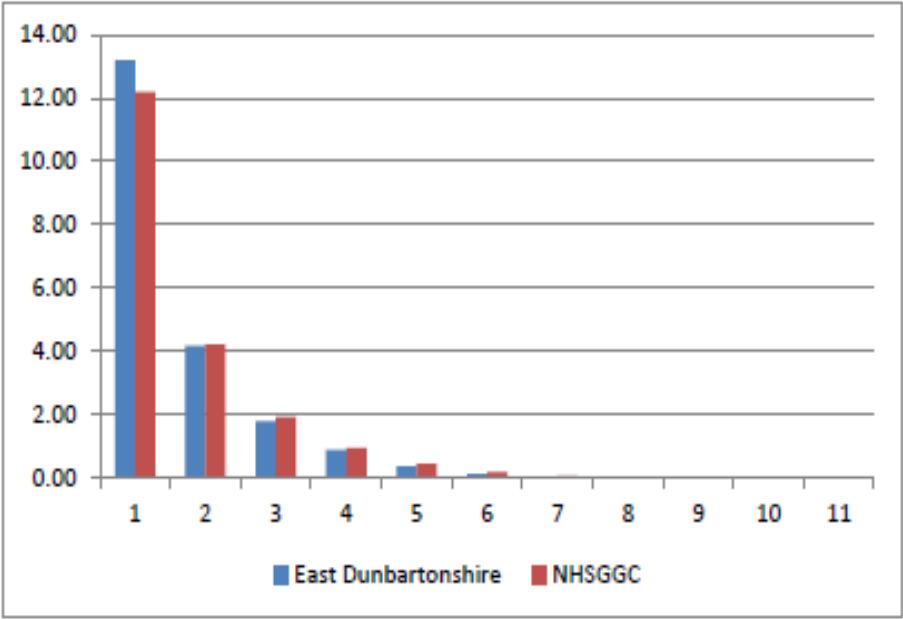
There are limited resources (namely premises) to establish new and improved services in the community setting and some of our practices may not have capacity within their current site to facilitate these additional services and the staff required to run them. For example, the HSCP does not have a treatment room service in place, so delivery of the Vaccination Transformation Programme (VTP) and community treatment and care services will require some creative solutions.

#### 1.5 Disease Prevalence

In East Dunbartonshire, the ageing population means there are many people with one or more Long Term Condition (LTC), however they are no more common in this Partnership than elsewhere. In total 20.6% people had one or more LTCs, (including cancer) very similar to the board average of 20%. Whilst deprivation can raise the prevalence of LTCs (EDHSCP experiences lower levels of deprivation than elsewhere in NHS GG&C), so too does the increase in LTCs with age. The percentage of people living with varying numbers of LTCs in the population is shown in figure 3.



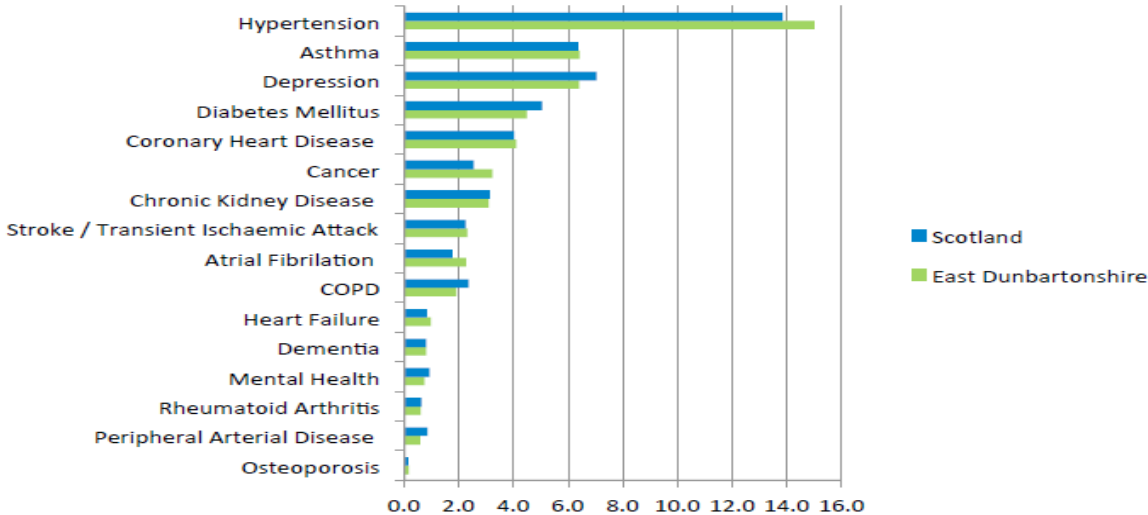
**Figure 3: Percentage of people in East Dunbartonshire and NHSGG&C with 1-6 LTCs (source: Institute Services Division - ISD)**



In East Dunbartonshire Hypertension is the most diagnosed long term condition. Cancer and Atrial Fibrillation are all higher than the rates for Scotland (figure 4). This cohort of patients can result in a high work load for local GPs. Significantly, there was an estimated rise of 11% in those living with dementia during 2015-2017, with continued increase projected for the future. It is important to prioritise the early detection of disease, support people to recover or manage their own conditions, and provide a range of support, particularly for those with dementia and their carers.

As a result of the increased LTCs that the population is living with, there is a corresponding increase in referrals and use of health and social care services. There are several challenges around demand and capacity. For example, the projected number of prescriptions issued in EDHSCP is estimated to rise by 11.5% by 2025, compared with just a 7.7% projected rise for NHSGG&C. Minor Ailments projections are also higher for EDHSCP than NHSGG&C as a whole, with a projected increase of 7% compared with 4.4%.

**Figure 4: Prevalence (per 100,000 residents) of different number of LTCs for East Dunbartonshire and Scotland (source: ISD)**



Due to the increase of those living with LTCs, there is a corresponding rise in GP activity estimated. The Kings Fund project states that there has been a 13% rise in face-to-face contacts within general practice over the past 5 years. Unfortunately there is no accurate data about GP consultations in East Dunbartonshire or NHSGG&C, however using a data model of practices across Scotland and applying it to the population of NHSGG&C, it can be estimated that face-to-face GP consultations will increase from 3.77 million contacts to 4.26 million contacts per year. There is a projected rise in District Nursing contacts, with a rise of 25.7% by 2025 (table 5). This is a stark increase compared with the estimated increases in district nursing contacts for NHSGG&C as a whole which is projected at 12.7%. This highlights the demand for improved ways of working within practices, in particular the need to further integrate multidisciplinary teams to the primary care setting (table 5).

**Table 5: Whole-system healthcare activity for East Dunbartonshire in 2016 and the projected increase for 2025**

<b>SCHEDULED CARE</b>	<b>2016</b>	<b>2025</b>
District Nursing contacts	57,331	25.7%
Chronic Medicines Scripts	650	16.0%
Physiotherapy appointments	32,186	3.2%
Outpatient referrals	32,798	9.1%
Day cases	15,203	7.4%
Inpatient stay bed days	14,834	12.8%
<b>UNSCHEDULED CARE</b>	<b>2016</b>	<b>2025</b>
Minor Ailments Scripts	33,260	7.0%
OOH cases	21,150	5.9%
Self-refer to ED	163,275	4.9%
GP/OOH refer	3,457	10.2%
Inpatient stay bed days	84,168	24.68%

Key – 2016 - number of total whole system health care activity  
 2025 – projected % of whole system health care activity

**2. Aims and priorities**

**2.1. Overarching Aim**

*East Dunbartonshire’s HSCP Primary Care Improvement Plan (PCIP) will enable the development of the Expert Medical Generalist role through a reduction in current GP and practice workload. By the end of the three year plans, every practice in NHSGG&C should be supported by expanded teams of health board employed health professionals providing care and support to patients.*

**2.2. Wider Implications:**

**Moving Forward Together**

The Moving Forward Together (MFT) programme for Greater Glasgow and Clyde sets out a future vision for health and social care. This describes a whole system approach in which services are delivered by a network of integrated teams across primary, community and specialist hospital based care. The MFT programme has been developed in parallel with the Primary Care Improvement Plans and builds on the direction of travel for the new GP contract including the expert medical generalist role and the development of the multi disciplinary team. MFT envisages the development of an enhanced community network which goes well beyond the changes identified in PCIPs and describes some of the enablers and infrastructure required to support this. While there will be an opportunity to build on the foundation of the MDT established through the PCIPs, the further detail and investment required for the enhanced community network will be developed as part of the next phase of MFT.

**National Boards**

In the short timescale available for the development of these first PCIPs, we recognise that there are a number of areas which need to be scoped further over the coming months to develop a clear model for the future. Further engagement with national boards, particularly Scottish Ambulance Service (SAS), will be required particularly on the scoping of the ‘urgent care’ need and the models of advanced practice which would best meet that need. This will require close working with SAS as well as the development of strong operational relationships. It is recognised that this engagement is not yet well established and will be taken forward as part of the next stage of the plans. Further engagement will also be required with NHS24 as well as Healthcare Improvement Scotland and the Information and Statistics Division (ISD) to ensure that support for the implementation of the plans and the wider development of primary care is aligned.

**3. Engagement process:**

In line with the statutory duty of the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, a communications and engagement plan has been developed. This engages a wide range of stakeholders and professional groups (including the Primary Care Programme Board and the GP subcommittee/Local Medical Committee) to help develop the plan on a collective basis. This is guided by dialogue with practices, service users, local communities, third / independent sector, acute, HSCP staff, locality planning groups, and contractors. See appendix 3 for an outline of our communication and engagement plan. Appendix 4 provides the detail of practice priorities gleaned from GPs through this engagement

We aim to hold a further engagement event for primary care and HSCP staff on the 12<sup>th</sup> September to update stakeholders on progress to date and to utilise information from the workshops to help implement our stated commitments.

4	<b>Memorandum Of Understanding (MOU) commitments:</b>
	<p>There are six Memorandum of Understanding commitments which have been outlined by Scottish Government. Throughout the three year contract lifespan, EDHSCP will work towards these and aim to deliver a service which reduces the workload of GPs within the community. These are outlined in detail in appendix 2, with aims and priorities for years 1, 2 and 3.</p>
5	<b>Additional services</b>
	<p><b>5.1. Community Optometry and Dentistry</b>  There are established links with primary care contractors via the GP forum, cluster groups and locality planning groups. We recently engaged with all local GPs to determine what services identified within the contract were a priority for development. This will inform our PCIP. All GP practices are moving towards directing all mouth and dental problems to General Dental Practice and eye problems to local Optometrists.</p> <p><b>5.2. Community Pharmacy</b>  All clusters have some degree of help from a Practice Support Pharmacy representative at their meetings where requested by the cluster. A recent audit with community Pharmacists has supported better interface, and clarity on roles and expectations. There is a Board Wide Pharmacy First initiative to manage a limited number of conditions in community pharmacies</p> <p><b>5.3. Community Services</b>  Some of our services work in a practice aligned or a locality aligned way. As services develop, we will engage with the cluster and individual practices to determine the best way to deploy staff either within the clusters or individual practices as appropriate.</p> <p><b>5.4. Interface with Acute Services</b>  There are regular primary care and secondary care interface groups. They focus specifically on unscheduled care for example providing a GP advice line to offer guidance to GPs on avoiding admission.</p> <p><b>5.5 Out of Hours Service</b>  The Primary Care Improvement Plan is focused on the services provided in the 2018 General Medical Services Contract in Scotland. This new contract changes the arrangements for out of hours services from an opt-out arrangement to a nationally agreed opt-in Enhanced Service for those practices that choose to provide out of hours services. There are currently no practices in East Dunbartonshire HSCP that choose to opt –in, however, it is essential for in-hours services that out of hours services run efficiently and effectively.</p>
6	<b>Inequalities</b>
	<p>The potential reduction of GP workload may allow practices to configure their services to best meet the needs of those individuals with the most complex conditions and co-morbidities. The relationships built across the wider multidisciplinary team including health, social care, children and families, housing, third sector and others will be the lever with which to address the health inequalities of local populations. Services will be developed with a focus on equality, ensuring fair and equitable access across East Dunbartonshire and where appropriate an EQIA will be undertaken.</p> <p>Health and Social Care integration provides an opportunity to review and revise our approach to the health status of East Dunbartonshire residents, and, in so doing, mitigate the factors that are attributable to poor health and social outcomes. This approach is underpinned by recognising and positively challenging health and health seeking-behaviours and providing a platform from which we, collectively, work to support health literacy and inequality-sensitive care across all of our staff groups and services. In order to make a decisive shift towards self-care and prevention, this approach will establish a set of clear tangible improvements that make a positive impact on the way those with a long term condition and their families, can manage their own care and experience care provided by others.</p>

We will work collectively across the partnerships and with acute services and other planning partners such as the third sector and education to deliver strong, person-centred, self-care approaches which will explicitly take account of inequalities and differences in health literacy. In so doing, facilitating patients to improve knowledge about their condition and to develop the ability to self manage their own health and well being.

**7 Enablers**

**7.1. Workforce:**

EDHSCP has historically been successful in recruiting and retaining the workforce, and remains an attractive place to work. Despite this, there are national recruitment issue with some professional healthcare roles in terms of shortages. Workforce to support the transformation of primary care may be a challenge across the Health Board.

Tests of change from the New Ways of Working project have informed the type and number of staff required for service delivery. There is an opportunity to develop a workforce plan to culturally promote new ways of working within the context of wider multidisciplinary teams. Training (including mentoring by practice staff) for new posts will impact on the current skill mix and dynamics within primary care. Discussions with relevant service managers and professional leads will continue at a local level. Communication and engagement with a wide range of stakeholders will help to promote positive and joint ways of working, with the GP providing clinical leadership to the extended MDT.

**7.2. Accommodation and ICT**

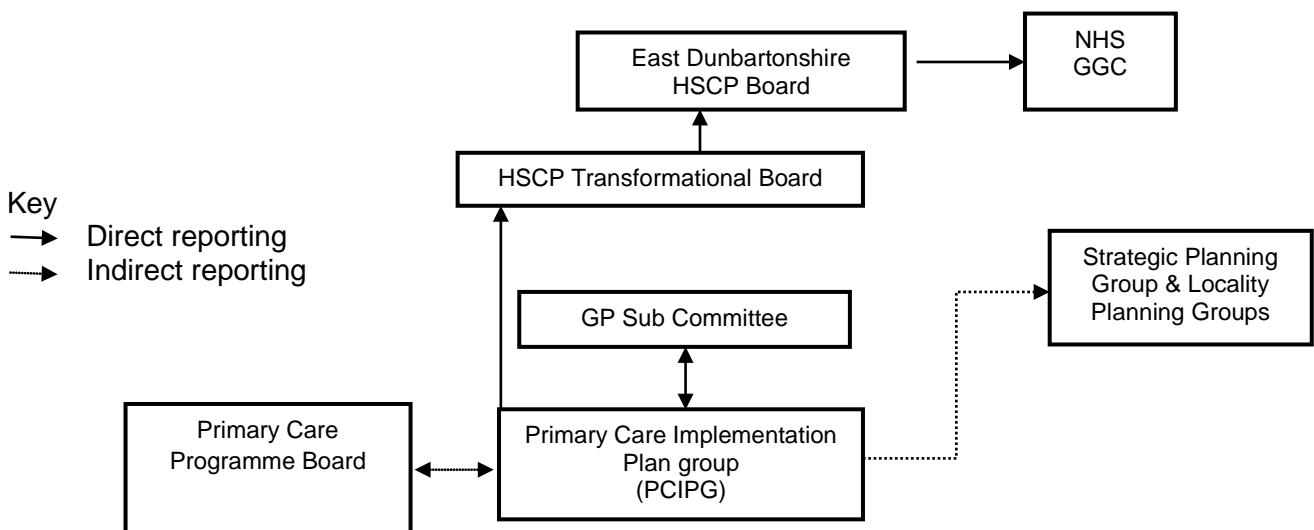
The partnership is actively working through an accommodation strategy to facilitate the implementation of the PCIP. In addition, IT and remote access also requires consideration, and there is a board-wide IT strand of the Primary Care Programme Board tasked with investigating and working towards a consistent IT approach, supporting multidisciplinary working. Additionally, EDHSCP has adopted an agile-working approach allowing good practice to be shared with primary care MDT teams.

**8. Implementation**

**Primary Care Implementation Plan Group (PCIPG)**

Throughout the three years of the plan, the group will report to a wide range of stakeholders on milestones, issues and challenges. The LMC will monitor the implementation of the PCIP and it will be approved by GP-Subcommittee prior to the Integrated Joint Board. A working group has been established with frequent meetings to facilitate the development and implementation of the PCIP. This group consists of the Clinical Director, the Head of Community Health and Care services, service leads within the HSCP and representation from the GP subcommittee (Figure 6). A dedicated project management approach will be used to support the implementation of the plan and Figure 7 indicates key objectives in year 1.

**Figure 6 - Reporting mechanisms within the HSCP for the PCIPG**

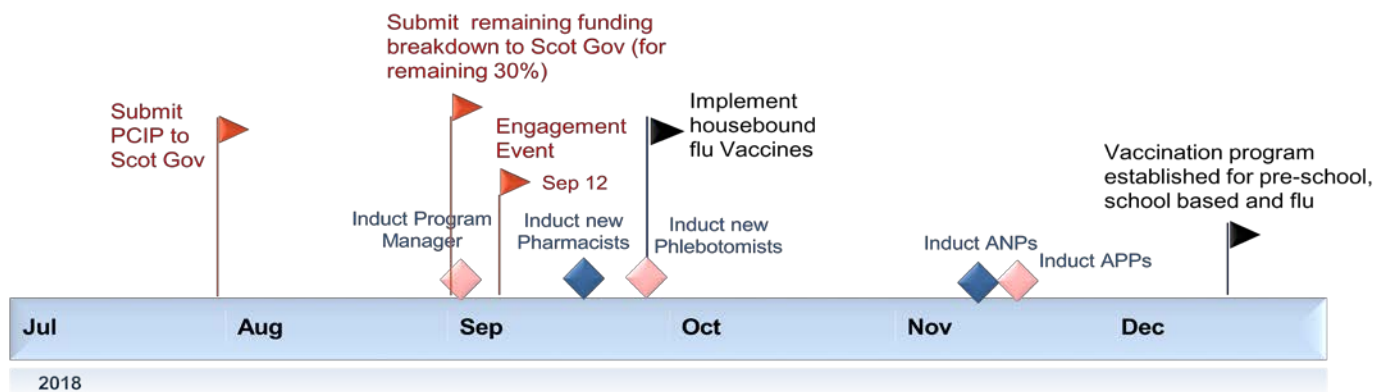


The Primary Care Improvement Plan group will lead the management of change, redesign and develop a workforce which will focus on quality improvement to support safe, effective and quality care and treatment to our local population. The group will :-

- Support the redesign of services and embedding of multi disciplinary primary care teams to create a more manageable GP workload.
- Once MDT roles are embedded in practices, the work distribution will aim to release GP capacity to delivery more focused consultation for those patients with more complex needs. Support the development of a clearer role of the General Practitioner and the progression of the GP role as Expert Medical Generalist ensuring a refocus of activity is applied within the practices as workload shifts.
- Support the delivery of improved patient care by achieving the principles of contact, comprehensiveness, continuity and co-ordination of care.
- Identify and disseminate the contribution of 'non traditional' multi disciplinary team member (e.g. Community Link Workers) and support these to become embedded within the practice team.
- Engage with the NHSGG&C Board in the financial aspects of the contract to support the introduction of the new funding model and investment.
- Engage with NHSGG&C Board to improve the infrastructure and reduce risk for General Practice.
- Ensure peer led discussions and value driven approach to quality improvement to create better health in our communities and improve access for our patients.
- Ensure that all local Practices will benefit from additional support and no exclusions are made.

The PCIP Group reports to the Primary Care Programme Board overseeing PCIP development and implementation across the 6 HSCPs in the NHSGG&C area. There are various working groups established to support the delivery of the new contract, including the Vaccination Treatment Programme, IT, Premises and Prescribing.

**Figure 7 – Overview of key objectives (year 1) – for full expansion see appendix 5.**



## 9. Funding profile

A funding letter was issued by Scottish Government in May 2018 confirming the allocations of the Primary Care Improvement Fund (PCIF), which is an element of the wider Primary Care Fund.

The Primary Care Fund includes the following elements:

- Primary Care Improvement Fund
- General Medical Services Funding
- National Boards Funding
- Wider Primary Care Support including Out of Hours Fund

### 9.1 Investment

The new Primary Care Improvement Fund is linked directly to the delivery of the MoU and contract

commitments. It is recognised however that transformation of primary care goes beyond the immediate priorities of the MoU and it will be important to continue to link to wider developments and investment as part of whole system strategic change and existing funding sources for primary care. Specifically, the PCIF should be considered alongside additional investment in Out of Hours service redesign, and Commitment 15 on mental health which supports the development of Mental Health Workers. West of Scotland Regional Planning and the GGC Moving Forward Together Programme describe future models of whole system working which will create a requirement for future investment in enhanced community models and the enablers and infrastructure to support these. We will need to continue to make the case for investment in primary care through wider programmes of work on premises and ehealth.

The total Primary Care Fund is £115.5 million in 2018/19, with £45.75 million allocated to the PCIF across Scotland. This is the primary source of funding which will be used by Integration Authorities to commission primary care services, and is allocated on an NRAC basis through Health Boards to the Integration Authorities. The projected allocation for the total PCIF is outlined below:

**Table 8 – Scottish funding for GMS contract**

<b>Projected total PCIF for the new GMS contract (Scotland)</b>			
2018/19	2019/20	2020/21	2021/22
£45.75 million	£55 million	£110 million	£155 million

The PCIF allocation for East Dunbartonshire (2018-19) is £830,888 which will be used to facilitate service redesign through the Primary Care Improvement Plan. Of this total, £691,190 is new allocation for the HSCP to use locally. This will be delivered in two tranches, with the initial allocation of 70% provided by late summer, and the second tranche of 30% provided once a full report outlining how funding will be met is submitted by the Integration Authorities. The residual £139,698 is made up of carry forward of the PCTF.

**Table 9 - East Dunbartonshire Primary Care Improvement Fund**

<b>East Dunbartonshire Primary Care Improvement Fund (Total = £830,888)</b>	
<b>PCIF Total</b>	<b>Existing Commitments</b>
+£830,888	-£139,698 ( including PCTF)
<b>New HSCP allocation</b>	
<b>£691,190</b>	
Allocation breakdown: Tranche 1 (June 2018)	£483,832
Allocation breakdown: Tranche 2 (Nov 2018)	£207,357

**9.2 MOU commitment implementations for year 1**

- **MOU commitment 1** - Vaccination Transformation programme - commit an additional £148,430 for pre-school vaccination service.
- For influenza immunisation we will focus on GP housebound patients
- **MOU commitment 2** - Pharmacotherapy services - We will mainstream 3.2 WTE Primary Care Pharmacists (PCP) currently funded from the primary care investment fund (£183,571). We will also implement an additional 4.5 WTE band 7 PCP to work towards the delivery of level 1 of the pharmacotherapy key tasks related to the GP contract. This 4.5 WTE, added to the existing primary care resource will allow 0.45 WTE pharmacy resources per average practice within East Dunbartonshire. To support and lead this new service, we will commit to a 0.4 Band 8B Pharmacist to



undertake the change management (including induction and training of new staff) required for delivery. This post will be a fixed term and will be reviewed at the end of year 1. The total input required for 18/19 is £477,884.

- Pharmacy First - The GP Subcommittee has expressed concern that Pharmacy First may not necessarily be a priority for GP practices and may not be work that GPs would see as being delivered by the pharmacotherapy service. Prior to extending this type of service in East Dunbartonshire we would seek the views of GPs to see if this type of service would reflect their priorities and would result in a reduction in their workload.
- **MOU commitment 3** - Community Treatment and Care service - We will scope the funding for the required Nursing/Health Care Support Worker capacity, accommodation and supply costs to deliver a community treatment and care service across East Dunbartonshire. Once scoping is completed, phase 1 will commence in the Bishopbriggs/ Auchinairn cluster. As a constituent part of the community treatment and care service, we will embed the community phlebotomy service by providing 56 hours per week of Phlebotomist to undertake GP domiciliary bloods. This service will encompass all phlebotomy work for all housebound patients within the HSCP, to include CDM annual bloods, urgent requests auctioned by the GP practice, or any additional requests such as those required for follow up of drug monitoring, following acute illness etc. This service is intended to be at the direction of the GP practice, and will be accessible to secondary care to instruct further blood monitoring. The capacity suggested is on the basis of numbers of housebound patients with a chronic disease requiring annual review, and on the basis of current workload within the pilot project. It is anticipated that the service will be responsive enough to meet the needs of the housebound community and GP practices for all phlebotomy needs. This service was previously being piloted in East Dunbartonshire at 20 hours per week (band 3) at a cost of £12,000 p/a approximately (not including costs associated with annual leave, sickness, or cross cover to other areas). This was providing 30 visits per week. The new inclusive community care service will provide 36 additional hours per week to deliver core phlebotomy services for housebound patients at a cost of £42,000, bringing the total number of hours to 56.
- **MOU commitment 4** - Advanced Nurse Practitioner (ANP) – implement a model of 2.0 wte ANPs within the Kirkintilloch/Lennoxton cluster at a cost of £118,024 p/a.
- **MOU commitment 5** - Advanced Practice Physiotherapist (APP) – implement a model of 2.0 wte within the Bearsden/Milngavie cluster at a cost of £127,754 p/a.

Programme Management, Clinical Leadership and Administration - In addition we will commit £124,625 in year 2018-19 towards programme management, clinical leadership, administration support, community engagement and publicity. The development of multidisciplinary teams will require engagement with a range of practice and HSCP staff to support professional and role changes. Leadership, including Organisational Development is essential to assist with transitions and transformation. Project management skills will facilitate a robust overview of work streams related to the first year and ensure there is sufficient capacity to deliver the scale of change involved. Education of the local population will be done through several routes, including publicity material and potentially focus groups. Funding set aside for this will be time limited and decrease throughout implementation. The development of an additional Band 7 leadership role within nursing is essential to co-ordinate and support the delivery of phlebotomy, influenza vaccination work, supervision of the ANP and to set up the community treatment and care services. In addition, this post is crucial to lead the interface between community and primary care nursing. This funding will cover the cost for an 8A Senior Nurse Manager to provide supervision to the ANP. For sustainability purposes, it is likely that this post will be permanent.

Refer to Figure 7 and Appendix 5 for the primary care improvement plan for planned activity within the next year and Appendix 2 for the expanded version of finance summary. Note Appendix 6 outlines a model showing how services are/will be implemented into practices.



### 9.3 Developments in Years 2 – 3

- Travel vaccinations and advice – Await national guidelines and seek to implement a model via our community treatment and care service by end of April 2021.
- Influenza immunisations – For non household patients, scope out requirements for implementation in year 2 via our community treatment and care service.
- Scheduled bloods currently undertaken in practices moving to be undertaken within the community treatment and care service. Quantify cost and implementation by end of year 3.

## 10. Evaluation and outcomes

Indicators will clearly be marked out prior to implementation of each element of the PCIP. This will help to assess the impact that these elements have on GP workload, as well as patient outcomes. Areas which will help to guide this include :

- Quality Improvement methodology - the seven pillars of clinical governance will be mapped against the five quality domains to create a quality assurance matrix specific to governance within multidisciplinary teams.
- Support from Clinical Effectiveness and Health Improvement Scotland.
- Benchmarking data

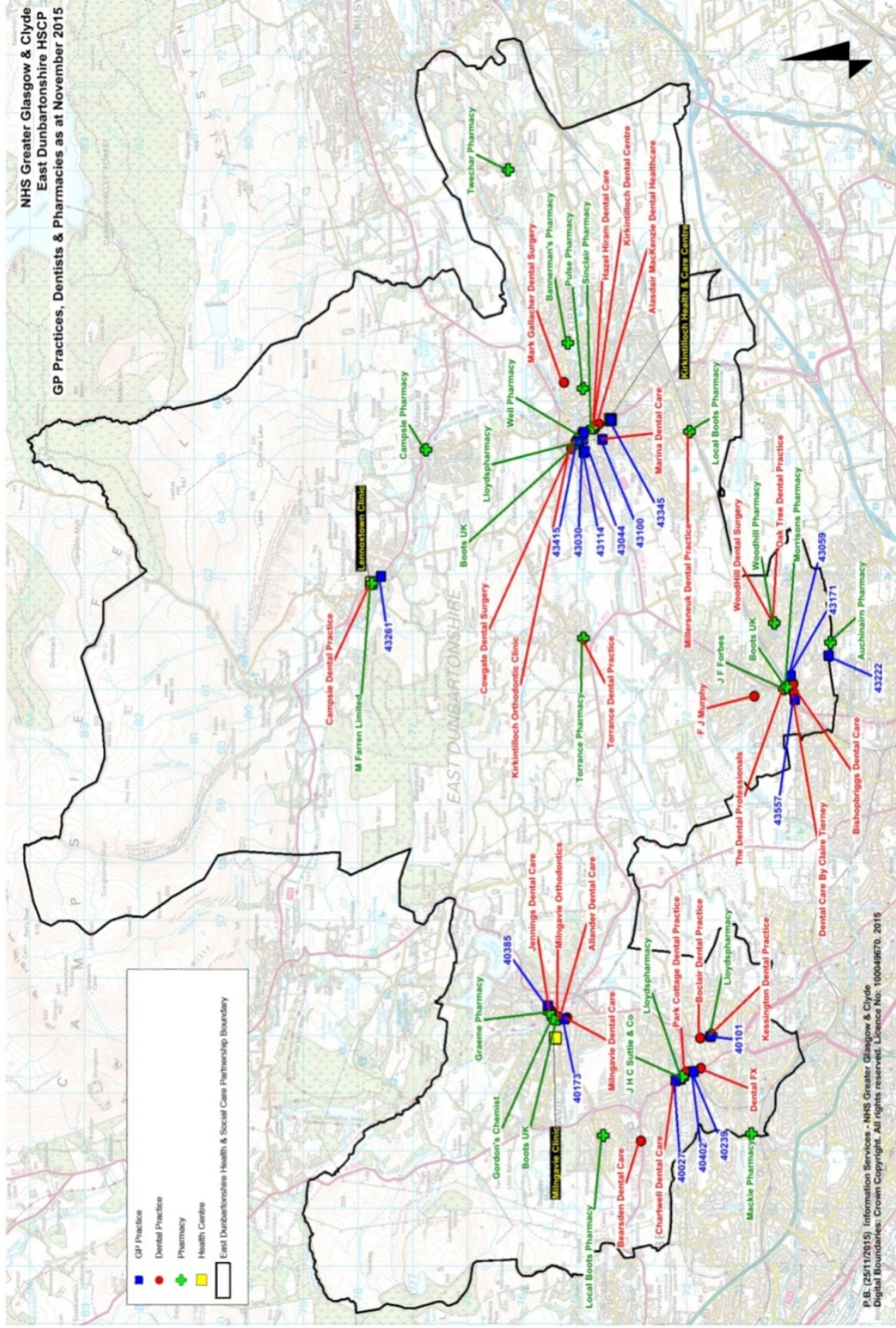
In addition, specific measurements related to each of the MOU commitments will help to outline how these are progressing throughout the contract lifespan.

**Table 10 – Measurement of success – year 1**

Area	Measurement of success/Outcomes
Vaccination Transformation Programme	<ul style="list-style-type: none"> <li>• Monitor uptake rates and benchmark against current uptake rates.</li> </ul>
Pharmacotherapy Services	<ul style="list-style-type: none"> <li>• Evaluate the service to ensure it is delivering maximum capability.</li> </ul>
Community Treatment and Care (Phlebotomy)	<ul style="list-style-type: none"> <li>• All housebound bloods diverted from GP Practice staff.</li> </ul>
Urgent Care	<ul style="list-style-type: none"> <li>• Amount of GP consultation time saved.</li> </ul>
Additional Professional roles	MSK Physiotherapy <ul style="list-style-type: none"> <li>• % of MSK presentations seen by Advanced Practice Physiotherapist rather than GP.</li> <li>• Week of care audit data.</li> <li>• Patient/GP Feedback.</li> </ul>



**Appendix 1: location of primary and community care facilities within the East and West localities of East Dunbartonshire**





## Appendix 2– MOU Commitments and Funding Breakdown

Fund Source			
PCIF (new allocation)		£691,888	
PCIF (baseline funding inc. PCTF)		£139,698	18/19 commitments : CQL funding (£15,120) Test for Change (e.g. Signposting training) at (£15,000)
			= (£30,120)
<b>Total</b>		<b>£831,586</b>	

Service	Current position	Breakdown	Full year cost	Remainder 18/19 cost
MOU 1 Pre-school Immunisation	In the pre-5 vaccination treatment programme, the service has been phased in geographical areas  The VTP costing above is to East Dunbartonshire HSCP arising from the board wide provision of a comprehensive under 5's programme	Original PCTF funding for EDHSCP is £215,230 of which current existing budget is (£66,800)  In total, there will be: 4.0 wte band 5 at £147,600  1.5 wte band 3 at £39,450  Share of band 3, 6 and 7 leadership and admin at £23,60  Pharmaceutical fridges at £4500	£148,430	£148,430
MOU1 School based immunisation	Immunisation team established for the delivery of school immunisation across East Dunbartonshire	Continue service		

MOU 1 Housebound Influenza Vaccines	Not fully established -- DNs, & GPs undertake for target populations. Pharmacists to provide for those out with population who elect to have it	2 months of band 5 nurse = £6,896 4 months of band 3 (admin)=£9,251 Sundries = £30 Vax porters = £20 x 6 = £120 Vax and carriage = £2000	£18,297	£18,297
MOU 2 Pharmacotheapy	<p>There are currently 3.2 WTE PCI posts covering all practices. This is structured from:-</p> <ul style="list-style-type: none"> <li>A pilot ran from April 16 – March 18 with 1.5 WTE Band 7 pharmacists allocated to East Dun.</li> <li>From April 18 onwards, the PCI allocation is 1.7 WTE Band 7 pharmacists allocated</li> </ul> <p>The total therefore is 3.2 WTE PCI pharmacists including pilot resource.</p> <p>Most practices receiving one or two PCI pharmacist sessions (in addition to their prescribing support pharmacist).</p> <p>Board wide pharmacy first strategy to redirect minor ailments to pharmacies instead of using GP appointments</p>	Pilot PCI pharmacy support 3.2wte = £188,838 Additional new resource <ul style="list-style-type: none"> <li>4.5 wte (band 7 pharmacist) =£265,554</li> <li>0.4 8B (leadership) = £23,492.Fixed term - to be reviewed in year 2</li> </ul>	£477,884	£333,361
MOU 3 Community Treatment and Care Services ( CCTS)	<p>A pilot domiciliary Phlebotomy service provides a limited ad-hoc facility to local GP practices (20 hours).</p> <p>Short Life Working Group established to scope operational viability of centralising a HSCP phlebotomy service. Initial scoping focusing on housebound patients demonstrates approximately 600 patients in need across all practices.</p>	24 pharmacies involved Establish a centralised phlebotomy service for all house bound patients, including chronic disease monitoring through adult community nursing service. 20 hours pilot at £12,000 from HSCP budget 36 additional hours from PCIP funding	£25,199	£25,199 £54,000 (£12,000) = £42,000 £54,000 (£12,000) =£42,000

		at £42,000.						
	Currently no treatment rooms, however, district nurses are providing ear syringing and suture removal for housebound patients		Development plan for setting up CCTS to include: - Chronic disease monitoring - Minor injuries and dressings management - Ear syringing - Suture removal	To be determined	To be determined			
MOU 4 Urgent Care (ANP)	There is one HSCP employed community nurse currently undertaking ANP training. There is no agreed model for ANP application in ED HSCP at this time but various models are being actively scoped.	Explore potential for ANP to respond to urgent care issues and link in more closely with primary care.  With reference to new ways of working, implement a test for change pilot covering Kirkintilloch /Lennoxtown cluster 2 wte band 7 ANP = £59,012	£118,024	£59,012				
Specialist Paramedics	A clear model and approach has not yet been developed and evidenced.	Participate in GG&C wide learning from pilot	No estimated costs at present					
MOU 5 Additional Professional Roles (APP)	There is a board wide MSK service established, but no practice based APP service in EDHSCP	Pilot to be implemented in Bearsden/Milngavie cluster with reference to New Ways test for change. Professional leadership required to embed new ways of working  2 wte band 7 APP = £59,012 1 session clinical leadership 8a = £4,865	£127,754	£63,698				
Community Clinical Mental Health Professionals	The Primary Care Mental Health Team provides help for people experiencing mild to moderate mental health problems. Currently all GPs access via controlled self referral.	Scope need for additional practitioners to move to a practice based model with additional emphases on prevention and groups work.	None at present	None at present				
Community Links Worker	Wellbeing workers are currently located within 6 practices.	Continue current wellbeing workers network. Scope model of Links Workers within localities for year 2 implementation.	None at present	None at present				



Programme Management / Communication	There is currently limited capacity for overall coordination of primary care improvement plan.	Clinical leadership band 7 = £59,012 (Leadership is for ANP, Phlebotomy and influenza vaccine work and community care and treatment service). Programme management support will help to facilitate a change in culture around service delivery and new ways of working. 1 wte Project Manager band 6 = £50,613 ( years 1-2) Engagement event = £5,000 Public Information = £10,000	124,625	£69,812
Cluster support *Committed within current PCTF spend	Currently funding is provided for CQL sessions and service improvements for each cluster	Continue to fund cluster working to support the introduction of multidisciplinary teams and implantation of tests for change Cluster support CQL x 3 for 2 sessions p/m =(£15,120*) Test for Change = (£15,000*)	(£30,120*)	(£30,120*)
<b>Totals</b>		<b>Total funding = £831,586</b>	<b>Full year cost = £1,076,946</b>	<b>18/19 spend = £759,809</b>



### Appendix 3 – Communication and Engagement Plan

<u>Stakeholders</u>	<u>Initial Engagement &amp; Frequency</u>	<u>Lead Officer/Provider</u>	<u>Method of Communication</u>	<u>Comments / Progress</u>
Practices	GP Forum	Clinical Director	Meetings & Engagement	PCIP standing item on agenda
	Cluster group Meetings	Clinical Director / Change & Redesign Manager / CQL / PQLs	Meetings & Engagement	CQL/PQLs to update and discuss briefings from CD in relation to PCIP.
	Evening Engagement Event	Clinical Director / Head of Service	Engagement Event	Identify priorities to take forward in HSCP PCIP.
	GP Subcommittee & LMC rep	Clinical Director / Head of Service	Meetings	As part of the PCIPG
	Engagement Event	Clinical Director / Head of Service / Change & Redesign Manager	Event	Planning stages (July – Aug)
	Practice Managers	Quarterly briefings	Briefings	Adapt “Our News” newsletter
	Patients, Service Users & Carers group (PSUC)	14 <sup>th</sup> May (sole session)	HSCP (Head of Service / Management Trainee)	Head of Service to give verbal update at service-user meeting.
	Carers Group	In partnership with Carers link	Change and Redesign Manager/Carers link	Communication & Briefings.
Community Groups	General community groups	Change and Redesign Manager/Community Development Officer	Communication & Briefings	To be planned in Summer
Third Sector / Independent Sector	East Dunbartonshire Voluntary Association (EDVA)	Change and Redesign Manager/Health Improvement & Inequalities Manager	Meeting & Engagement	To be planned following Primary Care engagement event
	Quarterly		Meetings	To be planned in Summer

	Care Homes	July/August 2018	Change and Redesign Manager	Care Home Managers Forum - Briefing	Newsletter to supplement
	Primary Care Implementation Plan group	Monthly	Clinical Director / Head of Service	Meetings with GP subcommittee/LMC	Wider stakeholder members post engagement event
	Primary / Secondary Care Interface Group	Monthly	Clinical Director	Meeting & Engagement	Clinical Director to report on GMS priorities, issues, and progress.
	HSCP staff	August	Change & Redesign Manager	"Our News" Newsletter	Draft ready 24/07/18
HSCP staff	Service Managers and Team Leaders	Via Leadership groups/ Extended SMT	Change & Redesign Manager / Management Trainee	Presentations & Engagement / Team Briefs	Monthly updates at meetings
	Senior Management Team (SMT)	Monthly update at SMT meetings	Clinical Director / Head of Service	Meetings/ engagement	Ongoing
	HSCP (IJB) Board	10 <sup>th</sup> May 2018 Bimonthly	Chief Officer / Clinical Director / Head of Service	Meetings	HSCP to signed-off draft PCIP at July Board meeting
Contractors	Optometry	Professional Advisory Group (PAG) - quarterly	Head of Service / Change & Redesign Manager	Communication	Ongoing
	Community Dentists	Franceses McLinden	Head of Service / Change & Redesign Manager	Communication	Ongoing

**Appendix 4: Voting Responses from Practices**

Voting responses from Practices on preferred areas of support - May 2018										
	Pharmacy Support	Phlebotomy	Treatment Room Service	ANP	APP	Community Clinical MH	Primary Care Paramedics	Community Link Workers	Colour code	
Regent Gardens	Dark Green		Dark Purple	Grey					1A	
Turret MC	Dark Purple		Grey	Dark Green	Green Dotted	Vertical Lines			1st year	
Southbank	Dark Purple	Dark Green							2A	
Peel View	Dark Purple	Vertical Lines	Vertical Lines	Vertical Lines	Vertical Lines	Green Dotted		Vertical Lines	2nd year	
Woodhead	Dark Purple	Grey	Dark Green	Dark Purple	Vertical Lines	Dark Purple			3A	
Lennoxtown	Vertical Lines								3rd year	
Springfield	Dark Purple	Vertical Lines	Grey	Dark Green						
Kenmure	Vertical Lines	Vertical Lines	Vertical Lines	Vertical Lines			Dark Purple			
Auchinairn		Vertical Lines	Vertical Lines	Dark Green	Dark Purple					
Brackenbrae	Dark Purple	Vertical Lines	Vertical Lines		Dark Green	Grey		Green Dotted		
Ashfield	Vertical Lines		Vertical Lines	Vertical Lines	Green Dotted	Vertical Lines		Green Dotted		
Kersland	Dark Purple	Vertical Lines			Green Dotted	Green Dotted				
Denbridge (TS)	Dark Purple				Dark Green	Grey				
Denbridge (TB)	Dark Purple		Green Dotted		Green Dotted	Green Dotted				
Kessington	Dark Purple	Green Dotted	Vertical Lines		Dark Green	Grey		Grey		
Terrace	Dark Purple	Vertical Lines	Vertical Lines	Vertical Lines	Green Dotted					



## Appendix 5 – PCIP Indicative Timeline of Key Objectives (year 1)

	Aug	Sept	Oct	Nov	Dec
<b>Programme Management</b>	<p>Job description (Programme manager)</p> <p>Identify stakeholders and consolidate working groups and their remit</p> <p>Recruit for programme manager</p>	<p>Develop Induction packages for new HSCP staff</p> <p>Explore Quick wins with previous under spend</p> <p>Funding breakdown to Scot Gov</p> <p>Induct programme manager</p>	Carry out EQIAs	Develop an evaluation plan	Agree smart-working policy for HSCP staff Scope out examples of additional MDT models for year 2 implementation
<b>Engagement</b>	<p>Advertise / promote engagement event</p> <p>Develop communication strategy and reporting mechanisms and timelines</p>	<p>Run engagement event and revise work plan following outputs from event</p>	Engagement with clusters on operational models of working		
<b>Accommodation</b>	<p>Send out accommodation questionnaire</p> <p>Begin to scope out treatment room availability and premises</p>	Additional workshops on signposting for practice staff	Produce accommodation report with recommendations for proceeding with treatment rooms	Site visits and engagement with practice managers around availability of accommodation	
<b>Workforce</b>	Develop workforce questionnaire	Workforce Consolidation	Identify staff governance structures (inc. Professional leadership roles and responsibilities)	Establish mentoring arrangements with local GPs	
<b>MOU 1 Vaccinations</b>	Appoint administration to prepare data collection for flu vax	Implement household flu vaccinations across EDHSCP		Scope numbers of travel vaccinations administered in practice	Programme established for pre-school, school based and influenza
<b>MOU 2 Pharmacotherapy</b>		Map out additional pharmacy resource across HSCP Advertise /backfill for sessional pharmacy leadership post	Induct new pharmacists	Establish prescribing measurement baselines for evaluation	
<b>MOU 3 Phlebotomy</b>	Scope out proposed numbers of patients for phlebotomy	Induction of phlebotomists	Implement phlebotomy service across all clusters		
<b>MOU 4 ANP</b>		Advertise ANP roles (in collaboration with board)	Engage with clusters on operational models of working Interview ANP role	Induct ANPs	
<b>MOU 5 APP</b>			Plan with Bearsden / Millingavie pilot for APP	Induct new APPs	



## Appendix 6: Practice Tracker (Implementation)

Key
New = monies from Primary Care Improvement Fund
PSP = Practice Support Pharmacists
Flu Vax = Housebound Influenza Vaccines
ANP = Advanced Nurse Practitioners
APP = Advanced Practice Physiotherapist
HOC = House of Care
WFO = Workflow Optimisation Training

Latest Version 18/07/18		Primary Care Improvement Plan - Practice Tracker (Year 1 Planned Implementation)										
Cluster	Practice	Multidisciplinary Team					Other					
		New PSP	New Phlebotomy	New Flu Vax	New ANP	New APP	HOC	WFO Training	Signposting Training			
1	43171 KENMURE MEDICAL PRACTICE											
	43059 SPRINGFIELD MEDICAL PRACTICE											
	43222 AUCHINARN MEDICAL PRACTICE											
	43557 BRACKENBRAE SURGERY											
2	40239 DENBRIDGE SURGERY						Decision on specific practice allocation at engagement event.					
	40027 THE TERRACE MEDICAL PRACTICE											
	40101 KESSINGTON MEDICAL CENTRE											
	40173 ASHFIELD MEDICAL PRACTICE											
	40385 KERSLAND HOUSE SURGERY											
	40402 DENBRIDGE SURGERY											
4	43030 REGENT GARDENS MEDICAL CENTRE						Decision on specific practice allocation at engagement event.					
	43044 THE TURRET MEDICAL CENTRE											
	43100 SOUTHBANK SURGERY											
	43114 PEELVIEW MEDICAL CENTRE											
	43261 LENNOXTOWN MEDICAL PRACTICE											
	43345 WOODHEAD MEDICAL CENTRE (Former PARK SURGERY)											
	43415 WOODHEAD MEDICAL CENTRE (Former YORK PLACE)											





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

<b>Date of Meeting</b>	6 September 2018
<b>Subject Title</b>	Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019
<b>Report By</b>	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement
<b>Contact Officer</b>	David Aitken, Joint Services Manager, Adult Services, David.Aitken@eastdunbarton.gov.uk

<b>Purpose of Report</b>	<p>To present to the HSCP Board the high level Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019, which was submitted to Scottish Government, as required, on 31 July 2018.</p> <p>This will be followed with a detailed and costed delivery plan for consideration at the HSCP Board meeting of 15 November 2018.</p>
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<b>Recommendations</b>	<p>The HSCP Board is asked to:</p> <ol style="list-style-type: none"> <li>a) note the Scottish Government commitment of additional funding to support the delivery of the National Mental Health Strategy 2017 – 2027;</li> <li>b) note the requirement for all HSCP's to develop and present initial high levels plans for the use of this funding to Scottish Government by 31 July 2018;</li> <li>c) approve the initial high level plan that has been developed and submitted for ED HSCP, attached as appendix 1 to this report; and</li> <li>d) note the requirement for all HSCPs to develop and present final full costed plans for the use of the funding to the Scottish Government by 30 September 2018. This will be presented to the HSCP Board at its meeting of 15 November 2018.</li> </ol>
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<b>Relevance to HSCP Board Strategic Plan</b>	<p>The Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019 supports delivery of the HSCP's Strategic Plan and the National Health and Wellbeing Outcomes. Details of impacts and linkages are indicated in the report attached as appendix 1 to this report.</p>
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## Implications for Health & Social Care Partnership

<b>Human Resources</b>	There are no Human Resource implications for the Health and Social Care Partnership arising directly from this report at this stage. When the fully costed plan is developed there may be a number of additional posts funded and recruited to as part of the implementation process. Any action of this nature will be carried out in line with established HR procedures.
<b>Equalities:</b>	An Equality Impact Assessment (EqIA) will be undertaken to inform the development of the full Mental Health Strategy Action 15 Delivery Plan which is due in September 2018.
<b>Financial:</b>	The financial implications of implementing the plan will be fully contained within the funding made available from the Scottish Government for Action 15 of the National Mental Health Strategy 2017 - 2027. Details of investments will be set out in the full detailed and costed plan which will be presented to the HSCP Board on 15 November 2018.
<b>Legal:</b>	There are no legal implications arising directly from this report.
<b>Economic Impact:</b>	There is no economic impact arising directly from this report.
<b>Sustainability:</b>	The focus of the plan is, amongst other things, on the development of a sustainable service model that recognises and responds to both service need and workforce challenges. This supports overall sustainability.
<b>Risk Implications:</b>	Overall, delivery of the new National Mental Health Strategy 2017 – 2027, and the NHS GG&C wide and local HSCP aspects of this, aim to address the risks associated with the existing model of service delivery and growth in demand, in relation to service and workforce sustainability.

<b>Implications for East Dunbartonshire Council:</b>	There are no immediate direct implications for East Dunbartonshire Council. As the detailed plan is developed workforce implications, should there be any, will be brought to the fore.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	There are no immediate direct implications for East Dunbartonshire Council. As the detailed plan is developed workforce implications, should there be any, will be brought to the fore.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council & NHS Greater Glasgow & Clyde	X

## **1.0 MAIN REPORT**

- 1.1 As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons.
- 1.2 The detail is set out in Action 15 of the Mental Health Strategy 2017-2027. The funding will be available from this year (£12 million, of which £11 million is for distribution to HSCP partnerships) and will rise to £35 million in 2021-2022.
- 1.3 Integration Authorities have been asked to develop a plan by 31 July that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. The plans are required to set out how each partnership will:
- contribute to the broad principles set out under Local Improvements
  - take account of the views of local justice and other health partners about what improvements should be introduced
  - fit the mental health plan in with other local plans currently in development.
  - Initially scope potential staffing changes over the next four years as a result of this additional funding, towards the committed 800.

## **2.0 BACKGROUND**

- 2.1. Work to develop the Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019 has been progressing within East Dunbartonshire HSCP and in collaboration with the other HSCTPs within the boundaries of NHS Greater Glasgow and Clyde.
- 2.2. This plan has now been submitted to the Scottish Government in line with the required timeframe of 31 July 2018. In submitting the initial delivery plan it has been highlighted to Scottish Government colleagues that further work is required to develop the more detailed plan and therefore the initial plan is subject to amendments over time.
- 2.3. The collaborative work has been brought together via the NHS Greater Glasgow and Clyde Board wide 5 Year Mental Health Strategy Programme Board, recognising the interdependence between the various HSCP plans and the way in which some mental health services are delivered, ie at an NHS GG&C Board wide level.
- 2.4. Work to develop the next required fully costed detailed delivery plan continues, and this plan will be presented to the HSCP Board for consideration in November 2018.

## **3.0 FINANCE**

- 3.1 The breakdown of the financial allocations associated with the Action 15 Commitment for East Dunbartonshire HSCP are as follows:

2018 – 2019 share of 11 million total	NHS Greater Glasgow & Clyde	22.337%	£2,457,118
	East Dunbartonshire HSCP	1.82%	£199,776
2019 – 2020 share	NHS Greater Glasgow & Clyde	22.337%	£3,797,365

of 17 million total			
	East Dunbartonshire HSCP	1.82%	£308,745
2020 – 2021 share of 24 million total	NHS Greater Glasgow & Clyde	22.337%	£5,360,986
	East Dunbartonshire HSCP	1.82%	£435,875
2018 – 2019 share of 32 million total	NHS Greater Glasgow & Clyde	22.337%	£7,147,981
	East Dunbartonshire HSCP	1.82%	£581,167

#### **4.0 RISK**

4.1 The implementation of the Action 15 Initial Plan aims to address risks associated with increasing demand for mental health services and as such is part of ED HSCP's programme of work to reduce service delivery risks. The next stage of the development process is to finalise the detailed and costed delivery plan. This requires an element of collaboration across the six HSCP's in the NHS Greater Glasgow and Clyde area in order to achieve consensus on areas that are to be delivered Board wide. If agreement cannot be achieved the development of the detailed delivery plans will be negatively impacted.

#### **5.0 ENGAGEMENT AND DEVELOPMENT**

5.1 The process of developing the initial plan has included work to ensure read across and effective links with the Primary Care Improvement Plan and the local Alcohol and Drugs Partnership work, which, when considered together, work closely across a whole system.

5.2 There has been engagement with representatives of a wide range of services and with other relevant partnerships such as the Community Justice Partnership. This engagement process will continue and will include links into the service user and carer representative group.

5.3 Overall, engagement and development will continue and will cumulate in the production of the detailed and costed plan due 30 September 2018.

#### **6.0 Appendix 1 - Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019**

**East Dunbartonshire Health and Social Care Partnership****Mental Health Strategy Action 15 Initial Delivery Plan 2018 – 2019**

East Dunbartonshire's Health and Social Care Partnership's Strategic Plan for 2018 – 2021, which can be accessed [here](#), outlines eight key priorities to be delivered over the lifetime of the plan. The eight priorities are<sup>1</sup>:

1. Promoting positive health and wellbeing, preventing ill health, and building strong communities
2. Enhancing the quality of life and supporting independence for people, particularly those with long term conditions
3. Keeping people out of hospital when care can be delivered closer to home
4. Addressing inequalities and supporting people to have more choice and control
5. People have a positive experience of health and social care services
6. Promoting independent living through the provision of suitable housing, accommodation and support
7. Improving support for carers enabling them to continue in their caring role
8. Optimising efficiency, effectiveness and flexibility

In delivering on the eight priorities above the East Dunbartonshire Health and Social Care Partnership aims to make a positive contribution to the national health and wellbeing outcomes as defined by the Scottish Government<sup>2</sup>. The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. The national Health and Wellbeing outcomes are as follows:

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

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<sup>1</sup> Priority areas have numbered for ease of cross referencing in the delivery plan table. Numbering does not reflect a hierarchy within the priorities themselves.

<sup>2</sup> <http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

Outcome 5 - Health and social care services contribute to reducing health inequalities.

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7 - People using health and social care services are safe from harm.

Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

Mental Health Services are an important part of delivering on our eight priority areas. NHS Greater Glasgow and Clyde has developed a five year mental health strategy that spans across both inpatient and community services. The strategy aims to take a whole system approach, linking the planning of services across the whole Health Board area, incorporating the planning priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027 which can be accessed [here](#).

The NHS Greater Glasgow and Clyde five year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

### **National Mental Health Strategy - Action 15**

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal was to 'Increase the workforce to give access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.'

Funding to support the delivery of this commitment is being provided to each Integration Authority although £1M has been top sliced for a national Police Scotland/SAS demonstrator project. Each HSCP is required to develop an Initial Action 15 Plan by 31 July 2018, and a detailed Action 15 Plan by 30 September 2018. The plan should set out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. It is essential that the Health Board and HSCPs work across boundaries and take a collaborative approach due to the way that mental health services are delivered and it is necessary to optimise use of resources in support of delivery of the GGC wide MHS. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agree pan-GGC investments based on NRAC shares. Each HSCP is however accountable to its own Board for use of resources.

The plan from each Integration Authority is to set out the following:

How it contributes to the broad local improvement principles

- the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;
- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
- prospective improvements may include the provision of services through digital platforms or telephone support;
- improvement may include development for staff who are not currently working in the field of mental health.

How it takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced.

How it fits with other local plans currently in development.

Financial allocations are as follows:

2018 – 2019 share of 11 million total	NHS Greater Glasgow & Clyde	22.337%	£2,457,118
	East Dunbartonshire HSCP	1.82%	£199,776
2019 – 2020 share of 17 million total	NHS Greater Glasgow & Clyde	22.337%	£3,797,365
	East Dunbartonshire HSCP	1.82%	£308,745
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2018 – 2019 share of 32 million total	NHS Greater Glasgow & Clyde	22.337%	£7,147,981
	East Dunbartonshire HSCP	1.82%	£581,167

The initial plan is identified below, and this will be supplemented by a detailed Action 15 plan by the end of September 2018.

The initial action 15 plan interfaces with a number of other key plans and areas of collaborative work in the following ways:

### **Interface with Primary Care Improvement Plan**

The Primary Care Improvement Plan and the Action 15 Plan will work together to enhance capacity to support people with mental ill health in the community. While the plans themselves are separately set out they interlink in terms of delivering overall objectives and as both plans continue to develop, that process involves sharing information and collaborative development.

### **Interface with Children's Services**

A significant part of NHS GG&Cs Mental Health Strategy focuses on early intervention and prevention. It recognises that mental illness in children, young people and adults is strongly correlated with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs) are an established indicator to trauma. East Dunbartonshire's action 15 plan includes investment in preventative and early intervention options and work carries on in the partnership area to roll out work to ensure staff are trauma informed and ACE aware in their practice. Funding for further work in this area will be achieved through the specific funding identified by the Scottish Government to improve mental health for children.

### **Interface with Community and Criminal Justice:**

Action 15 specifically identifies the need to improve access to mental health support within prisons and police custody suites. East Dunbartonshire has MHP Low Moss within its area and although the responsibility for provision of mental health care in this setting rests with NHS GG&C Police Custody Healthcare and Prison Healthcare services hosted by Glasgow City HSCP, proposed developments utilising Action 15 funding will require further discussion locally. This will be set out in the full plan in September 2018.

### **Interface with Alcohol and Drugs Partnership**

East Dunbartonshire's Alcohol and Drugs Partnership is soon to commence a refresh of its current strategy, underpinned by an updated needs assessment. The work of the Action 15 Plan and the ADP work will be closely aligned through shared steering group members and will focus on further developing a recovery orientated whole system approach.

### **Engagement and Consultation:**

This initial plan has been developed in partnership with all the service areas within East Dunbartonshire's HSCP which includes our Children's services, Criminal Justice Services and engagement with those developing the local Primary Care Improvement Implementation Group. The plan has also been discussed at the Community Justice Partnership meeting. In the development of the detailed Action 15 Plan, which stems from this high level plan, and is required for submission in September 2018, further consultation and engagement will take place through East Dunbartonshire's established service user and carer representative group.



## East Dunbartonshire HSCP Initial Action 15 Plan

Action 15 – ‘Access to treatment and joined up, accessible services’ - priority areas identified for increased workforce by the Scottish Government as; ‘Accident and Emergency departments; GP practices; police station custody suites; and prisons.’

Please note that this plan is an initial high level plan and will be followed, by September 2018, with a detailed and costed implementation plan. Items noted in the plan at this stage are still subject to development, discussion and consultation and may change before the submission of the final plan.

<b>Project / Service</b>	<b>Intended Outcomes</b>	<b>Links to HSCP Priorities and National Health and Wellbeing Outcomes</b>	<b>Contribution to mental health workforce?</b>
<b>Priority Area</b>	<b>Accident and Emergency Departments</b>		
Crisis Team	Extend access to crisis intervention services to provide appropriate crisis response	HSCP 2, HSCP 3 NHWB 7	Yes
Psychiatric Liaison Service	Extend access to Psychiatric Liaison service within A&E and acute hospital care	HSCP 2, HSCP 3 NHWB 7	Yes
<b>Priority Area</b>	<b>GP Practices / Primary Care</b>		
<b>Project / Service</b>	<b>Intended Outcomes</b>	<b>Links to HSCP Priorities and National Health and Wellbeing Outcomes</b>	<b>Contribution to mental health workforce?</b>
Development of the Primary Care Computerised CBT Service	Reducing demand on primary care in the short term through provision of alternative and targeted interventions	HSCP 1, HSCP 4, HSCP 8 NHWB 1, NHWB 4, NHWB 9	No
A range of Prevention and Early Intervention activities across the age ranges	Reducing demand on primary care in medium to long term through early intervention and preventative activities delivered ‘upstream’	HSCP 1, HSCP 4, HSCP 8 NHWB 1, NHWB 4, NHWB 5	Yes

Improve Pathways between Primary Care and Older People's Mental Health Services	Develop and promote effective and efficient pathways of care	HSCP 2, HSCP 8 NHWB 2, NHWB 3, NHWB 8, NHWB 9	No
Development of Borderline Personality Disorder Service	Development of targeted and specific service for BPD delivered on a rotating patch basis	HSCP 2, HSCP 3 NHWB 4	tbd
Development of a Recovery Orientated System of Care	Increase availability of support to enable people to be self managing and self caring as far as possible	HSCP1, HSCP 2, HSCP 3, HSCP 6 NHWB 1, NHWB 2, NHWB 4	tbd
Additional training to Support Workers to include third sector	Improved mental health skills in the East Dunbartonshire workforce across statutory, third and independent sectors	HSCP 8 NHWB 8, NHWB 9	tbd
Additional Peer Support capacity	Improve access to support for people experiencing mental ill health and assist people in recovery	HSCP 1, HSCP 2, HSCP 4, HSCP 6 NHWB 1, NHWB 2, NHWB 4	Yes
Crisis Cafes additional support	Extend the range of low level and self help options available in the community for people experiencing mental ill health	HSCP 1, HSCP 2, HSCP 3, HSCP 4 NHWB 7	tbd
Additional Capacity for Psychological Therapies for adults	Improve access to appropriate mental health interventions	HSCP 2 NHWB 2, NHWB 4	Yes
Additional Capacity for Psychological Therapies for Older People	Improve access to appropriate mental health interventions.	HSCP 2 NHWB 2, NHWB 4	Yes

Scope and then develop an assertive outreach flexible home support/treatment model	East Dunbartonshire Hosted and Delivered	Support people to avoid unnecessary hospital admissions and to be discharged from hospital in a timely manner through provision of high level support options in the local community	HSCP 2, HSCP 3, HSCP 6 NHWB 2, NHWB 4, NHWB 7	Yes
<b>Priority Area</b>				
<b>Police Station Custody Suites</b>				
<b>Project / Service</b>	<b>Delivery</b>	<b>Intended Outcomes</b>	<b>Links to HSCP Priorities and National Health and Wellbeing Outcomes</b>	
Police Custody	GGC Wide Hosted and Delivered	Enhanced service to custody suites	HSCP 4 NHWB 7	Yes
<b>Priority Area</b>				
<b>Prisons</b>				
<b>Project / Service</b>	<b>Delivery</b>	<b>Intended Outcomes</b>	<b>Links to HSCP Priorities and National Health and Wellbeing Outcomes</b>	
Psychological Interventions in Prisons	GGC Wide Hosted and Delivered	Improve access to appropriate mental health interventions. Address inequity of access to mental health interventions previously experienced by the prison population.	HSCP2, HSCP 4 NHWB 4, NHWB 5	Yes

In addition, a level of development office support will be put in place to assist with the implementation of the local plan, the service redesign and development elements associated with it and monitoring of progress.



## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	6 September 2018
<b>Subject Title</b>	Equal, Expert and Valued, Enhancing Carer Representative involvement on Integration Joint Boards, Second Edition, February 2018
<b>Report By</b>	Jenny Proctor, Carer Representative
<b>Contact Officer</b>	Caroline Sinclair, Head of Mental Health, Learning Disability, Addictions & Health Improvement 0141 232 8216, Caroline Sinclair@ggc.scot.nhs.uk

<b>Purpose of Report</b>	To make members aware of the outcome of the Public Service User and Carer Support Group's reflections and recommendations arising from the report, Equal, Expert and Valued, Second Edition.
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<b>Recommendations</b>	The Health and Social Care Partnership is asked to: a) Note the reflections of the Public Service User and Carer Support Group on the Equal, Expert and Valued report; and b) approve the recommendations of the Public Service User and Carer Support Group arising from the report.
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<b>Relevance to HSCP Board Strategic Plan</b>	Appropriate engagement of stakeholders including carers underpins the development of all aspects of the Health and Social Care Partnership Board's Strategic Plan.
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### Implications for Health & Social Care Partnership

<b>Human Resources</b>	There are no Human Resource implications for the Health and Social Care Partnership arising directly from this report.
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<b>Equalities:</b>	This report aims to ensure that carers are appropriately involved in the business of Health and Social Care Partnerships and so contributes to addressing inequalities brought about through lack of appropriate engagement.
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<b>Financial:</b>	There are small financial implications arising directly from this report in terms of adequate re-imburement of the Public Service User and Carer Support Group members for undertaking the tasks associated with their roles. These financial implications will be met from within the existing budget of the Health and Social Care Partnership.
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<b>Legal:</b>	There are no legal implications arising directly from this report.
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<b>Economic Impact:</b>	There is no economic impact arising directly from this report.
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<b>Sustainability:</b>	The report makes a positive contribution to sustainability by ensuring appropriate engagement of carers as key stakeholders in the business of Health and Social Care Partnerships.
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<b>Risk Implications:</b>	The report makes a positive contribution to the management of risk by aiming to ensure appropriate engagement of carers as key stakeholders in the business of Health and Social Care Partnerships.
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<b>Implications for East Dunbartonshire Council:</b>	The implications are set out in the recommendations and relate to how the Health and Social Care Partnership supports and relates to its Service User and Carer representatives.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The implications are set out in the recommendations and relate to how the Health and Social Care Partnership supports and relates to its Service User and Carer representatives.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	x

## **1.0 MAIN REPORT**

1.1 The Carers Collaborative is a project that seeks to evaluate, support and improve carer's representation on Integration Joint Boards (IJBs). The Collaborative has gathered evidence and facilitated events since March 2016, involving 46 Carer Reps from 29 local authority areas. The first 'Equal Expert and Valued' report was published in February 2017. It identified good practice and set out recommendations to enhance carer involvement on IJBs. The second report, which was considered by the Health and Social Care Partnership's Board in June 2018 is based on a further year's research, revisiting evidence and presenting new resources to improve carer representation.

## **2.0 BACKGROUND**

2.1 The recommendations of the first 'Equal Expert and Valued' report were considered as part of the development process of the Health and Social Care Partnership. It is recognised in the report that East Dunbartonshire demonstrated areas of good practice.

2.2 The second report was considered initially in a Carer Representative's Development Session in July 2018 and thereafter by the Public Service User and Carer Support Group on 6 August 2018. It was recognised that there continue to be areas of good practice and that East Dunbartonshire's Health and Social Care Partnership continues to seek to support effective carer engagement. Consideration of the second report led to the following recommendations for further change and development.

1. Undertake a training needs analysis on the Public Service User and Carer group and develop a training provision that meets and enhances their needs
2. Discuss with the Senior Management Team of the Health and Social Care Partnership arranging for a Public Service User and Carer agenda 'slot' added to of each of the planning groups that the members attend
3. Confirm that the HSCP will reimburse all out of pocket expenses (including travel, substitute care cover, home printing costs and peripherals etc) and also scope out the provision of a 'Tablet' to use for receiving and storing relevant papers (if appropriate)
4. Update the current mentoring policy in the Public Service User and Carer Induction Pack
5. Provide each Public Service User and Carer member with a HSCP name badge and lanyard with their details and photo
6. Undertake a scoping exercise for suitable Carer awareness training to be delivered to board and planning group members
7. Enhance the awareness of the Public Service User and Carer group/members in East Dunbartonshire by having a 'Participation and Involvement' page added to the HSCP web pages with a 'biography' of each member with generic contact details (infopsuc@eastdunbarton.gov - *for example*)
8. Ascertain the Carers experience and knowledge to ensure an appropriate skills mix
9. Provide Public Service User and Carer members with a 'map' of the Senior Management Team and their affiliation to the Health and Social Care Partnership and associated Planning groups
10. Share the Public Service User and Carer induction pack with the Senior Management Team
11. Recruit new 'members' from 'hard to reach' groups by promoting the Public Service User and Carer at community events and also increased use of social media channels promoting the group
12. A Carers engagement 'evaluation' form to be adopted

2.3 The report will be revisited in a further 12 months.

2.4 The recommendations of the Carer Representative's Development Session Report July 2018 were considered by the Public, Service User and Carers representative group and by the Senior Management Team of the Health and Social Care Partnership and are commended to the HSCP Board.

**Appendix 1** - East Dunbartonshire Health and Social Care Partnership (HSCP) Public, Service User and Carers (PSUC) representative group Carer Representative's Development Session Report July 2018



East Dunbartonshire  
Health and Social Care Partnership  
(HSCP)

Public, Service User and Carers  
(PSUC) representative group

Carer Representative's Development  
Session Report

August 2018



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## 1. Introduction

This paper is in response to the second edition of the report published by the Coalition of Carers in February 2018 called “Equal, Expert and Valued”<sup>1</sup>.

The East Dunbartonshire Health and Social Care Partnership (HSCP), values the involvement of Carers and welcomes Carers involvement and participation and their views. The HSCP has developed robust mechanisms to enable Carers to voice their needs and their wishes and to contribute to plans, proposals and decisions on local Health and Social Care services.

Where there is reference to the term ‘Carers and Service Users’ within this paper this refers to those who sit on the East Dunbartonshire Health and Social Care Partnership (HSCP) Integrated Joint Board (IJB), the Strategic Planning Group and the Locality Planning Groups alongside all who use health and social care services or may do so in the future including Carers and their families.

In response to the national report by the Coalition of Carers and to fully enable our Carers to have true, barrier free, Carer participation and involvement, the HSCP facilitated the Carer representatives, from the East Dunbartonshire Public Service User and Carer (PSUC) representatives group, to a development session. This was augmented by a desk top investigation undertaken by a HSCP officer, to provide further supplementary information.

## 2. Background and Policy

The Public Bodies (Joint Working) Act 2014<sup>2</sup> (the Act) sets out the legislative framework for the integration of Health and Social Care.

The Public Bodies (Joint Working) (Scotland) Act 2014 along with the integration legislation, issued guidance stipulating that decision making bodies must support the development of networks of people who are involved in ensuring public participation and involvement.

Scottish Government guidance states services should be “planned and led locally in a way which is engaged with the community (including in particular Service Users, those who look after Service Users and those who are involved in the provision of health or social care<sup>3</sup>)”.

The HSCP was committed from its establishment to robust arrangements that would support meaningful Service User and Carer involvement. In May 2015, the HSCP held two public engagement events, with the aim to undertake an option appraisal of a range of engagement approaches that would inform a future HSCP engagement

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<sup>1</sup> [Coalition of Carers Equal, Expert and Valued \(2<sup>nd</sup> draft\), February 2018](#)

<sup>2</sup> [The Public Bodies \(Joint Working\) Act 2014 \(the Act\) - Scottish Government](#)

<sup>3</sup> [Scottish Government. Integration Planning and Delivery Principles](#)

model. The outcome of this approach identified 4 approaches of engagement, with the 'Combined' model recognised by the Service Users and Carers who attended the session as their preferred option. The model of engagement and integration, as shown in Table 1, was presented and formally adopted by East Dunbartonshire Health and Social Care Partnership Integrated Joint Board (IJB) in October 2015.

**Table 1.**

<b>OPTION 4 Combined Model</b>			
Stage 1	Variance on <i>Structured Group</i>	Establish an open informal workshop style forum with the purpose of working collaboratively on agreed priorities linked to the strategic plan and made up of: <ul style="list-style-type: none"> <li>▪ core representatives - service user &amp; carer representatives from the IJB; Strategic Planning Group; and Locality Planning Groups: local geographical communities across the authority: PLACE neighbourhoods; and people with protected characteristics (Equality Act)</li> <li>▪ occasional' members – any cross-section of the public from wider ED communities</li> </ul>	Oct 2015– Mar 2016
Stage 2	Variance on <i>Networks</i>	<ul style="list-style-type: none"> <li>▪ Core members identify and communicate with wider networks to secure broader views</li> <li>▪ Develop member skills to facilitate wider community engagement events</li> <li>▪ Regular use of the local press and radio to communicate messages/invite participation</li> </ul>	Dec 2015– Jul 2016
Stage 3	<i>Virtual networks</i>	<ul style="list-style-type: none"> <li>▪ Create branded newsletters and links to relevant websites</li> <li>▪ Examine the use of facebook/twitter and other social media option to communication key messages/ survey views/feedback</li> </ul>	Jan 2016 – Oct 2016

There was acknowledgment at the time that this model required the development of a well planned, systematic and pragmatic approach to the membership's development and capacity building and this has resulted in an incremental implementation of the capacity building process.

### 3. Engagement and Communication

The model adopted, realised in the creation of an East Dunbartonshire Public, Service User and Carer (PSUC) representatives group; consisting of eight Carers and eight Service Users. This approach facilitates both residents and communities, through the PSUC group, a range of options for becoming involved and participating

in shaping and influencing the design and delivery of local Health and Social Care services.

East Dunbartonshire HSCP currently have named Carer and Service User representatives on the IJB, Strategic Planning Group (SPG) and both the 'East' and 'West' Locality Planning Groups (LPGs), as well as wider community engagement.

This was created by providing:

- A clear and transparent Carer and Service User recruitment policy, with role requirements and time commitment<sup>4</sup>
- A full Carer and Service User induction period and continuous awareness training
- The provision of an induction pack with all relevant information<sup>5</sup>
- Key policy information available via an electronic 'knowledge hub'
- Mentoring available for first 12 months from a Carer representative and/or HSCP officer
- One to one support from a named HSCP officer
- A terms of reference, working agreement and code of conduct for Carer (and Service User) representatives
- Jargon is kept to a minimum or explained through the provision of a glossary of terms (provided)
- Papers circulated in advance, to provide sufficient time for a response where appropriate
- Support from fellow Carer representatives and a depute, who also takes part in meetings, shares the load and can provide peer support
- Access to the local 'Carer's forum/network' and other third sector Carers groups to obtain and share views
- Access to an expenses policy and the reimbursement of all travel and sustenance expenses relating to their participation

The HSCP understands that the involvement of Service Users and Carers through the described processes may not be a true and accurate reflection of an individual Carer or Service User's perspective, therefore to have true Carer and Service User participation and involvement, no barriers should be in place that inhibit this; and this is where we reference the report written by the Coalition of Carers in Scotland, 'Equal, Expert and Valued'.

The 'Equal, Expert and Valued' report shared five recommendations and some suggestions for specifically improving HSCP Carer involvement. One of these recommendations was that HSCPs nationally, take steps to make sure Carer representatives are not worse off as a result of contributing to the IJB's work or for the time Carers spend carrying out their IJB, SPG and LPG duties<sup>6</sup>.

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<sup>4</sup> [East Dunbartonshire PSUC representatives - Working Agreement - February 2018](#)

<sup>5</sup> [East Dunbartonshire PSUC representatives - Induction pack - July 2017](#)

<sup>6</sup> [Equal, Expert and Valued, second edition, Coalition of Carers, February 2018](#)

The relationship between the HSCP and the PSUC group is based on the following key principles (PSUC Working Agreement - May 2018):

- Openness and honesty
- Listening to and having respect for each other's views and opinions
- Giving and receiving feedback
- Learning from each other
- Commitment to health improvement and tackling health inequalities
- Commitment to equality and diversity issues

The principles listed are underpinned by the HSCP's six core values of:

- Professionalism,
- Empathy
- Integrity
- Compassion
- Honesty and;
- Respect

To further embed the principles and values into our practise, the HSCP invited the PSUC Carer representatives to a development session, the purpose of which was to review the 'Equal, Expert and Valued' report and its recommendations. Following this review the Carers representatives and the HSCP to then identify further support mechanisms, if required.

#### **4. Methodology**

The HSCP held a Carer development session on Monday 16 July in the Kirkintilloch Health and Care Centre (KHCC) where five Carer members of the PSUC group participated; the first step was to create ground rules for our session together:

- Share experiences confidentially
- Have an open and honest conversation
- No side-tracking
- No such thing as stupid questions or stupid answers
- Honesty
- All input is valued, and;
- Action points from the scribed feedback will be written into a report

The 'Equal, Expert and Valued' report is split into three standards each having its own outcomes. The group agreed to review each standard, noting the evidence of implementation and benchmark against the progress made through the PSUC representative group and to make recommendations that would further embed good practice.

## 5. Findings and Analysis

<b>STANDARD ONE: Carer engagement is fully resourced</b>	
<b>Outcomes</b>	
<p>1. Carer Representatives will feel confident in undertaking the responsibilities of their role and be able to express clearly and fully the views of other carers.</p> <p>2. The strategic groups will benefit from the views of carers being regularly and directly represented and will produce work which address the needs and meets the aspirations of carers more fully.</p>	
<b>Evidence of implementation</b> Carers in representative roles will:	
<p>1. Receive training and a full induction.</p>	<p>East Dunbartonshire HSCP provide a 1-1 induction to all prospective new PSUC members (with a HSCP officer), a full induction pack which includes a terms of reference, communication strategy, working agreement, code of conduct, glossary of terms, training record and volunteering expenses policy. The PSUC group meets a minimum of 6 times per year, with each agenda providing a meet and greet with a Senior Management Team (SMT) member.</p> <p>Thus far the members have received presentations and training updates on HSCP Finance, Social Work Planning and service provision, Pharmacy and Prescribing statistics, Clinical Governance, GP Clusters and Localities, Strategic Planning, (ED) Acute (hospital) Statistics, the 'new' GP Contract and the Carers Act. The HSCP also provide a training seminar prior to each IJB meeting provided by the Organisational Development (OD) Manager.</p> <p>The Carers present stated that they are happy with the content of the induction pack, however those attending felt that the paperwork has become a bit too 'officious' but do understand the reasoning for this.</p> <p>Further they also noted that whilst the inductions have been ongoing for over a year, they could be enhanced to include another Carer or Service User attending and supporting (when appropriate). The mentoring programme should become a priority, with more pre-meeting 1-1 updates and feedback.</p>



	<p>The Carers present also commented that a 'map' of the SMT and how they link in with the various Board and Planning groups would also be beneficial; and could be included in the 'Induction Pack'.</p> <p>Whilst those present felt that it may be appropriate for the PSUC 'Induction Pack' to be shared with all SMT members; it is hoped from this, the SMT would be fully aware of the roles that the members carry out. The members reflected that more on the job 'role' training should take place.</p>
<p>2. Be supplied with the information they require timeously.</p>	<p>The HSCP strive to provide agendas for the PSUC group 10-14 days prior to a meeting and 7-10 days for the IJB, SPG and LPG meetings.</p> <p>The Carers stated that they are happy with the length of time prior to a meeting and that in a large percentage of the time they receive agendas and associated papers promptly, although as touched upon, a pre-meet or update with a fellow colleague/mentor or the HSCP officer would be appropriate.</p> <p>Also the 'papers' received can be sometimes 250-300 pages, a previous recommendation of providing a tablet, with a user account should be considered in the future. The members did state that at the IJB they can ask for clarification on agenda items.</p>
<p>3. Be mentored.</p>	<p>Currently the HSCP has an 'informal' mentoring programme in place, the Carer members present stated that further mentoring work would be beneficial. Ideally, with each member having access to a mentor in a more formal manner.</p>
<p>4. Be able to obtain the views of other carers<sup>7</sup> via a strong network of carers.</p>	<p>The HSCP have an informal agreement with the local Carers support organisation, namely Carers Link to promote the membership of the PSUC group amongst its membership, groups and forums.</p> <p>Some of the Carer representatives are associated with the Carers Working Group and the Carers Forum an East Dunbartonshire wide (West and East)</p>

<sup>7</sup> Coalition of Carers did not capitalise 'carers' in their 'Equal, Expert and Valued' report.

	community of interest. Carer representatives also attend the Friendship Circle and the Dementia Cafes in both localities.
5. Have the full costs of their work in and for the strategic groups met – this includes the costs of any substitutionary care that is required.	<p>East Dunbartonshire HSCP has a full expenses policy available to all PSUC members and will pay for mileage and substitutionary care costs when applicable.</p> <p>The Carers felt that the paperwork and administration involved was way too much hassle to claim £10-£20 pounds.</p> <p>The Carers also spoke out that this is a barrier that should be sorted out, as it could inhibit possible new members from joining. The Carers present also spoke about ink costs for printers as sometimes they need to print off pages and this cost should also be re-imbursed.</p>

**STANDARD TWO: Carers on strategic planning groups represent the views of local carers**

**Outcomes**

1. Carers on strategic groups will be:
  - (a) representative of the various communities of carers
  - (b) able to express in informed ways the views of a range of carers
2. The other partners on the strategic groups will know with confidence that they are learning of the views of a range of carers.
3. The work produced by the strategic groups will fully take into account the views of carers

**Evidence of implementation**

1. Carer organisations will be properly resourced to establish and support a strong carer network, which offers a variety of ways for carers to get involved	It is not appropriate to comment.
2. The number and carers involved in exchanging views through the network will grow.	<p>East Dunbartonshire HSCP share information and opportunities widely to the local Carers organisation and to the Third Sector Interface (TSI) and to other third sector organisations with and without a Carers presence, as well as with East Dunbartonshire Council (EDC) to share on their social media channels.</p> <p>The Carers present felt that although some members do also attend the Carer's forum and</p>

	<p>other third sector organisations/groups where there are Carers present, there is a large hidden population that has yet to be reached. Members present stated that attracting the views of young Carers should be a priority.</p>
<p>3. The diversity of carers involved in the network will be broad.</p>	<p>See above, East Dunbartonshire HSCP shares information with a wide range of groups and organisations. One of the main actions for the PSUC 2018/19 Action Plan is to engage with harder to reach Carers groups, e.g. BME community, LGBT and Young Carers.</p> <p>Again, there was strong views that, yes, there is a need for a wide mix of Carers, for example; those who care for children with learning needs, young and older adults, those with dementia, COPD, Diabetes etc, giving a wide skill mix for sharing and for different carer experiences would be more beneficial.</p>
<p>4. There will be a continual emergence of new carers willing to undertake representative roles.</p>	<p>East Dunbartonshire HSCP provides a clear and transparent Carer recruitment policy, with role requirements and time commitments explained. East Dunbartonshire HSCP have also attended various groups and orgs and presented to those in attendance about the opportunities that exist for Carers to participate in the decision making processes.</p> <p>Carers present are very aware that attracting Carer representatives is a slow process, many factors and barriers exist, from taking up too much time, to financial. They also expressed feelings that the recruitment policy again can be seen as too officious, but understand the reasoning behind it to be fully explanatory of the role.</p> <p>Various ideas were shared, regarding participating more at local engagement events such as the Kirkintilloch Canal Festival, and to having a larger presence through the HSCP social media channels including the inclusion of a biography page with generic contact details on the HSCP webpages.</p>
<p>5. The information provided through and by the supported network will be of a high quality.</p>	<p>East Dunbartonshire HSCP and the PSUC share participation and involvement information and leaflets widely across East Dunbartonshire to third sector orgs, GP surgeries, churches and community centres etc.</p> <p>The Carers present felt that the development of the HSCP 'aide memoire' (explaining</p>

	<p>Integration and the role of the HSCP) and the Carers 'hospital discharge leaflet' are very positive. They commented that these should be shared widely. One Carers representative has already spoken to a senior member of staff at an NHS GGC Hospital, requesting if the discharge leaflets could be placed there.</p>
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**STANDARD THREE: The involvement of carers on strategic planning groups is meaningful and effective**

- Outcomes**
1. Carers will be treated as equal and expert partners in strategic groups.
  2. The views of Carer Representatives will be evident in the strategic decisions taken and the plans that are developed.
  3. Carers will be treated as equal and expert partners in the provision of care.

**Evidence of implementation**

<p>1. Carers will be placed on the right strategic planning groups including at the top level of governance structures.</p>	<p>East Dunbartonshire HSCP has Carer representatives on each of the Board and planning groups.</p> <p>The Carers spoke with some satisfaction that their voices are heard on the groups and committees attended, with some being asked by the 'Chair' if any items need clarification. Others did state that at other meetings they felt that they were 'token' members and were spoken at and down to by other meeting attendees.</p>
<p>2. Other partners in strategic groups will have had Carer Awareness training so that the perspectives brought by carers are understood and accepted as the statements of people who are "equal and expert" partners.</p>	<p>The members present are unaware if there had or has been Carers awareness training delivered in East Dunbartonshire; they commented that this should be pursued by the HSCP officer to identify who can provide this and present this.</p> <p>Another point raised was that HSCP/PSUC 'name badges' should, as agreed previously, be supplied to all members of the PSUC. This will give representatives a 'more professional' look when attending meetings and also for security purposes.</p>
<p>3. Meetings will be open and inclusive, allowing time for discussion and contributions from all members of the group. Language will be accessible and jargon will be avoided.</p>	<p>The HSCP strives to provide 'jargon' free meetings and also provide the PSUC group with a 'Glossary of Terms' so that if members are unsure of as term or acronym, they can use to decipher.</p> <p>Those present explained that things have</p>

	<p>improved significantly and at meetings they very rarely have to ask for clarification on an acronym or wording used, but do refer to the glossary if unsure.</p>
<p>4. Sufficient time will be given for preparation. Papers will be sent out in advance in a timely fashion and Carer Representatives will have the opportunity to clarify any information in advance.</p>	<p>As highlighted previously, members noted the improvement made with papers arriving 7-10 days prior to meetings. Albeit sometimes for IJB meetings, update papers are posted a day or prior to the meeting.</p> <p>Those attending understand that this can happen, also at the IJB meeting, they have the opportunity to clarify and ask questions if unsure.</p>
<p>5. The agenda will be jointly owned with all group members having the opportunity to place items on it or raise issues of concern.</p>	<p>The Carer and their depute who sit on the IJB stated that there is a 'slot' and the PSUC action points are on the agenda.</p> <p>They are also invited to comment and update at these meetings, although another stated that on the SPG and LPG meets, they are asked for opinions and views but do not have a 'written' agenda 'slot' for Carers and/or Service Users which they would like.</p>
<p>6. All plans and policies produced by strategic groups will be 'carer proofed' so that the impact on carers is explicitly stated to ensure that carers needs and aspirations have been fully considered.</p>	<p>East Dunbartonshire HSCP have held consultations on their Strategic Plans (2015-18 and 2018-21) and invited Carers and their families to attend and have input, this has also been extended to other plans produced by the HSCP.</p> <p>The members stated that it depends on the relevance, to their knowledge they have been invited to most events / consultations to 'Carer Proof' but it is dependent on the subject.</p>
<p>7. Through their network carers will be supplied with information about the opportunities for participation in strategic planning groups.</p>	<p>The HSCP has produced literature in association with the PSUC members to promote the HSCP and Carer involvement within it.</p> <p>The consensus is that although the 'known' Carers do share information about the HSCP and its associated board and groups, there is the hidden Carers population, especially 'Young Carers'. Generally, when Carers go out and about to various groups making the public more aware of the HSCP and the PSUC group, the aide memoire has become a wonderful tool to use as an ice breaker and</p>

<p>8. The outcomes of carer engagement will be evaluated.</p>	<p>information provider.</p> <p>The HSCP officer has produced an evaluation tool that is used in training seminars, with three questions; 1) I understood everything that was discussed today. 2) I leave here today feeling I have contributed. 3) I felt I was listened to today.</p> <p>The Carers that were present agreed that evaluation of the group is a good idea, and provided some questions: “Do Carers feel that what they do is worthwhile?”, and “Do they feel they are making a difference?”, Another asked how we will evaluate, by numbers of new members etc.</p>
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## 6. Conclusion and Recommendations

The development session, desk-top investigation and the resultant feedback provides a much needed baseline of Carer participation and involvement within the HSCP. While the development session and desk-top investigation cannot claim to be representative of the views of all Carers in East Dunbartonshire, a number of strengths exist regarding the services and facilities provided by the HSCP to the PSUC representatives group.

A rich volunteer culture exists in East Dunbartonshire and is an essential backbone to Carer and Service User participation and involvement. Moreover, the strength of partnership working between the Carer, Service User reps and the HSCP enriches the current make-up of the various Board and Planning groups that operate in East Dunbartonshire.

Yet there is room for improvement, notably on how the HSCP facilitates the participation and involvement of its Carers and Service User representatives. The generated feedback does highlight some need to revisit the roles carried out by volunteers; to have a more structured mentoring policy adopted. Furthermore it may prove beneficial to scope out Carer awareness guidance and put this in place for public officers.

This in turn may help to reduce any inequalities that Carers face and in light of this a number of recommendations can be suggested to take forward to support Carers and additionally Service Users in their roles supporting East Dunbartonshire HSCP/PSUC group.

The recommendations from the development session and desktop investigation are:

1. Undertake a training needs analysis on the PSUC group and develop a training provision that meets and enhances their needs.

2. Discuss with SMT to have a PSUC agenda 'slot' added to of each of the planning groups (SPG, LPGs) that the members attend.
3. Confirm that the HSCP will reimburse all out of pocket expenses (including travel, substitutionary care cover, home printing costs and peripherals etc) and also scope out the provision of a 'Tablet' to use for receiving and storing relevant papers (if appropriate).
4. Update the current mentoring policy in the PSUC Induction Pack.
5. Provide each PSUC member with a HSCP name badge and lanyard with their details and photo.
6. Undertake a scoping exercise for suitable Carer awareness guidance and put this in place for all (public officers) members of the IJB, SPG and LPGs.
7. Enhance the awareness of the PSUC group/members in East Dunbartonshire by having a 'Participation and Involvement' page added to the HSCP web-pages with a 'biography' of each member with generic contact details (infopsuc@eastdunbarton.gov - *for example*).
8. Ascertain the Carers experience and knowledge to ensure an appropriate skills mix.
9. Provide PSUC members with a 'map' of the SMT and their affiliation to the IJB and associated Planning groups.
10. Share the PSUC induction pack with the SMT.
11. Recruit new 'members' from 'hard to reach' groups by promoting the PSUC at community events and also increased use of social media channels promoting the group.
12. A Carers engagement 'evaluation' form to be adopted.

## 7. Evaluation

This paper will be revisited in 12 months. Invitations will be sent to all Carer members of the PSUC group to attend a repeat development and evaluation session, revisiting the recommendations and good practice demonstrated. The recommendations will be documented for future reference and shared if appropriate.





Agenda Item Number: 17

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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	Moving Forward Together
<b>Report By</b>	Susan Manion, Chief Officer
<b>Contact Officer</b>	Susan Manion, Chief Officer 0141 232 8216 <a href="mailto:Susan.manion@ggc.scot.nhs.uk">Susan.manion@ggc.scot.nhs.uk</a>

<b>Purpose of Report</b>	To update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'
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<b>Recommendations</b>	The Integration Joint Board is asked to:  a) Note this report
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<b>Relevance to HSCP Board Strategic Plan</b>	The Moving Forward Together programme aligns with the 2018-21 HSCP Strategic Plan.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	No immediate implications. Future decision made in implementation of the strategy may have an impact, which will be considered in their own right.
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<b>Equalities:</b>	nil
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<b>Financial:</b>	nil
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<b>Legal:</b>	nil
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<b>Economic Impact:</b>	nil
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<b>Sustainability:</b>	nil
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<b>Risk Implications:</b>	nil
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<b>Implications for East Dunbartonshire Council:</b>	nil
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	nil
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	√
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>MAIN REPORT</b>	
<b>1. Purpose</b>	
1.1	To update members on the development of NHS Greater Glasgow and Clyde's transformation strategy 'Moving Forward Together'.
<b>2. Background</b>	
2.1	The HSCP Board have been updated with regard to the development of the Strategy. Our staff and service users have been involved in the process to date and will continue to be involved through the implementation phase.
<b>3. Moving Forward Together Strategy</b>	
3.1	The Moving Forward Together strategy was approved by NHS Greater Glasgow and Clyde in June 2018, and is available at <a href="http://www.nhsggc.org.uk/media/248849/item-9-18-24.pdf">http://www.nhsggc.org.uk/media/248849/item-9-18-24.pdf</a>
3.2	The Moving Forward Together strategy describes a new system of care, organised in the most effective way to provide safe, effective person-centred and sustainable care to meet the current and future needs of the population and able to provide best value. This new system will be designed to:

- support and empower people to improve their own health
- support people to live independently at home for longer
- empower and support people to manage their own long-term conditions
- enable people to stay in their communities accessing the care they need
- enable people to access high quality primary and community care services close to home
- provide access to world class hospital-based care when the required level of care or treatment cannot be provided in the community
- deliver hospital care on an ambulatory or day case basis whenever possible
- provide highly specialist hospital services for the people of Greater Glasgow and Clyde, and for some services in the West of Scotland.

3.3 The Moving Forward Together Strategy identifies the six Integration Joint Boards within the NHS Greater Glasgow and Clyde area as key partners in delivering the vision of this strategy.

#### **4. Implementation**

4.1 The Moving Forward Together Strategy document describes 'next steps' for implementation as:

##### **Phase One: July to October 2018 (Setting Priorities and Scoping Change)**

- Seek HSCP Board confirmation that this framework aligns with their strategic plans
- Establish priority changes which support delivery of the Vision
- Develop and establish a structure based on the priorities and commission work streams and short life working groups

##### **Phase Two: November to December 2018 (Develop Detailed Options)**

- Develop prioritised options for the delivery of changes with stakeholders
- Complete option appraisals on proposed changes
- Develop business cases for preferred changes
- Assess whole system impact and coherence
- Seek NHSGGC Board and IJB approval, as appropriate, for first tranche of proposed changes

##### **Phase Three: January 2019 onwards**

- Continue to develop implementation plans for approved priority changes
- Continue to assess impact and benefit realisation
- Extend scope to next priority areas

4.2 The project and programme management arrangements for these stages remain under discussion, however it is clear there will remain a role for Health and Social Care Partnerships in future activity. The Health Board on 28 June 2018 also agreed a financial plan needs to be developed as part of the next stage.

4.3 In addition, the Moving Forward Strategy provides additional context for the HSCP 2018-21 Strategic Plan.



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

<b>Date of Meeting</b>	6 <sup>th</sup> September 2018
<b>Subject Title</b>	East Dunbartonshire HSCP Strategic Planning Group Minutes of 5 <sup>th</sup> June 2018
<b>Report By</b>	Susan Manion Chief Officer
<b>Contact Officer</b>	Fiona McCulloch Planning performance & Quality Manager, 0141 201 3355 – Fiona.McCulloch@ggc.scot.nhs.uk

<b>Purpose of Report</b>	This report provides the Strategic Planning Group Draft minutes for 5 <sup>th</sup> June 2018 to inform the Board of the actions of the Strategic Planning Group
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<b>Recommendations</b>	It is recommended that the HSCP Board note the content of the minutes.
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<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Planning Group is established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014, to provide views on the development, implementation and review of the East Dunbartonshire HSCP Strategic Plan. The role of the Group is to help determine the HSCP priorities, consider the effects of proposals for change, and make recommendations for the reallocation of resources through the Strategic Plan. At this meeting, the Group discussed the draft Strategic Plan 2018-21 and the draft eligibility criteria for carers and the questions for the consultation on the eligibility.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	N/A
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<b>Equalities:</b>	N/A
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<b>Financial:</b>	N/A
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<b>Legal:</b>	N/A
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<b>Economic Impact:</b>	N/A
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<b>Sustainability:</b>	N/A
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<b>Risk Implications:</b>	N/A
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<b>Implications for East Dunbartonshire Council:</b>	N/A
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	N/A
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

## Minute of the Strategic Planning Group

Tuesday the 5<sup>th</sup> of June at 2:30pm at East Dunbartonshire Voluntary Action, Units 4 & 5,  
14 Townhead, Kirkintilloch, G66 1NL

### Present

Susan Manion	Chief Officer, Health and Social Care Partnership (Chair)
Fiona McCulloch	Planning & Performance Manger
David Aitken	Integrated Adult Services Manager
Diane Meek	General Practitioner
Fiona McManus	Carers Representative (Depute Avril Jamieson)
Avril Jamieson	Carers Representative
Scott Lafferty	TSI Manager (Core Services)   East Dunbartonshire Voluntary Action
Stephen McDonald	Integrated Older Peoples Service Manager
David Radford	Health Improvement Lead
Caroline Sinclair	Head of Community Mental Health, LD & Addiction

### Minutes

#### 1 Introductions & Apologies

Apologies: Paolo Mazzoncini, Derrick Pearce, Stephen McIntyre, Iain Brodie, Frances McLinden, Alison Blair, David Delaney

#### 2. Notes of Previous Meeting & Action Plan Updates

The minutes of the meeting held on 10<sup>th</sup> of April were accepted as an accurate record without amendment.

#### 3. Matters Arising

##### ➤ Strategic Plan

The HSCP Strategic Plan for 2018/21 was agreed at the Board meeting in March.

##### ➤ Learning Disability Strategy Consultation Update

The draft Learning Disability Strategy and Consultation Update was agreed at the March HSCP Board.

##### ➤ Eligibility Criteria & Adult Support Plans

It was noted that concerns had been raised with regard to the Eligibility Criteria but this should now be easier to locate on-line. Issues had been raised at the recent Carer's training group. It was felt that there should also be more clarity around Adult Support Plans.

It was noted that items raised at the Carers working group should be fed back into the Adult Services Planning Group.

Action

#### 4. MFT Update

NHS GG&C have recently been developing a new Clinical Strategy known as Moving Forward Together (MFT) There have been numerous planning, engagement and consultation activities taking place throughout the Health Board including local areas. A large event took place in January which included Clinicians and representatives from Carer's Groups across Glasgow. The draft will be submitted to the Health Board on the 26<sup>th</sup> of June. The HSCP's have contributed to this process and it will influence how we take forward our own Strategic plan.

The aim will be to work more effectively in light of increasing demand with a focus on prevention and early intervention. Although a draft is not available currently, it is hoped that this will be available for the next meeting to allow the group to look at the key themes and local implications.

In relation to MFT DR advised that there are currently five promotional video's available featuring key Clinicians and Officers. DR hopes to circulate these shortly and to publish these on the HSCP website.

#### Business Plan Update

5. The Strategic Plan covers a 3 year period; however the business plan focuses on the work that has been carried out this year. This will reflect the key priorities and work that we are doing as well as highlighting the impact of the actions taken. The range of activities that are involved in will be detailed with many of these ongoing. Essentially this is the mechanism for the HSCP to give the NHS & Local Authority direction around what needs to be done. Further work around some of the wording is required and working titles may be added.

SM updated the group on the budget setting process. It is hoped that an agreed position will be reached at the next HSCP Board meeting. This is important in terms of delivering the Strategic Plan which in turn will enable the HSCP to create efficiencies and transform services in the context of our Strategic plan. There are significant financial constraints, the HSCP overspent last year which was offset through general reserves however the general reserves are now depleted. The level of activity along with increasing demand will mean that there will be significant demands to balance the budget.

SL asked about 3<sup>rd</sup> Sector engagement in relation to the financial climate.

CS advised that there will be ongoing dialogue and a number of workshops are planned to discuss and plan for this.



## 6. Locality Planning Group Update

There will be a slightly different approach to the LPG going forward CS & DP will now be chairing these meetings and will deal with the practical arrangements and facilitation. The intention will be to develop a Locality level specific plan and to focus on a few key priorities which will draw on the specific skills within the groups. CS also advised that there will be place plans for identified areas. A joint work shop is planned for the 13<sup>th</sup> of June. The name is not to replicate the same approach for each locality but rather to develop the same methodology to establish what will work best for each locality.

This group will wish to look at the local priorities as discussed when they are available. Concern has been raised that there are no resources available for locality work. It was noted that there is already resource going in to localities, whole system, and that some of the key priorities may be about how to use that resource differently. In addition, if there is a plan that would benefit from short term/start up funding, then that would be considered.

### Action

CS/DP to provide an update for the next SPG.

CS/DP

## 7. Older People's Day Care Services

CS provided a summary on behalf of DP and explained that following on from the review of older peoples day services, work has continued and progressed in the West. There has been engagement with service users and their families and plans are in place around how they will access the day care services. Whether this be accessing the newly commissioned service or a self directed support option to arrange an alternative or to make their own arrangements. The next stage will be to look at the East Locality area and what the arrangements will be in this area. There are ongoing discussions taking place with the council and work will continue.

## 8. Primary Care Improvement Plan

All Partnership areas have been tasked with developing a primary care improvement plan to assist in the delivery of the contract. Each area will draft a plan for submission to the SG by the beginning of July. There have been various discussions with GP's to identify the local priorities to support the contract. Priorities for year 1 focus on pharmacy support and the development of Advanced Nurse Practitioners to support Practices as well as Physiotherapy. These are the key areas that are emerging however there will be work ongoing which will focus on years 2 & 3.

### **Action:**

SPG to be updated with developments and progress.

DP

### Annual Performance Report

9.

The Annual Performance Report will be published by the end of the July, this demonstrates how the HSCP Is performing against the Strategic Plan and is a retrospective look at the achievements of the 2015/18. The plan focuses on the 9 national outcomes for Health & Social Care as well as the national indicators. FMc explained that the format of the report has been improved and discussed the changes with the group in more detail. The report now includes Children's Services and Criminal Justice under the national outcomes in addition to this a number of case Studies have been included. A draft will be submitted to the Board at the end of June.

#### **Action:**

FMc advised that she would bring the most up to date version at the next meeting.

FMc

### AOCB

10.

AJ shared some of the work carried out at the Carers Representative meeting. This was generated by a discussion with Paolo Mazzoncini around discharges and in turn prompted the group to create checklists for patients. This was circulated amongst the SPG as well as a leaflet explaining the role & function of the HSCP. A list of recommendations has also been submitted to DP.

Updates for the next SPG will include:

- MFT
- LD services Review
- LPG Updates

### Date of Next Meeting

Tuesday 7<sup>th</sup> of August 2018 at 2:30pm

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	6 September 2018.
<b>Subject Title</b>	July 2018 - Scottish Attainment Challenge - Care Experienced Children and Young People Funding – East Dunbartonshire.
<b>Report By</b>	Caroline Sinclair, Interim Chief Social Work Officer & Head of Mental Health, Learning Disability and Addiction Services.
<b>Contact Officer</b>	Claire Carthy, Interim Head of Children's Services and Criminal Justice, Claire.Carthy@eastdunbarton.gov.uk

<b>Purpose of Report</b>	To make Health and Social Care Partnership Board members aware of the Scottish Attainment Challenge - Care Experienced Children and Young People Funding – East Dunbartonshire, and the processes by which its use will be agreed.
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<b>Recommendations</b>	The Health and Social Care Partnership Board is asked to: <ol style="list-style-type: none"> <li>a) note the Scottish Government Scottish Attainment Challenge - Care Experienced Children and Young People Funding which will be made available to East Dunbartonshire;</li> <li>b) note the process by which its use will be agreed locally; and</li> <li>c) note that a report will be brought to a future meeting to outline the details of the use of the funding.</li> </ol>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Scottish Attainment Challenge - Care Experienced Children and Young People Funding supports delivery of the HSCP's Strategic Plan and the National Health and Wellbeing Outcomes.
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### Implications for Health & Social Care Partnership

<b>Human Resources</b>	There are no Human Resource implications arising directly from this report at this stage.
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<b>Equalities:</b>	An Equality Impact Assessment (EqIA) will be undertaken to inform the development of the full spending plan.
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<b>Financial:</b>	The financial implications of implementing the plan will be fully contained within the funding made available from the Scottish Government for the total funding package being made available to East Dunbartonshire for 2018 – 2019 has been calculated at £94,400 based on 118 Looked after Children aged 5-15 on 31 July 2017.
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<b>Legal:</b>	There are no legal implications arising directly from this report.
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<b>Economic Impact:</b>	There is no economic impact arising directly from this report.
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<b>Sustainability:</b>	There is no sustainability impact arising directly from this report at this stage although in the longer term sustainability of any additional services put in place through use of this funding, if the funding is discontinued, will require consideration.
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<b>Risk Implications:</b>	There is no risk implication arising directly from this report.
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<b>Implications for East Dunbartonshire Council:</b>	There are no immediate direct implications for East Dunbartonshire Council. As the detailed plan is developed workforce implications, should there be any, will be brought to the fore.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	There are no immediate direct implications for NHS Greater Glasgow and Clyde.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	1. No Direction Required	X
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council & NHS Greater Glasgow & Clyde	

<b>1.0 MAIN REPORT</b>
<p>1.1 On the 26th June, the Deputy First Minister announced funding through the Scottish Attainment Challenge to provide additional support for care experienced children and young people, to help improve their educational outcomes. The details of the fund and the allocation for East Dunbartonshire for 2018 – 2019, totalling £94,000 are attached as appendix 1 to this report. Funding is calculated on a per head allocation per Looked After Child, per Local Authority Area.</p> <p>1.2 In addition to the funding allocation letter, national draft operational guidance has been produced which is intended to help Local Authority areas determine how to invest the funding in ways which could improve educational outcomes for care experienced children and young people.</p> <p>1.3 The guidance highlights that the interpretation of a ‘care experienced’ young person extends from birth to the age of 26, in line with the definition contained within the Children and Young People (Scotland) Act 2014. The guidance also highlights that the Chief Social Work Officer and Chief Education Officer should work together to ensure there are strategic plans in place with processes for reporting on impact.</p>

1.4 In order to progress plans for the use of this funding locally, work is underway through the Corporate Parenting Steering Group and the Delivering for Children and Young People Group and the final submission will be jointly signed by the Chief Social Work Officer and Chief Education Officer.

**2.0 FINANCE**

2.1 As outlined in appendix 1 the total funding package being made available to East Dunbartonshire for 2018 – 2019 has been calculated at £94,400.

Appendix 1 - July 2018, Scottish Attainment Challenge - Care Experienced Children and Young People Funding – East Dunbartonshire



Buidheann-Stiùiridh an Ionnsachaidh  
Learning Directorate

T: 01312440421

E: [ScottishAttainmentChallenge@gov.scot](mailto:ScottishAttainmentChallenge@gov.scot)



**July 2018**

**Scottish Attainment Challenge - Care Experienced Children and Young People Funding – East Dunbartonshire**

**Sent on behalf of Graeme Logan, Deputy Director of Learning, Scottish Government**

Dear Chief Executive,

CC'd to Chief Social Work Officer, Chief Education Officer, Directors of Finance and census data contacts

On the 26<sup>th</sup> June, the Deputy First Minister announced funding through the Scottish Attainment Challenge to provide additional support for care experienced children and young people, to help improve their educational outcomes. I am writing to inform you of the 2018/19 funding allocations for your local authority.

With the agreement of COSLA, the authority allocations have been calculated based on data from the annual Children Looked After Survey, for children aged between 5-15 who were looked after on 31 July 2017.

For this initial part year to end March 2019, the funding amount for each child will be £800. Though the calculation is based on this age group, it is for the local authority to decide how the funding will be best used to improve the attainment of care experienced children and young people. For future years, the full year allocation will be the equivalent of £1,200 per child. The distribution methodology will be subject to further discussion and agreement with COSLA.

The allocation for your local authority in 2018/19 has been calculated at £94,400 based on 118 Looked after Children aged 5-15 on 31 July 2017.

Further information on using this funding within your local authority can be found in the attached national operational guidance. If you have any queries in regards to these allocations for your local authority, please contact Huw Landrock, SG analyst, to discuss. Huw's email is [huw.landrock@gov.scot](mailto:huw.landrock@gov.scot), or you can call him directly on 0131 244 7083.

We intend to publish the local authority level allocations, with all disclosive data redacted on the Scottish Government website. A full grant offer letter detailing the terms and conditions for the use of this funding will follow within the next two weeks.

Please get in touch with me if you have any further enquiries.

Best wishes,  
Graeme.





**East Dunbartonshire HSCP**  
**HSCP Board Meeting - Future agenda items**

**June 2018 to June 2019**

<b>HALF DAY DEVELOPMENT SESSION – 5<sup>th</sup> OCTOBER 2018</b>
Fair allocation to care & Strategic Commissioning– Enterprise House
<b>HSCP BOARD AGENDA ITEMS FOR 15<sup>th</sup> NOVEMBER 2018</b>
Winter Plan 2018-19
Annual Chief Social Work Officer Report
Staff Experience
Performance Improvement Report – Quarter 1
Draft Carers Strategy Consultation
Carers Short Breaks Statement
Performance Report – update
<b>HSCP BOARD AGENDA ITEMS FOR 17<sup>th</sup> JANUARY 2019</b>
<b>Topic Specific Seminar January 2019 – Unscheduled Care</b>
Quarterly Performance Improvement Report – Quarter 2
Performance Improvement Report – Q2
Fair Access to Care Policy – feedback from public consultation
<b>HALF DAY DEVELOPMENT SESSION – 8<sup>th</sup> FEBRUARY 2019</b>
Shifting the balance of Care
<b>HSCP BOARD AGENDA ITEMS FOR - MARCH 2019</b>
Quarterly Performance Report Q3
Carers Strategy (David Aitken
Process Report on Primary Care Improvement Plan (DP/GN
Workforce Plan (TQ

<b>HSCP BOARD AGENDA ITEMS FOR - MAY 2019</b>
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To be agreed.
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<b>HSCP BOARD AGENDA ITEMS FOR - JUNE 2019</b>
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<b>Topic Specific Seminar – Criminal Justice Social Work</b>
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OHD Performance Report (FMcL)
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Draft Annual Performance Report
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Quarterly Performance Report Q4
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Review of Winter Plan
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Process for 5 year review Integration Scheme (for information) – original Scheme expires 26 <sup>th</sup> June 2020
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## ED HSCP BOARD - DISTRIBUTION LIST at AUGUST 2018

ED HSCP BOARD MEMBERS - VOTING		
Name	Designation	
Jacqueline Forbes	Chair - NHS Non Executive Board Member	1
Susan Murray	Vice Chair -EDC Elected member	1
Margaret McGuire	NHS non-executive Board 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	<b>e-copy only</b>
Caroline Sinclair	Head of Mental Health, LD, Addictions and HI	1
Derrick Pearce	Head of Adult and Primary Care Services	1
Fiona McCulloch	Planning & Performance Manager	<b>e-copy only</b>
Gillian McConnachie	Chief Internal Auditor HSCP	<b>e-copy only</b>
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	<b>Paper copy/e-copy</b>
Martin Cunningham	EDC Corporate Governance Manager	3
Jennifer Haynes	Interim Corporate Services Manager	<b>e-copy only</b>
Louise Martin	Head of Administration, ED HSCP	<b>e-copy only</b>
Frances McLinden	General Manager, Oral Health Directorate	<b>Paper copy / e-copy</b>
Tom Quinn	Head of Human Resources	<b>e-copy only</b>
Gerry Cornes	Chief Executive	<b>Paper copy/e-copy</b>
Ann Davie	Depute Chief Executive - EPB	<b>Paper copy/e-copy</b>
Thomas Glen	Depute Chief Executive - PNCA	<b>Paper copy/e-copy</b>
Pauline Halligan	Strategic Lead -Organisational Transformation	<b>Paper copy/e-copy</b>
Jamie Robertson	Chief Finance Officer	<b>Paper copy/e-copy</b>
Sharon Bradshaw	Human Resources	<b>e-copy only</b>
Elaine Van Hagen	Head of NHS Board Administration	<b>e-copy only</b>
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	<b>e-copy only</b>
Councillor Graeme McGinnigle	EDC Elected member	<b>e-copy only</b>
Councillor Rosie O'Neil	EDC Elected member	<b>e-copy only</b>
A. Jamieson	Carers Representative	<b>1 copy</b>
I Twaddle	Service User Representative	<b>1 copy</b>