For meeting on

21 JANUARY 2021

Agenda 2021

East Dunbartonshire Health & Social Care Partnership Board

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health & Social Care Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 21st January 2021 at 9.30am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Susan Murray
East Dunbartonshire Health and Social Care Partnership Integration Joint Board

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

A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 12th November 2020

Item	Report by	Description	
STANDING ITEMS			
1.	Chair	Declaration of interests	
2.	Martin Cunningham	Minute of HSCP Board held on 12th November 2020	**1-8**
3.	Caroline Sinclair	Chief Officer's Report	verbal
STRATEGIC ITEMS			
4.	Derrick Pearce	Primary Care Improvement Plan Year 3	**9- 40**
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GOVERNANCE ITEMS			
7.	Jean Campbell	Directions	**63- 74**
8.	Jean Campbell	Financial Performance Budget 2020/21– Month 8	**75- 90**
9.	Caroline Sinclair	Quarter 2 HSCP Performance Report	**91- 126**
10.	Jean Campbell	East Dunbartonshire HSCP Corporate Risk Register	**127- 136**
11.	Paul Treon	Clinical and Care Governance Minutes held on 21st October 2020.	**137- 148**

12.	Derrick Pearce	Strategic Planning Group Minutes held on 22nd October 2020.	**149-154**
13.	Tom Quinn	Staff Forum Minutes held on 23rd November 2020	**155-160**
14.	Jenny Proctor/Gordon Cox	Public Service User & Carer Group Minutes held on 7th December 2020	**161-168**
15.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner	**169-172**
	Chair	Any other competent business – previously agreed with Chair	**verbal**

FUTURE HSCP BOARD DATES

Date of next meeting – 9.30am to 1pm if Seminar schedule start time will be 9am.

Thursday 25th March 2021

All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT or via remote access during COVID Pandemic restriction arrangements

East Dunbartonshire Health & Social Care Partnership

Agenda Item: 2

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 12 November 2020.**

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

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

Non-Voting Members present:

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

Councillor Susan Murray (Chair) presiding

Also Present:	J. **Campbell**	Union Representative
	M. **Cunningham**	Corporate Governance Manager
	W. **Kennedy**	Community Justice Coordinator
	D. **Pearce**	Head of Community Health & Care Services
	T. **Quinn**	Head of People and Change

OPENING REMARKS

The Chair welcomed everyone to the meeting.

APOLOGY FOR ABSENCE

An apology for absence was submitted on behalf of Jenny Proctor.

ANY OTHER URGENT BUSINESS

The Chair confirmed there was no urgent items of business but thanked everyone for their ongoing efforts and collaboration throughout the pandemic.

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 17 SEPTEMBER 2020

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 17 September 2020.

In response to a question from A.Meikle the Board agreed that a short presentation would form part of the March agenda.

3. INTERIM CHIEF OFFICER'S REPORT

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

- Annual winter process;
- Mobilisation plans through COVID Pandemic;
- Scheduled care – whole system response to 4 key actions;
- Supporting care homes, nursing and social work;
- Flu vaccine programme; and
- Upcoming COVID vaccine.

The Board noted the information.

4. WOODHEAD PRACTICE PROPOSED CLOSURE OF BRANCH SURGERY

A Report by the Head of Community Health & Care Services, copies of which had previously been circulated, informing the Board of a formal application received on 11th June 2020 from Dr's Davda, Ness, Fraser & McGroarty of Woodhead Medical Practice of their intention to close the satellite surgery at Twechar Healthy Living & Enterprise Centre. Full details were contained within the Report and attached appendices.

The Board noted the ten reasons provided by the surgery in support of their application to close the satellite surgery.

The Board heard from the Head of Community Health & Care Services regarding the process to be followed when an application like this is received. He advised the Board that consultation had been conducted by the practice and the HSCP to gather the view of patients and people who have an interest and the consultation responses were summarised within the papers. He also advised the Board that the surgery had been closed since March 2020, however, home visits or digital appointments had been available or if patients wished to visit a surgery then they had been attending the one in Kirkintilloch.

There followed questions and further discussion, which included possible further analysis of the situation, safety for medical staff, connectivity issues for patients, transport links to other surgeries, parking issues in Kirkintilloch, links to the Primary Care Improvement Plan, possible financial implication, links to the Health Improvement Plan, possible other uses for the surgery if it was to close, SIMD statistics, stats regarding the number of patients that need to be seen in a surgery and the challenges faced by GPs.

Following consideration, the Board agreed as follows:-

a) to note the Report and accompanying appendices; and
b) to defer the decision to a future meeting of the HSCP Board due to members requiring more information from Woodhead Medical Practice.

5. CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2019-20

A Report by the Chief Social Work Officer, copies of which had previously been circulated, presenting the Chief Social Work Officer's Annual Report for the period 2019-20. Full details were contained within the Report and attached Appendix and reflected a summary of the key matters affecting Social Care and Social Work Services over the reporting period.

The Board noted that each year, the Chief Social Work Officer was required to produce a report advising the Council of performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the Chief Social Work Officer and with the commencement of the Public Bodies (Joint Working) (Scotland) Act 2014, the reporting arrangement was extended to include Integration Authorities (IAs).

The Chief Social Work Officer advised the Board that the report covered a pre-COVID period, however, in response to guidance received this year it was suggested some Covid response information be contained within the report to make it more current for Members. She stated the report provided assurance that the HSCP was committed to and focused on continuous improvement for the people of East Dunbartonshire and that case studies were included within the papers which showed how this was being done. Also contained within the papers was information on inspection performance results/reports, progressing national policy objectives, Frank's Law/Carers legislation and performance reports.

There followed further discussion surrounding commissioned nursing care home reports, self-directed support and usefulness of including case study information.

Councillor Murray highlighted that on P65 there was a good practice case study which showed how the EDC Justice Team were award winning. She congratulated the HSCP for all awards received.

Thereafter, the Board noted the contents of the Report.

6. COMMUNITY JUSTICE PARTNERSHIP ANNUAL REPORT 2019-20

A Report by the Interim Head of Children's Services & Criminal Justice, copies of which had previously been circulated, providing the Board with a copy of the Community Justice Annual Report template produced by the Community Justice East Dunbartonshire Partnership submitted to Community Justice Scotland on 25th September 2020. Full details were contained within the Report and attached Appendix.

The Board heard from W.Kennedy, Community Justice Coordinator, who stated the information reported cut across a number of key areas hence why it was being reported here today. He explained the multi-agency approach taken by the CJED partnership

contributed to the health and wellbeing throughout people's lives and despite cutting across the majority of the priority areas, there was specific reference to Community Justice in Priorities 1 and 5 of the plan. He also advised the Board that the template they receive every year changes based on the Performance and Improvement Plan.

W. Kennedy also touched on the following areas; factual information contained within the report, measuring outcomes of activity, cancellation of annual conference, formation of ED Trauma Collaborative, restructure, year on year funding, COVID recovery, multi-agency working and producing own report for next year.

A.Meikle thanked W.Kennedy for the informative report and asked if EDVA could form part of the multi-agency working. He informed the Board that EDVA were currently leading an initiative regarding mentoring and stated he would be more than happy to work with W.Kennedy on this if appropriate. W.Kennedy and the Board agreed the proposition would be favourable.

Following consideration, the Board noted the contents of the Annual report.

7. FINANCIAL PERFORMANCE BUDGET 2020-21 – MONTH 6

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership as at month 6 of 2020-21. Full details were contained within the Report and attached Appendices.

The Board noted the financial performance to date was showing that the budget was under significant pressure as a result of Covid related costs and the impact of this on the delivery of savings and transformation during 20/21. In the event that these costs and impacts were fully funded by the Scottish Government, the HSCP would deliver an underspend of £2.2m related to a significant downturn in care home placements. The Board also noted that discussions were still ongoing with the Scottish Government in relation to additional Covid specific funding and that the HSCP had undertaken scenario planning should funding not be forthcoming.

Following consideration, the Board agreed:

a) to note the projected outturn position was reporting an overspend of £0.4m as at month 6 of 2020-21 based on the level of Scottish Government funding confirmed to support Covid expenditure to date;

b) to note the HSCP financial performance as detailed in Appendix 3;

c) to note the progress to date on the achievement of the current, approved savings plan for 2020-21 as detailed in Appendix 5; and

d) to note the impact of Covid related expenditure during 2020-21.

8. CLINICAL AND CARE GOVERNANCE MINUTES HELD ON 19 AUGUST 2020

A Report by the Clinical Director, copies of which had previously been circulated, providing the Board with a copy of the minutes of the Clinical and Care Governance Group meeting minutes held on 19th August 2020. A copy of the minutes were attached as Appendix 1.

The Board heard from Dr P.Treon, Clinical Director, who stated the purpose of the meeting was to ratify the annual report ahead if it's presentation to the HSCP Board, and to note the main changes being around membership of the Committee and intention to streamline the agenda moving forward. He stated there was another meeting in October and the minute from this will be presented to the next meeting of the Board.

Following consideration, the Board noted the contents of the Clinical and Care Governance meeting minute of 19th August 2020.

9. PERFORMANCE AUDIT AND RISK COMMITTEE MINUTES HELD ON 28 SEPTEMBER 2020

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, providing the Board with a copy of the minutes of the Performance, Audit & Risk Committee meeting held on 28th September 2020. A copy of the minutes were attached as Appendix 1.

The Board heard from J.Campbell, Chief Finance & Resources Officer who stated the focus of the meeting was the presentation of the annual audited accounts for the IJB 2019/20 where Audit Scotland had provided comment.

I.Ritchie asked his apologies be noted for the above meeting.

Following consideration, the Board noted the contents of the Performance, Audit & Risk Committee meeting minute of 28th September 2020.

10. STRATEGIC PLANNING GROUP MINUTES HELD ON 6 AUGUST 2020

A Report by the Head of Community Health and Care Services, copies of which had previously been circulated, sharing with the Board a copy of the minutes of the HSCP Strategic Planning Group held on 6th August 2020. A copy of the minutes were attached as Appendix 1.

Following discussion, which included housing research, partnership with MacMillan, LDP/Workshops and localities, the Board noted the contents of the HSCP Strategic Planning Group minutes of 6th August 2020

11. STAFF FORUM MINUTES HELD ON 21 SEPTEMBER 2020

A Report by the Head of People and Change, copies of which had previously been circulated, providing re-assurance to the Board that Staff Governance was an integral part of the governance activity within the HSCP. A copy of the minute was attached as

Appendix 1 and the Scottish Government Update on Workforce Planning Guidance was attached as Appendix 2.

The Board noted this was the first Staff Forum meeting to have a formal minute taken since March 2020 and key items discussed included: rolling action plan, transition planning, finance update, annual report, staff wellbeing activity, Flu immunisation plan, KHCC car parking, Care homes update, update congregate services and workforce update.

Following consideration, the Board noted the contents of the Staff Forum meeting minute of 21st September 2020.

12. PUBLIC SERVICE USER & CARER GROUP MINUTES HELD ON 12 OCTOBER 2020

A Report by J.Proctor, Carers Representative and G.Cox, Chair of PSUC and Service User Representatives, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). A copy of the minute was attached as Appendix 1 and East Dunbartonshire PSUC group information films was attached as Appendix 2.

The Board noted that the PSUC had held 4 meetings in 2020, with the last one being on 12 October via Microsoft Teams. At this meeting members received a presentation from Anthony Craig (HSCP Development Officer) on the progress of the flu vaccination programme in East Dunbartonshire HSCP and also on current Power of Attorney update figures in East Dunbartonshire.

G.Cox raised the subject of difficulties with existing volunteers and carers being able to engage with the work of the group during the Pandemic, on behalf of J.Proctor. Further discussion took place in relation to this subject.

Cllr Murray thanked the PSUC for all the work they had and were continuing to do.

Following consideration, the Board noted the progress of the Public, Service User & Carer Representatives Support Group minute of 12 October 2020.

13. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER

The Interim Chief Officer provided an updated schedule of topics for HSCP Board meetings 20/21which was duly noted by the Board. The Board also noted a Development Session was due to take place in February 2021. The Interim Chief Officer stated that she was happy to take suggestions and highlighted that the planner was a live piece of work that may change as new matters emerge.

14. ANY OTHER COMPETENT BUSINESS

The Interim Chief Officer talked about a consultation on inclusion of HSCPs as Category 1 Civil Contingency Responders which had come about recently and focussed on any inherent equality issues this inclusion might bring about. Discussion took place in relation to this subject, specifically in relation to the HSCP and their IJB's not currently being category 1 responders where Local Authorities were. The Interim Chief Officer advised

that she would pull together the implication in relation to this subject and circulate the information to members.

15. DATES OF NEXT MEETINGS

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

- Thursday, 21 January 2021 at 9.30am.

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

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 4.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21st January 2021**
Subject Title	**East Dunbartonshire Primary Care Improvement Plan**
Report By	**Derrick Pearce, Head of Community Health and Care Services** **Derrick.Pearce@ggc.scot.nhs.uk** **Tel : 0141 232 8216**
Contact Officer	**Gillian Notman, Change and Redesign Manager** **Gillian.notman@ggc.scot.nhs.uk**

Purpose of Report	This report provides an update to the Health and Social Care Partnership Board on the East Dunbartonshire Primary Care Improvement Plan (PCIP) Implementation Tracker. This was submitted by the HSCP on the 23rd October 2020 to the Scottish Government. The Implementation Tracker is used to provide assurance that implementation is progressing as set out in our Primary Care Improvement Plan (PCIP). A corresponding financial report was also submitted by the HSCP on the 17th November 2020.

Recommendations	It is recommended that HSCP Board members • Note progress against the key commitments in the new GMS contract and Memorandum of Understanding • Note the impact of the local Covid response on continued implementation of the Primary Care Improvement Plans and the need for plans to adapt to new ways of working in the short and long term as a result. • Note the remaining challenges in terms of overall affordability, workforce and premises.

Relevance to HSCP Board Strategic Plan	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 and as such has relevance to all Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	The PCIPs continue to require recruitment of a significant additional workforce and new and extended roles across multiple professions. Multi-disciplinary team staff working within practices have in some cases been redeployed as part of the initial and ongoing Covid19 response.

Equalities:	There has been an inequality of implementation of the services as there is a phased roll out. Accommodation within some practices is not fit for purpose which has impacted on where MDT staff have been placed. Patients will not currently receive all services, but the plan describes the HSCPs aims for placing extended multi-disciplinary teams in to practices and clusters.

Financial:	The Primary Care Improvement Plan is funded through the Primary Care Investment Fund. Potential challenges in delivering all required commitments within available funding are highlighted in this paper. Financial trajectory is submitted as an appendix.

Legal:	There are no legal issues within this report.

Procurement Impact	There are no procurement issues within this report.

Economic Impact:	There are no economic issues within this report.

Sustainability:	The PCIP is intended to facilitate increased sustainability for local GP practices. Refocusing of the primary care model will require the HSCP to support and deliver through service redesign.

Risk Implications:	There are emerging risks around lack of accommodation, challenges with recruitment, infrastructure and budget requirements. These are managed through the HSCPs Primary Care Implementation Planning group.

Implications for NHS Greater Glasgow & Clyde:	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 the patient population of NHS GG&C have analogous expectations.

Implications for East Dunbartonshire Council:	None

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

1.0 MAIN REPORT

Delivering the 2018 General Medical Services Contract - Update on the Primary Care Improvement Plan for 2020

1.1 Background Information

1.2 The new Scottish General Medical Services contract was agreed in January 2018. The contract proposed a refocusing of the GP role as Expert Medical Generalist. In doing so it intended 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.

1.3 The contract aims to improve access for patients, improve population health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team (MDT). The intended benefits for patients from the principles within the new contract are to help people access the right service, in the right place, at the right time.

1.4 A range of provisions were set out in the new contract and accompanying Memorandum of Understanding (MoU). The MoU is an agreement between Integration Authorities, Scottish General Practitioners Committee of the British Medical Association, NHS Boards and Scottish Government on principles of service redesign, ring fenced resources to enable change to happen, new national and local oversight arrangements and agreed priorities. This included a commitment for each Health and Social Care Partnership (HSCP) to develop a 3 year Primary Care Improvement Plan (PCIP) setting out how new Multi-Disciplinary Teams would be created, working with practices to deliver primary care services.

2.0 The contractual commitments to be delivered by March 2021 are:

- Transfer of responsibility for vaccination and immunisation delivery (Vaccination Transformation Plan (VTP).
- Comprehensive range of Pharmacotherapy Services through provision of a practice support pharmacy team.
- 'Treatment room services' available to every practice. Community phlebotomy, chronic disease monitoring and wider treatment room services (e.g. wound dressing)

2.1 Additional requirements were to develop:

- Urgent Care (ANP/paramedic roles). Initially focused on new advanced practice roles to undertake home visits and other urgent care.
- Wellbeing workers - Building on the model of community link worker pilots in Glasgow.
- Other professional roles such as MSK physiotherapy and mental health workers.

2.3 These commitments have been further strengthened by the joint letter from SG/BMA received on the 2nd December 2020. They reiterated that their 'experiences and those of the wider system during the pandemic have confirmed to us that the principles and aims contained within the Contract Offer remain the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community'.

2.4 The HSCP's Primary Care Improvement Plan (PCIP) sets out how we will use the available resources to deliver and support improvements to patient care. An initial Primary Care Improvement Plan was submitted to the Scottish Government in April 2018 which laid out our commitments for 2018/2019. Subsequent reporting to the Scottish Government is done on a six monthly basis.

2.5 In January 2020 each HSCP was asked to submit a 'stocktake' return to enable a realistic assessment of likely progress by March 2021, along with an understanding of funding requirements and any other common barriers. At that stage, we predicted that 75% of services identified within the MoU will be offered to practices either within HSCP premises, GP premises or as a cluster based model by 2021 but continued to highlight the financial, workforce and premises challenges.

2.6 Further analysis and returns on MoU implementation was paused as a result of Covid19 until October 2020, when each HSCP were asked to return a Covid PCIP3 and workforce template. These set out progress as at August 2020, the impact of Covid, and the revised expected position by March 2021. These returns will be considered further by the national GMS Oversight Group to advise further on any flexibility of commitments and expectations for 2021/22. The Implementation Tracker has been included for the HSCP Board's information in Appendix 1.

2.7 This Primary Care Improvement Plan return was developed with GP Subcommittee representatives as a shared assessment of progress and expected position. Our plan continues to be developed with local engagement with practices and clusters to inform the models and approaches in place and ensure these are flexible to meet local needs. This flexibility, including the ability to learn from early implementation and adapt accordingly, remains essential to ensure that developments have the greatest impact and respond to changing pressures and priorities.

3.0 Headline messages

3.1 There continues to be significant progress across the MOU priority areas. The extended Multidisciplinary Team is now an established part of core general practice provision. In the areas where there is a clear associated commitment to change in responsibility for service delivery - Pharmacotherapy, VTP and Community Treatment and Care services (CTAC), all practices will have access to these three services by March 21 on a full or partial basis.

4.0 Core commitments

4.1 Pharmacotherapy - All GP practices currently have access to the Prescribing Support with approximately a 0.5 allocation of pharmacotherapy service. By March 2021 all practices will have access to pharmacotherapy support which will partially meet each of Levels 1-3 as set out in the GMS contract. A recent audit of the Pharmacotherapy service highlighted that it has been well received by the GP practices and most consider the service to be invaluable. Recruitment had slowed the roll out of the pharmacotherapy service however plans are in place to recruit trainee technicians who will receive training within the primary care setting. While recruitment of the appropriate skill mix is ongoing, a risk of non-delivery has been identified and it is unlikely that the HSCP will fully implement the pharmacotherapy service by March 2022.

4.2 Vaccination Transformation Plans (VTP) - The overall national VTP programme has been extended to 2022. Within East Dunbartonshire, Pre School, school based, Out of Schedule & Housebound flu vaccination programmes have been implemented in full for all Practices. Flu vaccinations for over 65 year olds and newly eligible cohorts are being provided by the HSCP this year and will inform planning for full transfer next year. Shingles vaccine transfer cannot be transferred until a new vaccine becomes available. The main area where limited progress has been made is Travel vaccinations, which is awaiting further progress at a national level.

4.3 Community Treatment and Care service (CTAC) - There has been a significant delay in the implementation of CTAC services. Currently there are five Practices receiving 3-4 sessions per week. The following concerns have been routinely evidenced:-

- Lack of suitable accommodation for roll out of treatment rooms – Ongoing work with capital planning to explore options.
- Without additional funding, it will be impossible to give even partial access to accommodation out with practices. - Agreement with LMC to utilise non-recurring PCIP funding.
- Retention of staff - work is underway with practices to update the test for change model to ensure that we are able to sustain delivery that is both attractive to staff and safe for patients.

4.4 The HSCP planned to roll out to remaining practices / clusters by the end of 2020, however, due to issues highlighted above the HSCP will be unable to implement full service by March 2022. By then, we hope to fully implement the service within 10 of our 16 practices, with partial access to the remaining 6 provided there is a resolution to accommodation issues.

5.0 MOU priority areas

5.1 These are described as 'additional professional roles' rather than core commitments. The following are examples of good practice and innovation:-

- Urgent care – Around half of our practices have access to Advance Nurse Practitioner support, primarily focused on home visiting and practice based clinics. We have in place 1 Lead ANP,

5 ANPs/Trainee ANPs and currently recruiting an additional 3 ANPs. This should mean full delivery of the workforce to deliver the model we agreed in our PCIP.

- Pre-covid, Advanced Practice Physios were beginning to demonstrate a shift of referrals away from GPs and showed an increase in direct referrals from reception staff. Onwards referrals had decreased to less than 40%.
- While the well-being workers were attached to CAB during the first wave of the pandemic, referrals increased by 529% on the same period last year and were mostly in relation to access to health and community services, isolation, shielding and caring issues.

5.2 Further direction is being sought nationally on the expectations for implementation within available funding for the further roll out of additional professional roles as these services will not be available to all practices. Whilst local engagement on priorities and fair allocation across practices has been critical, issues related to accommodation (with additional challenges on social distancing requirements) funding and recruitment remain.

5.3 Specific issues across the MOU priority areas include:

5.4 Vaccination Transformation Plan - The flu programme accelerated the transfer of flu vaccinating from practices to HSCPs this year, for all cohorts with the exception of 18-64 “at risk” cohort being vaccinated. However, the arrangements for this year have been established in the context of Covid19 physical distancing and PPE constraints and will not necessarily be replicated in the same way in future years. There will also be learning from the current delivery which will influence the future approach. This means that recurrent costings for the flu element of VTP is unknown.

5.5 Pharmacotherapy - During the first wave of the pandemic, the practice based pharmacy service mainly moved to a remote working model. The focus of work changed during the pandemic period with fewer IDLs and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. The Pandemic Annual Medication Service (PAMS) was developed as a new way of delivering Level 1 pharmacotherapy service (serial prescribing). This demonstrates the need for ongoing flexibility with the specification of Pharmacotherapy to ensure that the service can adapt to changing priorities and pressures within practices.

5.6 Community Treatment and Care - CTAC staff were deployed across the HSCP area during the Covid-19 pandemic to mainstream community nursing workforce with a reduced CTAC service continuing to be maintained wherever possible. The further recruitment of CTAC staff has been impacted by the pandemic thus some recruitment catch up is needed in most areas. The pandemic and resultant impact on use of space in our clinical settings has further impacted on accommodation pressures which were already a rate limiting factor to the roll out of CTACs, which means our ability to delivery CTAC in line with plans developed pre-pandemic has been significantly affected.

6.0 Learning from and responding to Covid19

- Virtual triage, assessment and use of Attend Anywhere/NHS Near Me has been implemented and continues with some of our services. This has helped to prioritise those patients who require a face to face consultation. Introduction and acceleration of roll out of MS Teams has increased the opportunity to work from home in line with social distancing regulations. The purchase of some additional laptops has supported wider flexible working base/hours as well as supporting a more 'paper light' approach.
- The HSCP developed a single point of access for practices to support their continuity planning, which consolidates communication from the HSCP to GP Practices. The single point of access will facilitate practical advice, support and solutions when required.
- As a consequence of the pandemic, there are rising levels of demand to usual levels as shielding restrictions are lifted and additional demand for issues people had not sought help for during lockdown or impacted during lockdown such as those related to mental health, addictions and mobility. There may be a need to use different approaches to multi-disciplinary team working or different emphases in service delivery by the PCIP practitioners to support practices with these challenges, for example ANPs could become more adept at triage consultations in conjunction with their home visits or stronger emphases on supporting self-management.
- Impact of any ongoing staff absence or restrictions for example shielding, sickness, household isolation etc. as well as the welfare of staff having adequate annual leave and rest time.

7.0 Funding

7.1 As highlighted in the January 2020 return, identified funding gaps remain for planned and full delivery. Further detailed information was provided in the November financial return (Appendix 2). Although Covid19 has impacted on implementation and therefore spend in the short term, the recurring challenges continue and it remains the case that the Primary Care Implementation Fund (PCIF) is phased over 4 years to 2021/22 despite a March 2021 original end point for MOU implementation.

7.2 Crude estimates on the costs of VTP and CTAC provision suggest that this will account for a substantial amount of available funding. This significantly impacts on existing funding for all the other programmes of work.

7.3 While there is scope for some further efficiencies, particularly with the development of hub models and use of remote working to enable the MDT to function across a larger number of practices, there are also trade-offs between economies of scale and local access and the HSCP is mindful of the commitment to the MDT being provided 'in or near practices' rather than through centralised arrangements.

7.4 The PCIF does not take account of staff pay uplifts and additional superannuation costs, further impacting on affordability. There are continuing concerns that the use of the NRAC formula for PCIF does not adequately reflect the scale and multi-dimensional nature of the social, economic and health inequalities experienced in NHSGGC and in particular in East Dunbartonshire where our anticipated demographics show an increase in patient population of 10% between 2016 and 2041, as well as a positive net migration. East Dunbartonshire has also experienced the largest increase in older people aged 85+ in Scotland over the past 10 years. This cohort is the biggest consumers of health and social care services.

7.5 We aim to do a series of workshops with MOU leads to ascertain gap analysis for costs for full / partial delivery. This will inform our collective decisions with our stakeholders for planning our priorities for 2021/2022.

8.0 Additional support

The PCIP template has also highlighted a range of additional work with GP practices beyond the specific MOU priority areas to further deliver on the commitments to reduce workload. This has included training and support for signposting, workflow management and optimisation, leadership development and training. Covid 19 has added to this through the roll out of virtual consultation models and equipment / support for remote working and NHS Near Me in particular. Enhanced communication with and within GP practice clusters, particularly using MS Teams and other online communication tools has been a really positive development over the last six months, enabling more regular and consistent engagement.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Appendix 1

MoU Progress

Covid PCIP 3
Health Board Area: Greater Glasgow and Clyde
Health & Social Care Partnership: East Dunbartonshire
Number of practices: 16

MOU PRIORITIES

2.1 Pharmacotherapy	**Practices with no access by 31/08/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices with PSP service in place	0	0	16	0	0	16
Practices with PSP level 1 service in place	0	16	0	0	16	0
Practices with PSP level 2 service in place	0	16	0	0	16	0
Practices with PSP level 3 service in place	16	0	0	0	16	0

Comment / supporting information

A recent audit of the Pharmacotherapy service highlighted that it has been well received by the GP practices and most consider the service to be invaluable. Recruitment has slowed the roll out of the pharmacotherapy service. The challenges have been managing the recruitment of pharmacists and technicians while being very careful not to destabilise community pharmacy. Plans are in place to recruit trainee technicians who will receive training in primary care setting. All 16 Practices with East Dunbartonshire HSCP now have an allocation of the Pharmacotherapy service. Whilst considerable work has been done so and all practices will have a partial PSP level 1 & 2 service in place by March 2021, which means level 3 will not be implemented by this date. All practices within East Dunbartonshire are receiving approximately 0.5 pharmacotherapy service. While recruitment of the appropriate skill mix is ongoing, it is unlikely that the HSCP will fully implement the pharmacotherapy service by March 2022.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.

As a result of the first phase of the pandemic, the practice based pharmacy service was quickly moved to mainly a remote working model. This brought a number of benefits to working practice which will be retained, although there are also benefits to the ongoing physical presence in the practices to maximise contribution to effective patient care. The focus of work did change during the pandemic period with fewer IDLs and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. A number of priorities have been identified to be the focus of local pharmacy teams over the next few months to ensure that primary care access to medicines is suitably prepared for a potential second wave of the pandemic, e.g. rapid implementation of the Pandemic Annual Medication Service (PAMS) as a new way of delivering level 1 pharmacotherapy service (serial prescribing). Recruitment has continued although has been slower than anticipated and pressures on accommodation which have been exacerbated by the need for social distancing has meant that some induction and training is being undertaken remotely. Work is currently underway to implement the agreed programme of pre-registration pharmacy technician training. In East Dunbartonshire the pharmacists have been brought in to support the delivery of the flu vaccination programme which will affect delivery of the prescribing indicators and audits which form the core of cost efficiency plans.

2.2 Community Treatment and Care Services	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices with access to phlebotomy service	0	12	4	0	6	10
Practices with access to management of minor injuries and dressings service	12	0	4	12	0	4
Practices with access to ear syringing service	12	0	4	12	0	4
Practices with access to suture removal service	12	0	4	12	0	4
Practices with access to chronic disease monitoring and related data collection	0	12	4	0	6	10
Practices with access to other services	0	0	0	0	0	0

Comment / supporting information

There has been a significant delay in the implementation of services. Due to the lack of accommodation in the Bishopbriggs & Auchinairn cluster, the service was practice based. An evaluation highlighted various issues:

1. Lack of consistency in Practice expectations and individual practice policies impaired the development of a standardised service.
2. Governance issues around using practice systems to appoint.
3. Governance issues around intervention reporting across two IT systems. This was causing duplication of work load and confusion in communication and reporting.
4. Lack of accommodation for clinical rooms, peer support and touchdown space.
5. Management issue in relation to effectively utilise staff to support the demand and capacity in a flexible manner in all 4 practices.
6. Lack of a centralised Referral Management System

We are working constructively with the Bishopbriggs & Auchinairn GP cluster to look at alternative interim solutions however the issues above relate mainly to IT, retention of staff and insufficient accommodation. We are working with capital planning to explore options but dialogue with them is slow and inconsistent. We have continually highlighted our concerns on lack of suitable accommodation at both board wide and national forums. Without additional funding or agreement to utilise some spend from PCIP funding, it will be impossible to give even partial access to accommodation out with practices. Regarding the issues around retention of staff in Bishopbriggs and Auchinairn, work is already underway with those practices to update the model and processes to ensure that we are able to sustain delivery that is both attractive to staff and safe for patients. We will not roll out the full CTAC service to the Kirkintilloch and Lennoxtown cluster (introduction of the phlebotomy only) until we have that model tried and tested successfully. The benefit of testing these models is to allow us to learn from these tests, adapt models and further test them. We are committed to ensuring that the service already in place for practices is continued and that nothing we have taken off practices will be returned to them. We are also committed to ensuring we pick up increased domiciliary bloods/ BP etc. To support the transfer of work but to achieve collective agreement, we would not want to over commit to further roll out. As the ongoing Covid response continues and intensifies in line with projections for increased community transmission, ongoing and increasing demands in relation to supporting care home residents, and the flu programme, the HSCPs ability to deliver on everything is becoming critical. We are obliged to look at resourcing and to consider where elements of our programme of work can be delayed or altered based on risk. At this moment in time, we are able to ensure leadership of the current CTAC roll out but not for the full CTAC implementation in other clusters. We will continue to try to recruit another Team Leader. We will introduce the phlebotomy service only to Kirkintilloch and Lennoxtown cluster in the next few months but will not be able to implement the service further until the new year. We have discussed these issues with the LMC/GP Subcommittee and explained the problems and the reasons why the HSCP will struggle to achieve the original tracker plan. They are aware that the HSCP have taken time to consider the options and have given a well-reasoned explanation. In consultation with the GP Subcommittee, we are formally stating that we will be unable to meet the previous targets and that the HSCP has had to revise them for the reasons highlighted above.

Five Practices are receiving 3-4 sessions per week. The HSCP planned to roll out to remaining practices / clusters by the end of 2020, however, due to issues highlighted above the HSCP will be unable to implement full service by March 2022. By March 2022 we hope to fully implement the service within 10 of our 16 practices, with partial access to the remaining 6 provided if there is a resolution to accommodation issues.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.

CTAC staff have been deployed across the board area during the covid-19 pandemic to mainstream community nursing workforce with a reduced CTAC service continuing to be maintained wherever possible. The further recruitment of CTAC staff has been impacted by the pandemic thus some recruitment catch up is needed in most areas. The pandemic and resultant impact on use of space in our clinical settings has further impacted on accommodation pressures which were already a rate limiting factor to the roll out of CTACs, thus our ability to delivery CTAC in line with plans developed pre-pandemic has been significantly affected. Accommodation is a greater challenge than it already was back in January 2020. Our collective delivery of the seasonal flu vaccinations programme will also have an impact on the next three months of CTAC implementation as many of the same staff are required to support this corporate priority across NHSGG&C.

Reintroduced practice based service in Bishopbriggs and Auchinairn in August with increased appointment times to ensure infection prevention and control procedures are followed in between patient appointments. Recruitment is now underway for the roll of CTAC across Kirkintilloch and Lennoxtown cluster, however due to retention issues with Bishopbriggs and Auchinairn cluster, there may be a need to consolidate services for Bishopbriggs & Auchinairn cluster.

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Pre School - Practices covered	0	0	16	0	0	16
School age - Practices covered	0	0	16	0	0	16
Out of Schedule - Practices covered	0	0	16	0	0	16
Adult imms - Practices covered	16	0	0	0	0	16
Adult flu - Practices covered	0	16	0	0	0	16
Pregnancy - Practices covered	16	0	0	0	0	16
Travel - Practices covered	16	0	0	0	0	16

Comment / supporting information

Preschool, School based & Out of Schedule implemented in full for all Practices within East Dunbartonshire HSCP. The HSCP has been delivering the flu vaccines to housebound patients. Maternity services will deliver flu vaccines to all pregnant women. Travel being organised by Board wide service and we have been advised that there should be full access by March 2021

By March 2021 the full transfer of VTP will not be reached. The HSCP expect full implementation by March 2022 which will include Travel, Pneumococcal, Shingles & -65 "At Risk".

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery
This year the HSCP should be responsible for the entirety of the flu vaccinating, however, due to Covid, this has been adapted and the HSCP will vaccinate the 65+ years cohort and the GP's will continue to vaccinate the -65 & "At Risk" cohort. The HSCP will deliver this programme at external venues to comply with social distancing regulations. Some GP Practices will also use the mass vaccination space for the -65 cohort, as it will be unsafe to deliver the vaccine within their current premises. We hope to be able to deliver the entire flu vaccine service next year. Covid has meant that we have had to delay the delivery of the travel, out of schedule and adult immunisation services this year.

2.4 Urgent Care Services	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices supported	8	8	0	0	16	0
Comment / supporting information Four ANPs recently recruited but placement challenges due to mentoring capacity from GPs. Suggest we describe what access there will be. By March 2021 the HSCP will aim to have a full workforce required for 3 clusters, however, due to availability of fully trained staff, the HSCP have recruited Trainee ANPs who are currently on the pathway so will not be providing full service. Further work is required to see if our projected workforce numbers do actually reach a critical mass where they will provide cover for holidays etc. An ongoing evaluation will confirm whether there has been a shift on unscheduled care from GPs to ANPs has been significant / realistic.						
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery During the pandemic, the ANP's role and function changed to support a range of activity e.g. Community Assessment Clinics and Care Home Support al Practice. The ANPs are now being reintroduced back into practices. An additional leadership structure is in place for clinical supervision.						

Additional professional services						
2.5 Physiotherapy / MSK	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing APP	8	0	8	6	0	10

Comment / supporting information
Pre Covid, APPs worked in two clusters and were beginning to demonstrate a shift of referrals away from GPs and more referrals coming via signposting from reception staff. Onwards referrals had decreased to less than 40%. There will be 5 practices with no access to APP by 31/3/21 partly due to the lack of suitable accommodation within practices. To mitigate this we are keen to work with the APP Board wide team to test out a hub model. To date their plans to develop a hosted model in North West Glasgow has been affected by considerable delays (over a year). One of the main barriers has been IT and the limited options around shared diary systems. The previous shared diary system through NHS Net is not usable until NHS Migration is completed. There are no options available for use of shared diary though Office 365, until all practices have software/hardware upgraded to support this. There is a board wide delay to IT re-provisioning. There is a phased approach planned for commencement of Year 3 recruitment (delayed to date due to Covid). East Dunbartonshire will be allocated 1.0 WTE, however we continue to ask for additional APPs. There is possibly opportunity of increased number of APP applicants coming forward from private sector linked to challenges faced during Covid. Successful recruitment of external candidates would help minimise destabilisation of core MSK service

By March 2021 we will only have achieved 50% coverage in APPs within Practices. They do not however provide cover for annual leave to other practices. To move towards full implementation, it is essential that a Hub based model is developed due to accommodation challenges within practices and availability of staff. Full service will not be implemented by 2022.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery
During Covid it was thought that the APPs may have to work in acute respiratory services or community rehabilitation teams, however, this was not required. They worked in practices doing shielding calls and telephone /video consultations. They have continued with this model with minimum face to face consultation.

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing MH workers / support	0	0	0	10	6	0

Comment / supporting information
Improving access and care pathways for those experiencing mental health problems was planned for our PCIP in 2020/2021. Creating opportunities for early intervention and prevention in primary care is central to these developments. The PCIP is commitment to undertake a test for change on a model which would aim to provide a first point of access for patients who present with a mild to moderate mental health need who would otherwise, traditionally, have been managed in Primary Care. Local discussions are ongoing regarding the linkage between Action 15 and primary care transformation.

Mental Health Workers are not within the core commitments. Dialogue will continue around interface in relation to Action 15 funding.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.
As a result of the pandemic we have seen the demand for mental health services increase. We are working collectively with our mental health service managers on interface between Action 15/PCIP to create opportunities and consolidation of pathways for early intervention and prevention in primary care. We plan to do a scoping exercise to seek clarity on what is working well and where the gaps are. This could lead to enhancing current services or a new service model.

2.7 Well Being Workers (WBW)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing Link workers		16	0	0	0	16

Comment / supporting information
Prior to Covid, the WBW's were delivering a social prescribing model within individual practices in two of our clusters. A Hub model was being developed for our third cluster, but this developmental work was suspended. Progress against PCIP is relatively on schedule although reconnecting with a physical service within practices could see some slippage as we struggle with accommodation and venues due to social distancing rules. The role of the WBW requires some review as there have concerns that they been consumed into wider functions within Citizen's Advice Bureau (hosted during covid), that there are access issues into the service (particularly within one cluster) and whether this service frees up GP time.

Wellbeing workers are not within the core commitments and whilst the model may be reviewed, there are no plans for further recruitment.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.
Covid had a significant impact on face to face service delivery. Contingency plans were set into place to provide service via email and phone with referrals done via East Dunbartonshire Citizen Advice Bureau (CAB). Referrals to the WBW saw an increase of 529% on the same period last year and were mostly in relation to access to health and community services, isolation, shielding and caring issues. The WBWs have remained with this current model of service delivery.

2.8 Other locally agreed services (insert details)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing service						

Comment / supporting information
Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery
1, Project management work on accommodation for delivery of services away from practices. All development work ceased in relation to accommodation scoping. We have re-commenced this work but challenges remain in obtaining sufficient treatment/clinical rooms to deliver on the MOU commitments.
2. Communication and engagement. The HSCP has facilitated practical solutions to support ongoing contingency planning within Primary Care (GP Practices). Daily communication & support to Practices was established and this model will continue.
3. Public Information. Updating to signposting services is being re-launched in one of our clusters with the plan to roll this out to remaining clusters.
4. Board wide PCIP evaluation has been temporarily suspended during covid.
5. Cluster Quality Improvement evolved over the past six months. All clusters have continued to engage with their peers. The emphasis has been on practical resolution of issues including the clinical testing and management of residents in care homes and the understanding and updating on the symptomology of covid 19. There has been much evidence of positive relationship building, productive leadership and constructive problem solving. There has been a consolidation of the tripartite arrangement between the CQLs/LMC/HSCP.
6. We have one remaining GP Practice who require to have their paper files back scanned. This is planned to be undertaken within this financial year.

MoU Progress 2

2.9 Overall assessment of progress against PCIP

Specific Risks
1. Planning and operational delivery of the wider flu programme has and will continue to impact on PCIP workforce due to the redeployment of practitioners to support this large exercise. This could delay progress in some of our MoU commitments. 2. Access to community phlebotomy is a core priority area through the establishment of CTAC and community phlebotomy arrangements. The challenges for implementation and affordability had already been identified. The potential for the development to expand access to community phlebotomy for acute requests would bring significant risks of competing pressure for resources (staff and premises) for the HSCP. 3 There are concerns about recruiting further Pharmacists as it may destabilise community pharmacy. Some of the pharmacy chains have been reporting difficulty in recruiting pharmacists. The plan going forward is to recruit more technicians and use them to deliver the less complex pharmacotherapy tasks, however, availability of technicians are limited. In the medium term, there are plans in place to recruit trainee technicians. This will release pharmacists to concentrate on the more complex clinical cases. There is a concern however that our pharmacotherapy team will not be sufficient staffed and trained enough to delivery up to level 3 by March 2021 4. Covid has had a significant impact on implementing PCIP services with the HSCP reprioritising and supporting existing service model redevelopments in response to varying pandemic pressures. 5. There is a significant delay in the introduction of CTAC service and the service model currently operating is not cost effective or conducive to staff retention. There is a lack of clinical space for service delivery and accommodation for peer support which has impacted on staff morale. There is also limited scope to provide clinical supervision and support due to a practice based model and restrictions due to social distancing. 6. There are concerns about recruiting further Advanced Practice Physiotherapist as it may destabilise MSK / Acute Physio. With this being a board wide model, we have no control on how and when we can recruit practitioners. We will not achieve full implementation by March 2021 7. Any rooms / space identified, prior to covid, within Practices for PCIP services may now no longer be available as practices adjust to accommodate internal staff in light of work place measures & social distancing. Our service models will require to continually be reviewed due to these restrictions

Barriers to Progress
Please detail any barriers to progress and what could be done to overcome those barriers. 1. Lack of premises is our primary issue. There has been considerable delay in implementing Community Treatment & Care Services due to lack of existing HSCP clinical Treatment Rooms and / or unsuitable accommodation within GP Practices. The current CTAC pilot in GP practices has not evaluated well due to lack of clinical rooms, touch down space for the team and poor joined up IT systems. This has impacted on the morale resulting in 25% turnover of clinical staff. 2. There is still no board wide premises strategy; we need clarity on how the HSCP can get the board to meet necessary requirement to meet premises challenges. Significant financial investment will be required which cannot be met via the PCIP funding stream. 3. The Vaccination Transformation Programme implementation has been delayed until March 2022. Planning for adult flu immunisation will be a key priority across GP practices and the HSCP this winter and will impact on wider PCIP services like CTAC and Pharmacy due to the actual practicalities in undertaking this exercise. Clarity is still required from the Scottish Government on funding for flu immunisation. 4. Framework to support mentorship of MDTs at either a board or national level is lacking. Some of our local GPs have mentored our extended MDT (APP/ANP/Pharmacy) which is time consuming. We have recently had difficulties in GPs volunteering to mentor which can and has affected where clinicians are placed due to workload pressures or an unwillingness to undertake this commitment. 5. Reliance on Board wide implementation of certain services e.g. VTP and Physiotherapy. We continue to seek a cluster/hub model for APP delivery and have no local influence over recruitment. 6. Covid remains the biggest barrier to progress for some services like the WBW where the most beneficial part of the service in a face to face assessment and where appropriate and agreed, access to patient information. 7. Pharmacotherapy - We are delivering a significant part of the Level 1 service in all practices but to date there is no service in processing repeat prescriptions. We believe that the repeat prescription process needs to be reconsidered as there are many problems associated with this service. The team have been heavily involved in increasing the numbers of patients on serial prescriptions and this does help to reduce the numbers of repeat prescriptions issued. GP practices have been very receptive to pharmacy teams delivering Level 1 services, however, high volumes of work and practice expectations have limited roll out and update of level 2 and level 3 services in some areas. There has also been a lack of progress on the roll out of electronic prescriptions.
Issues FAO National Oversight Group
1. Due to the difficulty recruiting staff it may be hard to spend allocated money within financial year however, finance is still required for when staff become available. 2. MOU3 - In the absence of treatment room accommodation being available, clarity and resolution of funding source is required for creation of accommodation in order to deliver the service / MOU commitment. 3. Many of our workforce have been working from home. IT issues, the impact on the home environment including increased utility bills, appropriate DSE equipment and isolation of staff needs to be addressed and considered if long term effects of Covid continue.

Health Inequalities
1. Inequality of access to services to those practices who have little or no suitable accommodation within their current practice to accommodate the extended multidisciplinary team 2. Limitations of alternatives solutions particularly for those who are digitally excluded and require relationship based care. 3. Having to travel further than own GP practice may disadvantage older people or people with a disability who rely on public transport.
Further Reflections
Please add any other reflections on the impact of the pandemic, for example: **New developments (e.g. IT, services) which were brought in during Covid which support contract delivery and aims.** 1. Virtual triage and assessment and use of Attend Anywhere/NHS Near Me has been implemented and continues with some of our services. This has helped to prioritise those patients who require a face to face consultation. Introduction and acceleration of roll out of MS Teams has increased the opportunity to work from home in line with social distancing regulations. The purchase of some additional laptops has supported wider flexible working base/hours as well as supporting a more 'paper light' approach. **Any other services / developments which are locally agreed.** 1. We developed a single point of access for practices to support their continuity planning, to reduce communication to them and also to facilitate practical support and solutions when required. **Any other general comments.** 1. As a consequence of the pandemic, there are rising levels of demand to usual levels as shielding restrictions are lifted and additional demand for issues people had not sought help for during lockdown or impacted during lockdown such as those related to mental health, addictions and mobility. There may need to use different approaches to multi-disciplinary team working or different emphases in service delivery by the PCIP practitioners to support practices with these challenges, for example ANPs could become more adept at triage consultations in conjunction with their home visits or stronger emphases on supporting self-management. 2. We aim to undertake a Test for Change with a Practice for MDT clinical virtual meetings, however this is reliant on Board wide roll out of Office 365. 3. Recovery and redesign in acute and other community services and the ongoing impact of social distancing will be a driver for maintaining more patients in the community and reducing unnecessary visits to hospital. There are concerns that this would directly impact on GP workload and PCIP services. 4. Impact of any ongoing staff absence or restrictions for example shielding, sickness, household isolation etc. as well as the welfare of staff having adequate annual leave and rest time.

Workforce Profile

Financial Year	Service 1: Vaccination Transformation Programme			Service 2: Pharmacotherapy						Service 3: Community Treatment and Care Services				Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: CLW
	Nurse	HCA	Other	Pharmacist	Tech	Pharm. SW	Tech. TL	Tech. Trainee	Admin	Nurse	HCA	Other	Leads	ANP	ANP lead	Other	MHW	APP	Leads	Well. Wkrs
Total staff in post as at 31/03/18	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase 1/4/18-31/3/19	3	2	2	5	1	0	0	0	0	3	2	2	1	2	0	0	0	1	1 APP TL 1PCDO 1PC TL	0
Increase 1/4/19-31/3/20	0	0	0	4	0	0	0	0	0	4	2	1	0	0	0	0	0	2	0	2
Increase 1/4/20-31/3/21	0	0	0	1	4	2	1	1	1	8	2	0	1	7	0	0	2	2	0	0
Increase 1/4/21-31/3/22	3	0	0	1	4	4	0	1	0	8	4	0	0	0	1	0	2	2	0	0
Total by 31/3/22	**6**	**2**	**2**	**11**	**10**	**6**	**1**	**2**	**1**	**23**	**10**	**3**	**2**	**9**	**1**	**0**	**4**	**7**	**3**	**2**

Table 2: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 1: Vaccination Transformation Programme			Service 2: Pharmacotherapy						Service 3: Community Treatment and Care Services				Service 4: Urgent Care (advanced practitioners)			Service 5: Additional professional roles			Service 6: CLW
	Nurse	HCA	Other	Pharmacist	Tech	Pharm. SW	Tech. TL	Tech. Trainee	Admin	Nurse	HCA	Other	Leads	ANP	ANP lead	Other	MHW	APP	Leads	Well. Wkrs
Total staff in post as at 31/03/18	0	0	0	0.0	0.6	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0.0	0.0
Increase 1/4/18-31/3/19	2.6	2	2	3.9	1	0	0	0	0	2.6	2	2	1	2	0	0	0	1	1.6	0
Increase 1/4/19-31/3/20	0	0	0	3.7	0	0	0	0	0	4.0	2	1	0	0	0	0	0	2	0.0	2
Increase 1/4/20-31/3/21	2	0	0	1.0	4	2	1	1	0.5	8.0	2	0	1	7	0.5	0	2	2	0.0	0
Increase 1/4/21-31/3/22	3	0	0	1.0	4	4	0	1	0	8.0	4	0	0	0	0	0	2	2.0	0.0	0
Total by 31/3/22	**7.6**	**2**	**2**	**9.6**	**9.6**	**6**	**1**	**2**	**0.5**	**22.6**	**10**	**3**	**2**	**9**	**0.5**	**0**	**4**	**7.1**	**1.6**	**2.0**

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Financial Return – PCIF

Appendix 2

Key:	IAs need to input to all orange shaded cells
	Grey cells are calculated cells - no input required

Integration Authority:	East Dunbartonshire
NHS Board Area:	Greater Glasgow & Clyde
Total Available 2020-21 PCIF (£k):	£1,999
PCIF 20-21 Tranche 2 not drawn down (£k)	£999

1. Primary Care Improvement Fund - Expenditure Forecast 2020-21

All figures in £000s

		Actual YTD Spend £000s			Forecast Spend to the year-end £000s			Total Spend 2020-21 £000s
	YTD Spend provided for the Period Ended:	Aug-20			Sept 20 to March 21 Spend			Full Year
Service Area (choose from drop down list of six priorities in the PCIF letter):	Brief Description of Funded Activities:	Actual YTD Staff Costs	Actual YTD Non Staff Costs	Actual YTD Total Costs	Forecast Staff Costs	Forecast Non-Staff Costs	Total Forecast Costs	Total Costs 2020-21
Vaccination transformation programme	Vaccinations for pre-school, housebound patients, pregnant women & planning & co-ordination	83	3	86	401	9	410	496
Pharmacotherapy	Pharmacy support within GP practices	183	2	185	309	7	316	501
Community Treatment & Care Services	Phlebotomy, community care & treatment	121	6	127	283	16	299	426
Urgent Care (Advanced Practitioners)	Advanced nurse practitioners	60	3	63	219	7	227	290
Additional Professional Roles	Physios, leadership & support	84	-3	81	136	606	741	822
Community Link Workers	Wellbeing workers	0	0	0	80	0	80	80
Total Expenditure		531	11	542	1,428	645	2,073	2,615

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Primary Care Improvement Fund - Funding Sources 20-21

All figures in £000s

Expenditure	Funding held at IA				IA Adjustment		Funding Gap	Funding held at SG			Tranche 2 Outcome	
2020-21 Forecast Expend.	2020-21 PCIF interim allocation	Earmarked PCIF Reserves	Earmarked Other Primary Care Reserves	Baselined Pharmacy Funding	Other Funding contributed by IA for PCIF (1)	Earmarked Other PC Reserves used for non-PCIF (2)	Additional Funding Need 20-21 (3)	Tranche Two available for draw down (4)	Unutilised 18-19 and 19-20 PCIF Funding not drawn down (5)	Deducted reserves	Additional 20-21 Allocation Request	Surplus PCIF Funding held at SG (6)
2,615	858	195	39	142			1,381	999	606	0	1,381	224

Covid PCIP 3

Health Board Area: Greater Glasgow and Clyde
Health & Social Care Partnership: East Dunbartonshire
Number of practices: 16

MOU PRIORITIES

2.1 Pharmacotherapy	Practices with no access by 31/08/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices with PSP service in place	0	0	16	0	0	16
Practices with PSP level 1 service in place	0	16	0	0	16	0
Practices with PSP level 2 service in place	0	16	0	0	16	0
Practices with PSP level 3 service in place	16	0	0	0	16	0

Comment / supporting information

A recent audit of the Pharmacotherapy service highlighted that it has been well received by the GP practices and most consider the service to be invaluable. Recruitment has slowed the roll out of the pharmacotherapy service. The challenges have been managing the recruitment of pharmacists and technicians while being very careful not to destabilise community pharmacy. Plans are in place to recruit trainee technicians who will receive training in primary care setting. All 16 Practices with East Dunbartonshire HSCP now have an allocation of the Pharmacotherapy service. Whilst considerable work has been done so and all practices will have a partial PSP level 1 & 2 service in place by March 2021, which means level 3 will not be implemented by this date. All practices within East Dunbartonshire are receiving approximately 0.5 pharmacotherapy service. While recruitment of the appropriate skill mix is on going, it is unlikely that the HSCP will fully implement the pharmacotherapy service by March 2022.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.
As a result of the first phase of the pandemic, the practice based pharmacy service was quickly moved to mainly a remote working model. This brought a number of benefits to working practice which will be retained, although there are also benefits to the ongoing physical presence in the practices to maximise contribution to effective patient care. The focus of work did change during the pandemic period with fewer IDLs and outpatient requests to action but a changed focus to support the most important medicine related activities for practices and the population, e.g. anticipatory prescribing for palliative care and care homes. A number of priorities have been identified to be the focus of local pharmacy teams over the next few months to ensure that primary care access to medicines is suitably prepared for a potential second wave of the pandemic, e.g. rapid implementation of the Pandemic Annual Medication Service (PAMS) as a new way of delivering level 1 pharmacotherapy service (serial prescribing). Recruitment has continued although has been slower than anticipated and pressures on accommodation which have been exacerbated by the need for social distancing has meant that some induction and training is being undertaken remotely. Work is currently underway to implement the agreed programme of pre-registration pharmacy technician training. In East Dunbartonshire the pharmacists have been brought in to support the delivery of the flu vaccination programme which will affect delivery of the prescribing indicators and audits which form the core of cost efficiency plans.

2.2 Community Treatment and Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices with access to phlebotomy service	0	12	4	0	6	10
Practices with access to management of minor injuries and dressings service	12	0	4	12	0	4
Practices with access to ear syringing service	12	0	4	12	0	4
Practices with access to suture removal service	12	0	4	12	0	4
Practices with access to chronic disease monitoring and related data	0	12	4	0	6	10
Practices with access to other services	0	0	0	0	0	0

Comment / supporting information

There has been a significant delay in the implementation of services. Due to the lack of accommodation in the Bishopbriggs & Auchinairn cluster, the service was practice based. An evaluation highlighted various issues:

1. Lack of consistency in Practice expectations and individual practice policies impaired the development of a standardised service.
2. Governance issues around using practice systems to appoint.
3. Governance issues around intervention reporting across two IT systems. This was causing duplication of work load and confusion in communication and reporting.
4. Lack of accommodation for clinical rooms, peer support and touchdown space.
5. Management issue in relation to effectively utilise staff to support the demand and capacity in a flexible manner in all 4 practices.
6. Lack of a centralised Referral Management System

We are working constructively with the Bishopbriggs & Auchinairn GP cluster to look at alternative interim solutions however the issues above relate mainly to IT, retention of staff and insufficient accommodation. We are working with capital planning to explore options but dialogue with them is slow and inconsistent. We have continually highlighted our concerns on lack of suitable accommodation at both board wide and national forums. Without additional funding or agreement to utilise some spend from PCIP funding, it will be impossible to give even partial access to accommodation outwith practices. Regarding the issues around retention of staff in Bishopbriggs and Auchinairn, work is already underway with those practices to update the model and processes to ensure that we are able to sustain delivery that is both attractive to staff and safe for patients. We will not roll out the full CTAC service to the Kirkintilloch and Lennoxtown cluster (introduction of the phlebotomy only) until we have that model tried and tested successfully. The benefit of testing these models is to allow us to learn from these tests, adapt models and further test them. We are committed to ensuring that the service already in place for practices is continued and that nothing we have taken off practices will be returned to them. We are also committed to ensuring we pick up increased domiciliary bloods/ BP etc. To support the transfer of work but to achieve collective agreement, we would not want to over commit to further roll out. As the ongoing Covid response continues and intensifies in line with projections for increased community transmission, ongoing and increasing demands in relation to supporting care home residents, and the flu programme, the HSCPs ability to deliver on everything is becoming critical. We are obliged to look at resourcing and to consider where elements of our programme of work can be delayed or altered based on risk. At this moment in time, we are able to ensure leadership of the current CTAC roll out but not for the full CTAC implementation in other clusters. We will continue to try to recruit another Team Leader. We will introduce the phlebotomy service only to Kirkintilloch and Lennoxtown cluster in the next few months but will not be able to implement the service further until the new year. We have discussed these issues with the LMC/GP Subcommittee and explained the problems and the reasons why the HSCP will struggle to achieve the original tracker plan. They are aware that the HSCP have taken time to consider the options and have given a well reasoned explanation. In consultation with the GP Subcommittee, we are formally stating that we will be unable to meet the previous targets and that the HSCP has had to revise them for the reasons highlighted above.

Five Practices are receiving 3-4 sessions per week. the HSCP planned to roll out to remaining practices / clusters by the end of 2020, however, due to issues highlighted above the HSCP will be unable to implement full service by March 2022. By March 2022 we hope to fully implement the service within 10 of our 16 practices, with partial access to the remaining 6 provided if there is a resolution to accommodation issues.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.

CTAC staff have been deployed across the board area during the covid-19 pandemic to mainstream community nursing workforce with a reduced CTAC service continuing to be maintained wherever possible. The further recruitment of CTAC staff has been impacted by the pandemic thus some recruitment catch up is needed in most areas. The pandemic and resultant impact on use of space in our clinical settings has further impacted on accommodation pressures which were already a rate limiting factor to the roll out of CTACs, thus our ability to delivery CTAC in line with plans developed pre-pandemic has been significantly affected. Accommodation is a greater challenge than it already was back in January 2020. Our collective delivery of the seasonal flu vaccinations programme will also have an impact on the next three months of CTAC implementation as many of the same staff are required to support this corporate priority across NHSGG&C.
Reintroduced practice based service in Bishopbriggs and Auchinairn in August with increased appointment times to ensure infection prevention and control procedures are followed in between patient appointments. Recruitment is now underway for the roll of CTAC across Kirkintilloch and Lennoxtown cluster, however due to retention issues with Bishopbriggs and Auchinairn cluster, there may be a need to consolidate services for Bishopbriggs & Auchinairn cluster.

2.3 Vaccine Transformation Program	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Pre School - Practices covered by service	0	0	16	0	0	16
School age - Practices covered by service	0	0	16	0	0	16
Out of Schedule - Practices covered by service	0	0	16	0	0	16
Adult imms - Practices covered by service	16	0	0	0	0	16
Adult flu - Practices covered by service	0	16	0	0	0	16
Pregnancy - Practices covered by service	16	0	0	0	0	16
Travel - Practices covered by service	16	0	0	0	0	16

Comment / supporting information

Pre school, School based & Out of Schedule implemented in full for all Practices within East Dunbartonshire HSCP. The HSCP has been delivering the flu vaccines to housebound patients. Maternity services will deliver flu vaccines to all pregnant women. Travel being organised by Board wide service and we have been advised that there should be full access by March 2021

By March 2021 the full transfer of VTP will not be reached. The HSCP expect full implementation by March 2022 which will include Travel, Pneumococcal, Shingles & -65 "At Risk".

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

This year the HSCP should be responsible for the entirety of the flu vaccinating, however, due to Covid, this has been adapted and the HSCP will vaccinate the 65+ years cohort and the GP's will continue to vaccinate the -65 & "At Risk" cohort. The HSCP will deliver this programme at external venues to comply with social distancing regulations. Some GP Practices will also use the mass vaccination space for the -65 cohort, as it will be unsafe to deliver the vaccine within their current premises. We hope to be able to deliver the entire flu vaccine service next year.

Covid has meant that we have had to delay the delivery of the travel, out of schedule and adult immunisation services this year.

2.4 Urgent Care Services	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices supported with Urgent Care Service	8	8	0	0	16	0

Comment / supporting information

Four ANPs recently recruited but placement challenges due to mentoring capacity from GPs. Suggest we describe what access there will be. By March 2021 the HSCP will aim to have a full workforce required for 3 clusters, however, due to availability of fully trained staff, the HSCP have recruited Trainee ANPs who are currently on the pathway so will not be providing full service. Further work is required to see if our projected workforce numbers do actually reach a critical mass where they will provide cover for holidays etc. An ongoing evaluation will confirm whether there has been a shift on unscheduled care from GPs to ANPs has been significant / realistic.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

During the pandemic, the ANP's role and function changed to support a range of activity e.g. Community Assessment Clinics and Care Home Support al Practice. The ANPs are now being reintroduced back into practices. An additional leadership structure is in place for clinical supervision.

Additional professional services

2.5 Physiotherapy / MSK	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing APP	8	0	8	6	0	10

Comment / supporting information

Pre covid, APPs worked in two clusters and were beginning to demonstrate a shift of referrals away from GPs and more referrals coming via signposting from reception staff. Onwards referrals had decreased to less than 40%. There will be 5 practices with no access to APP by 31/3/21 partly due to the lack of suitable accommodation within practices. To mitigate this we are keen to work with the APP Board wide team to test out a hub model. To date their plans to develop a hosted model in North West Glasgow has been affected by considerable delays (over a year). One of the main barriers has been IT and the limited options around shared diary systems. The previous shared diary system through NHS Net is not usable until NHS Migration is completed. There are no options available for use of shared diary though Office 365, until all practices have software/hardware upgraded to support this. There is a board wide delay to IT re-provisioning. There is a phased approach planned for commencement of Year 3 recruitment (delayed to date due to Covid). East Dunbartonshire will be allocated 1.0 WTE, however we continue to ask for additional APPs. There is possibly opportunity of increased number of APP applicants coming forward from private sector linked to challenges faced during Covid. Successful recruitment of external candidates would help minimise destabilisation of core MSK service

By March 2021 we will only have achieved 50% coverage in APPs within Practices. They do not however provide cover for annual leave to other practices. To move towards full implementation, it is essential that a Hub based model is developed due to accommodation challenges within practices and availability of staff. Full service will not be implemented by 2022.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

During Covid it was thought that the APPs may have to work in acute respiratory services or community rehabilitation teams, however, this was not required. They worked in practices doing shielding calls and telephone /video consultations. They have continued with this model with minimum face to face consultation.

2.6 Mental health workers (ref to Action 15 where appropriate)	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing MH workers / support	0	0	0	10	6	0

Comment / supporting information

Improving access and care pathways for those experiencing mental health problems was planned for our PCIP in 2020/2021. Creating opportunities for early intervention and prevention in primary care is central to these developments. The PCIP is commitment to undertake a test for change on a model which would aim to provide a first point of access for patients who present with a mild to moderate mental health need who would otherwise, traditionally, have been managed in Primary Care. Local discussions are ongoing regarding the linkage between Action 15 and primary care transformation.

Mental Health Workers are not within the core commitments. Dialogue will continue around interface in relation to Action 15 funding.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.

As a result of the pandemic we have seen the demand for mental health services increase. We are working collectively with our mental health service managers on interface between Action 15/PCIP to create opportunities and consolidation of pathways for early intervention and prevention in primary care. We plan to do a scoping exercise to seek clarity on what is working well and where the gaps are. This could lead to enhancing current services or a new service model.

2.7 Well Being Workers (WBW)	**Practices with no access by 31/8/20**	**Practices with partial access by 31/8/20**	**Practices with full access by 31/8/20**	**Practices with no access by 31/3/21**	**Practices with partial access by 31/3/21**	**Practices with full access by 31/3/21**
Practices accessing Link workers		16	0	0	0	16

Comment / supporting information

Prior to Covid, the WBW's were delivering a social prescribing model within individual practices in two of our clusters. A Hub model was being developed for our third cluster, but this developmental work was suspended. Progress against PCIP is relatively on schedule although reconnecting with a physical service within practices could see some slippage as we struggle with accommodation and venues due to social distancing rules. The role of the WBW requires some review as there have concerns that they been consumed into wider functions within Citizen's Advice Bureau (hosted during covid), that there are access issues into the service (particularly within one cluster) and whether this service frees up GP time.

Wellbeing workers are not within the core commitments and whilst the model may be reviewed, there are no plans for further recruitment.

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery.

Covid had a significant impact on face to face service delivery. Contingency plans were set into place to provide service via email and phone with referrals done via East Dunbartonshire Citizen Advice Bureau (CAB). Referrals to the WBW saw an increase of 529% on the same period last year and were mostly in relation to access to health and community services, isolation, shielding and caring issues. The WBWs have remained with this current model of service delivery.

2.8 Other locally agreed services (insert details)	Practices with no access by 31/8/20	Practices with partial access by 31/8/20	Practices with full access by 31/8/20	Practices with no access by 31/3/21	Practices with partial access by 31/3/21	Practices with full access by 31/3/21
Practices accessing service						

Comment / supporting information

Please detail the impact of Covid on implementation and where you are in this process, including the impact of the Covid response on previous projected delivery

1, Project management work on accommodation for delivery of services away from practices. All development work ceased in relation to accommodation scoping. We have re-commenced this work but challenges remain in obtaining sufficient treatment/clinical rooms to deliver on the MOU commitments.

2. Communication and engagement. The HSCP has facilitated practical solutions to support ongoing contingency planning within Primary Care (GP Practices). Daily communication & support to Practices was established and this model will continue.

3. Public Information. Updating to signposting services is being re-launched in one of our clusters with the plan to roll this out to remaining clusters.

4. Board wide PCIP evaluation has been temporarily suspended during covid.

5. Cluster Quality Improvement evolved over the past six months. All clusters have continued to engage with their peers. The emphasis has been on practical resolution of issues including the clinical testing and management of residents in care homes and the understanding and updating on the symptomology of covid 19. There has been much evidence of positive relationship building, productive leadership and constructive problem solving, There has been a consolidation of the tripartite arrangement between the CQLs/LMC/HSCP.

6. We have one remaining GP Practice who require to have their paper files back scanned. This is planned to be undertaken within this financial year.

2.9 Overall assessment of progress against PCIP

Specific Risks

1. Planning and operational delivery of the wider flu programme has and will continue to impact on PCIP workforce due to the redeployment of practitioners to support this large exercise. This could delay progress in some of our MoU commitments.
2. Access to community phlebotomy is a core priority area through the establishment of CTAC and community phlebotomy arrangements. The challenges for implementation and affordability had already been identified . The potential for the development to expand access to community phlebotomy for acute requests would bring significant risks of competing pressure for resources (staff and premises) for the HSCP.
3 There are concerns about recruiting further Pharmacists as it may destabilise community pharmacy. Some of the pharmacy chains have been reporting difficulty in recruiting pharmacists. The plan going forward is to recruit more technicians and use them to deliver the less complex pharmacotherapy tasks, however, availability of technicians are limited. In the medium term, there are plans in place to recruit trainee technicians. This will release pharmacists to concentrate on the more complex clinical cases. There is a concern however that our pharmacotherapy team will not be sufficient staffed and trained enough to delivery up to level 3 by March 2021.
4. Covid has had a significant impact on implementing PCIP services with the HSCP reprioritising and supporting existing service model redevelopments in response to varying pandemic pressures.
5. There is a significant delay in the introduction of CTAC service and the service model currently operating is not cost effective or conducive to staff retention. There is a lack of clinical space for service delivery and accommodation for peer support which has impacted on staff morale. There is also limited scope to provide clinical supervision and support due to a practice based model and restrictions due to social distancing.
6. There are concerns about recruiting further Advanced Practice Physiotherapist as it may destabilise MSK / Acute Physio. With this being a board wide model, we have no control on how and when we can recruit practitioners. We will not achieve full implementation by March 2021.
7. Any rooms / space identified, prior to covid, within Practices for PCIP services may now no longer be available as practices adjust to accommodate internal staff in light of work place measures & social distancing. Our service models will require to continually be reviewed due to these restrictions

Barriers to Progress

Please detail any barriers to progress and what could be done to overcome those barriers.
1. Lack of premises is our primary issue. There has been considerable delay in implementing Community Treatment & Care Services due to lack of existing HSCP clinical Treatment Rooms and / or unsuitable accommodation within GP Practices. The current CTAC pilot in GP practices has not evaluated well due to lack of clinical rooms, touch down space for the team and poor joined up IT systems. This has impacted on the morale resulting in 25% turnover of clinical staff.
2. There is still no board wide premises strategy; we need clarity on how the HSCP can get the board to meet necessary requirement to meet premises challenges. Significant financial investment will be required which can not be met via the PCIP funding stream.
3. The Vaccination Transformation Programme implementation has been delayed until March 2022. Planning for adult flu immunisation will be a key priority across GP practices and the HSCP this winter and will impact on wider PCIP services like CTAC and Pharmacy due to the actual practicalities in undertaking this exercise. Clarity is still required from the Scottish Government on funding for flu immunisation.
4. Framework to support mentorship of MDTs at either a board or national level is lacking. Some of our local GPs have mentored our extended MDT (APP/ANP/Pharmacy) which is time consuming . We have recently had difficulties in GPs volunteering to mentor which can and has affected where clinicians are placed due to workload pressures or an unwillingness to undertake this commitment.
5. Reliance on Board wide implementation of certain services e.g. VTP and Physiotherapy. We continue to seek a cluster/hub model for APP delivery and have no local influence over recruitment.
6. Covid remains the biggest barrier to progress for some services like the WBW where the most beneficial part of the service in a face to face assessment and where appropriate and agreed, access to patient information.
7. Pharmacotherapy - We are delivering a significant part of the Level 1 service in all practices but to date there is no service in processing repeat prescriptions. We believe that the repeat prescription process needs to be reconsidered as there are many problems associated with this service. The team have been heavily involved in increasing the numbers of patients on serial prescriptions and this does help to reduce the numbers of repeat prescriptions issued. GP practices have been very receptive to pharmacy teams delivering Level 1 services, however, high volumes of work and practice expectations have limited roll out and update of level 2 and level 3 services in some areas. There has also been a lack of progress on the roll out of electronic prescriptions

Issues FAO National Oversight Group

1. Due to the difficulty recruiting staff it may be hard to spend allocated money within financial year however, finance is still required for when staff become available.
2. MOU3 - In the absence of treatment room accommodation being available, clarity and resolution of funding source is required for creation of accommodation in order to deliver the service / MOU commitment.
3. Many of our workforce have been working from home. IT issues, the impact on the home environment including increased utility bills, appropriate DSE equipment and isolation of staff needs to be addressed and considered if long term effects of Covid continue.

Health Inequalities

1. Inequality of access to services to those practices who have little or no suitable accommodation within their current practice to accommodate the extended multidisciplinary team.
2. Limitations of alternatives solutions particularly for those who are digitally excluded and require relationship based care.
3. Having to travel further than own GP practice may disadvantage older people or people with a disability who rely on public transport.

Further Reflections

Please add any other reflections on the impact of the pandemic, for example:

New developments (e.g. IT, services) which were brought in during Covid which support contract delivery and aims.
1. Virtual triage and assessment and use of Attend Anywhere/NHS Near Me has been implemented and continues with some of our services. This has helped to prioritise those patients who require a face to face consultation. Introduction and acceleration of roll out of MS Teams has increased the opportunity to work from home in line with social distancing regulations. The purchase of some additional laptops has supported wider flexible working base/hours as well as supporting a more 'paper light' approach.

Any other services / developments which are locally agreed.
1. We developed a single point of access for practices to support their continuity planning, to reduce communication to them and also to facilitate practical support and solutions when required.

Any other general comments.
1. As a consequence of the pandemic, there are rising levels of demand to usual levels as shielding restrictions are lifted and additional demand for issues people had not sought help for during lockdown or impacted during lockdown such as those related to mental health, addictions and mobility. There may need to use different approaches to multi-disciplinary team working or different emphases in service delivery by the PCIP practitioners to support practices with these challenges, for example ANPs could become more adept at triage consultations in conjunction with their home visits or stronger emphases on supporting self-management.
2. We aim to undertake a Test for Change with a Practice for MDT clinical virtual meetings, however this is reliant on Board wide roll out of Office 365.
3. Recovery and redesign in acute and other community services and the ongoing impact of social distancing will be a driver for maintaining more patients in the community and reducing unnecessary visits to hospital. There are concerns that this would directly impact on GP workload and PCIP services.
4. Impact of any ongoing staff absence or restrictions for example shielding, sickness, household isolation etc. as well as the welfare of staff having adequate annual leave and rest time.

Workforce profile

Health Board Area: Greater Glasgow and Clyde
Health & Social Care Partnership: East Dunbartonshire

Table 1: Workforce profile 2018 - 2022 (headcount)

Financial Year	Service 1: Vaccination Transformation Programme			Service 2: Pharmacotherapy						Service 3: Community Treatment and Care Services				Service 4: Urgent Care (advanced practitioners)				Service 5: Additional professional roles			Service 6: Community link workers
	Nursing	Healthcare Assistants	Other [a]	Pharmacist	Pharmacy Technician	Pharmacy Support Workers	Pharmacy Technician Team Lead	Pharmacy Technician Trainee	Admin	Nursing	Healthcare Assistants	Other [a]	Leadership	ANPs	ANP leadership	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Leadership	Wellbeing Workers
TOTAL headcount staff in post as at 31 March 2018	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INCREASE in staff headcount (1 April 2018 - 31 March 2019)	3	2	2	5	1	0	0	0	0	3	2	2	1	2	0	0	0	0	1	1 APP TL 1PCDO 1PC TL	0
INCREASE in staff headcount (1 April 2019 - 31 March 2020)	0	0	0	4	0	0	0	0	0	4	2	1	0	0	0	0	0	0	2	0	2
PLANNED INCREASE in staff headcount (1 April 2020 - 31 March 2021) [b]	0	0	0	1	4	2	1	1	1	8	2	0	1	7	0	0	0	2	2	0	0
PLANNED INCREASE staff headcount (1 April 2021 - 31 March 2022) [b]	3	0	0	1	4	4	0	1	0	8	4	0	0	0	1	0	0	2	2	0	0
TOTAL headcount staff in post by 31 March 2022	**6**	**2**	**2**	**11**	**10**	**6**	**1**	**2**	**1**	23	10	3	2	**9**	**1**	**0**	**0**	**4**	**7**	**3**	2

[a] please specify workforce types in the comment field
Additional Professional Roles "Leadership": Advanced Practice Physiotherapy Team Lead, Primary Care Development Officer, Primary Care Team Lead
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Table 2: Workforce profile 2018 - 2022 (WTE)

Financial Year	Service 1: Vaccination Transformation Programme			Service 2: Pharmacotherapy						Service 3: Community Treatment and Care Services				Service 4: Urgent Care (advanced practitioners)				Service 5: Additional professional roles			Service 6: Community link workers
	Nursing	Healthcare Assistants	Other [a]	Pharmacist	Pharmacy Technician	Pharmacy Support Workers	Pharmacy Technician Team Lead	Pharmacy Technician Trainee	Admin	Nursing	Healthcare Assistants	Other [a]	Leadership	ANPs	ANP leadership	Advanced Paramedics	Other [a]	Mental Health workers	MSK Physios	Other [a]	Wellbeing Workers
TOTAL staff WTE in post as at 31 March 2018	0	0	0	0.0	0.6	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0	0.0	0.0
INCREASE in staff WTE (1 April 2018 - 31 March 2019)	2.6	2	2	3.9	1	0	0	0	0	2.6	2	2	1	2	0	0	0	0	1	1.6	0
INCREASE in staff WTE (1 April 2019 - 31 March 2020)	0	0	0	3.7	0	0	0	0	0	4.0	2	1	0	0	0	0	0	0	2	0.0	2
PLANNED INCREASE in staff WTE (1 April 2020 - 31 March 2021) [b]	2	0	0	1.0	4	2	1	1	0.5	8.0	2	0	1	7	0.5	0	0	2	2	0.0	0
PLANNED INCREASE staff WTE (1 April 2021 - 31 March 2022) [b]	3	0	0	1.0	4	4	0	1	0	8.0	4	0	0	0	0	0	0	2	2.0	0.0	0
TOTAL staff WTE in post by 31 March 2022	**7.6**	**2**	**2**	**9.6**	**9.6**	**6**	**1**	**2**	**0.5**	**22.6**	**10**	**3**	**2**	**9**	**0.5**	**0**	**0**	**4**	**7.1**	**1.6**	**2.0**

[a] please specify workforce types in the comment field
[b] If planned increase is zero, add 0. If planned increase cannot be estimated, add n/a

Leadership investment 2020/21 includes
Part of Lead ANP role (0.5wte band 8A) to support mentorship within the Team.
CTAC leadership to co-ordinate service and develop model.
Band 8B for Pharmacotherapy to delivery a wide range of skill mix within the team
Project Management support and strategic development (1.5 wte).

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 5.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21 January 2021**
Subject Title	**Strategic Plan 2018-21: Review**
Report By	**Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer**
Contact Officer	**Alan Cairns, Planning, Performance & Quality Manager** **Alan.cairns2@ggc.scot.nhs.uk**

Purpose of Report	To set out for approval a formal statutory review of the Strategic Plan 2018-21, as a preparatory step in advance of the replacement of the substantive Strategic Plan in April 2022

Recommendations	It is recommended that the HSCP Board: • Approve the Review of the East Dunbartonshire Strategic Plan 2018-21 report, as set out at Appendix 1; • Delegate authority to the Chief Officer to make final amendments to the review report as may arise from final consultative processes, in discussion with the chair and vice-chair; • Note the process and terms of deferring the substantive replacement of the existing Strategic Plan, as previously agreed.

Relevance to HSCP Board Strategic Plan	This report sets out a statutory review of the Strategic Plan and the process for its replacement.

Implications for Health & Social Care Partnership

Human Resources:	None
Legal:	None
Procurement Impact	None
Equalities:	None
Financial:	None
Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The Council has significant interest in the preparation of the Strategic Plan as a constituent authority of the HSCP. In addition, by statute a constituent authority must provide an integration authority with such information as the authority may reasonably require for the purpose of carrying out a review and preparing a strategic plan.

Implications for NHS Greater Glasgow & Clyde:	The NHS Board has significant interest in the preparation of the Strategic Plan as a constituent authority of the HSCP. In addition, by statute a constituent authority must provide an integration authority with such information as the authority may reasonably require for the purpose of carrying out a review and preparing a strategic plan.

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

1.0 MAIN REPORT

1.1 The HSCP Board approved a report at its meeting on 17 September that described the proposed process to:

(i) Review the effectiveness of the current Strategic Plan 2018-21, in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014;

(ii) Replace the Strategic Plan 2018-21, following a period of consultation and consideration that takes account of existing and new challenges (including Covid-19, finance, transformational change, the national review of social care and other national and local initiatives)

(iii) Acknowledge the difficulty in replacing the Strategic Plan by March 21 due to the practical and resource impacts of Covid, the constraints on community and stakeholder consultation and the inevitable and overwhelming preoccupation with active Covid-19 response and recovery during 2021-22;

(iv) Therefore continue the Strategic Priorities in the existing Strategic Plan for one year to March 2022 with the same success measures, with the addition of Covid critical response, transition and service remobilisation;

(v) Propose that 2021-22 would see the preparation of a Strategic Needs Assessment and programme of community consultation to support preparation of a new substantive Strategic Plan, to take effect from 1 April 2022.

1.2 In line with 1.1(i) above, a report setting out the Review of the East Dunbartonshire Strategic Plan 2018-21 is set out at **Appendix 1**. This considers three main elements:

(i) How well the current Strategic Plan meets national guidance standards. This considers how well the current Strategic Plan sets out the HSCP's plans for the delivery of services for its area, using the integrated budgets under their control.

(ii) An evaluation of how effectively the Strategic Priorities set out in the plan have focused improvement and development in services and integrated processes, and have stood the test of time;

(iii) An evaluation of how well the HSCP has achieved in delivering its Strategic Priorities and associated measures of success.

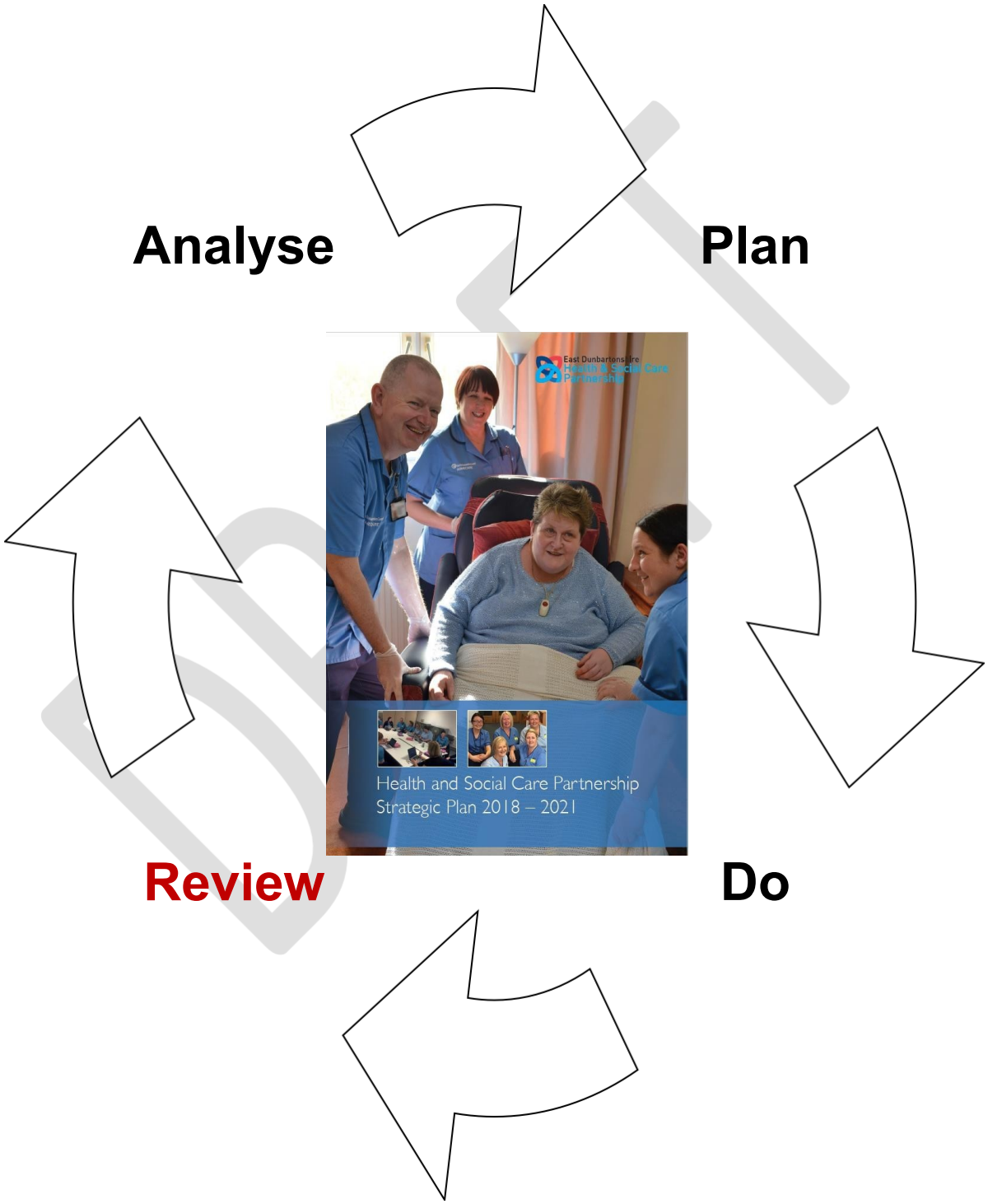
1.3 The Review of the East Dunbartonshire Strategic Plan 2018-21 reflects on the strengths and gaps in each area, which will also help to inform early thinking around the preparation of the next Strategic Plan, to be formulated through a substantive process of strategic needs assessment, consultation and engagement. In undertaking this review of the existing plan, the HSCP has consulted and engaged with key partners and stakeholders, to ensure that the findings and conclusions of the review reflect consensus. A draft report was considered by members of the HSCP Board at its development session on 5 November 2020. The views of the consultative partners are set out transparently in this final draft report.

1.4 The Council's Housing, Health and Care Forum and the NHS Board's Corporate Management Team were unable to consider the draft report during the consultative period due to meeting cancellation and volume of business, respectively. It is proposed to extend the opportunity for these groups to contribute to the process at their scheduled meetings in January 2021. To facilitate this without delaying the HSCP Board's consideration of this report, it is proposed that the HSCP Board delegates

	authority to the Chief Officer to make minor amendment to the final version of the report as may arise from these meetings, in discussion with the HSCP Board chair and Vice-Chair.
1.5	With the approval of this review report by the HSCP Board, the Chief Officer will initiate the commencement of the preparatory work in support of the next substantive Strategic Plan 2022-25.

Appendix 1: Review of the East Dunbartonshire Strategic Plan 2018-21

Review of East Dunbartonshire Strategic Plan 2018-21



December 2020

Review of East Dunbartonshire Strategic Plan 2018-21

1 PURPOSE OF REPORT

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Strategic Plan should be reviewed every 3 years to evaluate its effectiveness and to determine if the Strategic Plan should be replaced. The current East Dunbartonshire HSCP Strategic Plan is due for review by 31 March 2021. Given that this current plan is a three year plan, a replacement plan would be an expected outcome of this review.

1.2 Due to the impact of the Covid-19 pandemic, preparations for the review and replacement of the current Strategic Plan 2018-21 have been significantly curtailed. Officers who would have been involved in this work have been heavily engaged in supporting the Covid-19 pandemic response and continue to prioritise recovery and transition planning to ensure that services can be remobilised as safely and as quickly as possible.

1.3 The five HSCPs across Scotland that were due to review their Strategic Plan by 31 March 2021 have worked closely with the Scottish Government to propose a way forward that preserves the integrity of HSCP Strategic Planning whilst balancing the immediate and ongoing pressures of the Covid-19 crisis.

1.4 Taking account of the advice of the Scottish Government and in pursuance of consistency across the country, the East Dunbartonshire HSCP Board has agreed that the statutory review process should be undertaken as normal, but that the existing Strategic Plan should continue in substance for a further year, with the existing strategic priorities being augmented as necessary to reflect the particular challenges expected over that period. The exercise would therefore take the form of a review and one year bridging statement.

1.5 This report constitutes the initial review process and comprises three main components:

(i) How well the current Strategic Plan meets national guidance standards. This will consider how well the current Strategic Plan sets out the HSCP's plans for the delivery of services for its area, using the integrated budgets under their control.

(ii) An evaluation of how effectively the Strategic Priorities set out in the plan have focused improvement and development in services and integrated processes, and have stood the test of time;

(iii) An evaluation of how well the HSCP has achieved in delivering its Strategic Priorities and associated measures of success.

1.6 In undertaking this review, the HSCP has consulted and engaged with key partners and stakeholders, to ensure that the findings and conclusions of the review reflect consensus.

1.7 The findings of this review will help to inform the preparation of the next Strategic Plan, which will be formulated through a substantive process of strategic needs assessment, consultation and engagement.

2 HOW WELL DOES OUR CURRENT STRATEGIC PLAN MEET GUIDANCE STANDARDS?

2.1 A National Steering Group for Strategic Commissioning was established to prepare guidance for HSCP to support the preparation of the Strategic Plans[1]. The guidance suggests that a good plan should:

(i) Identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA);

(ii) Agree desired outcomes and link investment to them;

(iii) Assure sound clinical and care governance is embedded;

(iv) Use a coherent approach to selecting and prioritising investment and disinvestment decisions; and

(v) Reflect closely the needs and plans articulated at locality level.

2.2 The table below sets out our evaluation against these guidance standards, with comment from the Strategic Planning Group and other partnership conversations, plus feedback from the Strategic Joint Inspection of Adult Services by the Care Inspectorate and Healthcare Improvement Scotland.

1. Identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA)	
SMT evaluation	The Strategic Plan is supported by a detailed Strategic Needs Assessment, a summary of which is set out in the Plan with a clear identification of what the findings mean for the HSCP. These are then used to inform the HSCP's strategic priorities. The Plan provides good financial information on current spending by care group. It provides information on the national and local financial landscape, areas of uncertainty and cost pressures. The Plan also provides good clarity on the medium term financial strategy to bring spending within budget. The Plan doesn't fully relate the current expenditure profiles to the needs of local populations, set out in the JSNA
Verbatim feedback from the Joint Strategic Inspection (July 2019)	The partnership had produced a comprehensive and detailed strategic needs assessment in 2016 that included rich relevant data and was available to support the preparation of the current strategic plan (2018-21). It contained meaningful demographic, health and wellbeing and social care activity, including information on specific care groups. It also included information on health and social care expenditure. [The Strategic Plan] was a well-presented, public facing document that outlined the partnership's intentions. The strategic plan was a high-level statement of intent that helpfully included a needs profile, information on locality planning, health and social care expenditure, and a series of actions based around eight priority themes.

[1] https://www.gov.scot/publications/strategic-commissioning-plans-guidance/

Views from the Strategic Planning Group and other Partnership conversations	Agreed.

2. Agree desired outcomes and link investment to them	
SMT evaluation	The Strategic Plan identifies clear strategic priorities and evidences that these have been developed through comprehensive consultation and engagement. These strategic priorities set out what is currently in place in support of their delivery, what people have indicated matters to them, what improvements are to be made and how these improvements will be measures in terms of outcomes. The Strategic Plan's inclusion of success measures demonstrates commitment to invest, but does not explicitly allocate or redirect resources to those investments.
Verbatim feedback from the Joint Strategic Inspection (July 2019)	The strategic plan's priorities aligned well with other relevant strategies such as the East Dunbartonshire local outcome improvement plan, NHS Greater Glasgow and Clyde's Moving Forward Together transformation strategy and local delivery plan. The actions tended not to be fully costed and delivery timescales were not always clearly identified. The strategic plan was limited in that it was not complemented by a detailed commissioning strategy and associated market facilitation plans [now established].
Views from the Strategic Planning Group and other Partnership conversations	Agreed • The strategic plans priorities are laid out well and are very readable, but less clear how much they flow from what matters to the residents/partners and what we intend to do and then measure success. • There needs to be a clearer sense of specific action planning and targets: some success criteria are quite vague and unquantified in places.

3. Assure sound clinical and care governance is embedded	
SMT evaluation	The Plan provides assurance under Strategic Priority 8 that the HSCP has established a suite of governance arrangements to ensure the provision of safe, effective and efficient services.
Verbatim feedback from the Joint Strategic Inspection (July 2019)	The partnership had developed a wide ranging and well organised clinical and care governance framework. Clinical governance arrangements were embedded and effective. A clinical and care governance group was directly accountable for continuously improving the quality of services, safeguarding standards of care and fostering an environment where excellence could grow within an integrated service. The group had suitable representation from a wide range of service areas. The clinical and care governance group had a major role in managing operational risk and in interpreting the impact of strategic risk. It considered 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. The work of the clinical and care governance group was mostly healthcare orientated and not yet fully integrated. There was a developing focus on social care services.
Views from the Strategic Planning Group and other Partnership conversations	Agreed.

4. Use a coherent approach to selecting and prioritising investment and disinvestment decisions	
SMT evaluation	The Plan uses a coherent approach to selecting and prioritising investment in line with its Strategic Priorities. It also provides good contextual information on the medium term financial strategy in areas of: • Maximising Efficiencies • Strategic Planning and Commissioning • Service Redesign and Transformation • Prevention and Early Intervention • Service eligibility and charging • Service reduction and cessation The Plan does not specify in detail how and where investment in areas associated with delivery of the Strategic Priorities will be offset by areas of disinvestment and transformational change. This activity is led subsequently through the Transformation Plan, but future Strategic Plans may be strengthened by greater clarity in this respect, with linkage to the Strategic Needs Assessment.
Verbatim feedback from the Joint Strategic Inspection (July 2019)	The partnership had clear priorities and plans at strategic and service level. The partnership had prepared a supporting annual business plan. This helpfully focused on strategic improvement and transformational change associated with the implementation of the strategic plan. The partnership had complex planning processes, but they lacked detail on implementation plans for future investment and disinvestment in services.
Views from the Strategic Planning Group and other Partnership conversations	Agreed • Transformational change needs to be more transparent in the plan and in particular around those service where there will be disinvestment. • It is imperative that the commissioning strategy continues to align closely with the strategic plan as we build back better from Covid 19.

5. Reflect closely the needs and plans articulated at locality level	
SMT evaluation	The Strategic Plan contains a section on locality needs and plans, which sets out available population profiles and needs assessment at a local level, with the agreed priorities for development in each locality area. This detail reflected the stage of development of locality planning at the time, with the establishment of these localities still in their relative infancy.

Verbatim feedback from the Joint Strategic Inspection (July 2019)	The strategic plan was a high-level statement of intent that helpfully included a needs profile [and] information on locality planning. The partnership had produced two locality profiles. These included a detailed analysis of need and demand. This included extensive demographic data, health and wellbeing indicators and health and social care service activity data. The partnership did not have locality plans based on recent data about the needs of their community and service performance. The partnership was at a very early stage of delivering effective locality planning and commissioning.
Views from the Strategic Planning Group and other Partnership conversations	Agreed • Engagement at a locality planning level around planning and commissioning still has its challenges. Recent alignment of teams to geographic areas should see improvement and provide the basis for further development. • The locality groups are still not well established. Work plans with clear outcomes and timescales are not yet fully developed. • As the locality planning groups become more evolved they should continue to tie in closely with the strategic plan. Ensuring they have appropriate representation from all partners.

3 HOW WELL HAVE OUR STRATEGIC PRIORITIES DRIVEN IMPROVEMENT AND DEVELOPMENT IN SERVICES AND INTEGRATED PROCESSES, AND HAVE THEY STOOD THE TEST OF TIME?

3.1 Engaging and listening to communities, staff and partners about what matters to them was central to determining the HSCP's key priorities. Six engagement workshops were held across East Dunbartonshire involving members of the public, community organisations, partners organisations; and health and social care practitioners. These events focussed on the participants' perspective of what the priorities should be for the HSCP. Four themes emerged from the wide ranging discussions:

- Keeping people healthy;
- Improving access to services;
- Reducing unnecessary hospital admissions and supporting people to live at home or in a homely setting; and
- Supporting carers.

3.2 These themes were used to translate into 8 strategic priorities that were consulted on and agreed through partnership and stakeholder consensus:

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

Were these the right Strategic Priorities for 2018-23?

3.3 The extensive process undertaken to agree and establish these strategic priorities evidences that these were the priorities that were most important to health and social care partners, professionals, patients and service users, carers, service providers and the general public. They were cross referred to the National Health and Wellbeing Outcomes to ensure that progress could be demonstrated to be in line with the national priorities.

Have the Strategic Priorities Stood the Test of Time?

3.4 The financial pressures that have come to bear on health and social care since the Strategic Plan was developed were not fully anticipated or therefore reflected in the strategic priorities. Rather, they reflected a continuation of existing service models and approaches to the provision of statutory and formal support. While the Strategic Plan provided the overarching vehicle for service improvement and development, the

parallel processes of transformational planning set out in the HSCP's annual Transformational and Business Plan were not fully in tune with one another, as the former was orientated towards investment, with the latter towards disinvestment. Looking ahead to the next Strategic Plan, it may be that a more upfront approach to transformation should be embraced to ensure that the Strategic Plan remains more balanced in terms of its orientation and delivery plans.

3.5 The other area of learning is around strategic planning for the type of major public health crisis that has been experienced since March 2020, with the HSCP's energy and activity being diverted to emergency contingency and continuity responses. During this period, the capacity for improvement and development planning in the normal sense (as reflected in the Strategic Plan) has been substantially interrupted. It is likely that our next Strategic Plan will need to reflect an ongoing prioritisation towards service transition and recovery, as well as a higher profile given to preparedness for future public health challenges of this kind.

Views from the Strategic Planning Group and other Partnership conversations
Agreed • The priorities identified in the current plan are still relevant but should be used more actively as a common thread for commissioning and evaluating services and seeking funding. • On Housing, the Arneil Johnston report and the updated priorities including on accessibility, affordability, quality and homelessness will strengthen contribution to the next Strategic Plan. • The Plan has aged quickly and in hindsight we set ourselves too many objectives. The Plan was of its time – we need to elevate our objective setting, to become more tactical and transformation.

4 HOW WELL HAS THE HSCP MET ITS STRATEGIC PRIORITIES AND ASSOCIATED MEASURES OF SUCCESS.

4.1 For each of its Strategic Priorities, the Strategic Plan sets out what the HSCP was already doing in meeting these priorities, it sets out what people have said matters to them in taking these priorities forward, what the HSCP intended to do in pursuance of these priorities, and how success would be measured to demonstrate that these actions were met.

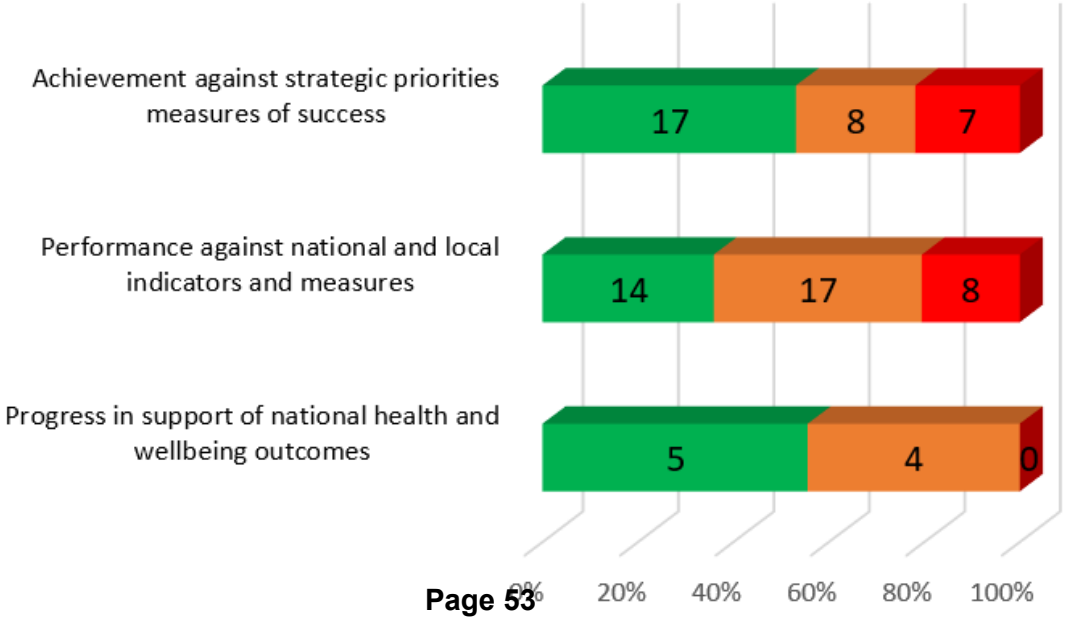
4.2 Each year, the HSCP Board considers and approves an Annual Performance Report which sets out how well the HSCP has performance in pursuance of the national health and social care delivery principles and national outcomes, and in the delivery of its Strategic Plan.

> *"The partnership had published an annual performance report for the year. It contained a range of well-presented and accessible statistical information on the performance of health and social care services. The document had helpful case studies that augmented the statistical data and provided concrete examples of how the partnership's services could positively transform lives." (Source: Joint Strategic Inspection of Adult Services, 2019)*

4.3 In addition, the HSCP Board considers a performance report each quarter that informs the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period.

> *"Quarterly performance reports were reviewed by the senior management team and presented to the HSCP board. These provided a suite of national and local measures and targets for services delivered by the partnership, including children's and criminal justice services. These clear and helpful reports identified recent trends, a situational analysis and paths for improvement for each indicator. This helped the partnership to identify performance trends. This approach helped ensure that changes in performance were monitored, and some actions to address deficits were evident." (Source: Joint Strategic Inspection of Adult Services, 2019)*

4.4 It is not the intention to replicate in this document the detail of the quarterly and annual reports, but **Annex 1** is designed to provide a summary of progress against the performance targets and measures of success pursuant to the Strategic Priorities, as set out in the current Strategic Plan. The chart below illustrate the distribution of these achievements. *It should be noted that these results have been achieved after the first two years of a three year Strategic Plan*:



5 SUMMARY AND CONCLUSION

5.1 The foregoing review sought to base its analysis on three components. A summary of the findings of this review is set out below:

How well does our current strategic plan meet guidance standards?	
Strengths	Areas for Development
• The Strategic Plan is based upon comprehensive Strategic Needs Assessments; • Strategic Priorities were based upon sound evaluation and extensive consultation and engagement; • Good financial information is included at a care group and service level; • The Plan includes a clear financial strategy; • The Strategic Priorities are aligned well to national and local plans and outcomes; • The Strategic Priorities indicate clear areas for investment; • Locality profiles provide detailed analysis of population needs and demand.	• The Plan doesn't fully relate the current expenditure profiles to the needs of local populations; • The Plan does not explicitly allocate or redirect resources to proposed investments; • The actions tended not to be fully costed and delivery timescales were not always clearly identified; • The Plan does not specify in detail how and where investment will be offset by areas of disinvestment and transformational change; • Locality planning intentions are limited, reflecting the early stage of locality development in the HSCP.

How well have our Strategic Priorities driven improvement and development in services and integrated processes, and have they stood the test of time?	
Strengths	Areas for Development
• The Strategic Priorities were developed through extensive community consultation, based upon comprehensive needs assessment and are aligned to national and local outcomes frameworks. • The Strategic Priorities have given orientation for areas of investment over the period.	• The Strategic Priorities were not fully reflective of the transformational change agenda that has brought significant challenge through financial pressure. Future Strategic Priorities should be more transformational, reflecting the realities of disinvestment as well as investment and system change. • Embedding assurance on preparedness for public health emergencies.

How well has the HSCP met its Strategic Priorities and associated measures of success.	
Strengths	Areas for Development
• The HSCP has improved in just over half of its measures of success in support of its Strategic Priorities, after two years of the three year Strategic Plan; • Performance has improved or remained stable in 80% of its measures over this period.	• Further work is needed to ensure that measures of success fully reflect the areas for development, are SMART and are reportable; • Further work may be necessary to ensure that improvement targets are achievable and are consistent with areas for investment.

ANNEX 1

SUMMARY OF PERFORMANCE TOWARDS DELIVERY OF THE STRATEGIC PLAN (SOURCE: HSCP ANNUAL PERFORMANCE REPORT 2019-20)

1 PROGRESS IN SUPPORT OF NATIONAL HEALTH AND WELLBEING OUTCOMES

Each of the National Outcomes below has been assigned a "RAG" status to indicate the HSCP's assessment of overall performance during 2019/20. This is based on national and local indicators, and the achievements described within the report.

RAG KEY

- Positive performance
- Steady performance
- Performance below target

NATIONAL HEALTH & WELLBEING OUTCOMES	STATUS
People are able to look after and improve their own health and wellbeing and live in good health for longer.	
People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities	
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.	
People who use health and social care services are safe from harm.	
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	
Resources are used effectively and efficiently in the provision of health and social care services.	

2 SUMMARY OF PERFORMANCE AGAINST NATIONAL AND LOCAL INDICATORS AND MEASURES

Area of Evaluation			
Integration Core Indicators	6	11	2
Ministerial Strategic Group Indicators	0	4	3
Local Performance Indicators	8	2	3

3 SUMMARY OF ACHIEVEMENT AGAINST STRATEGIC PRIORITIES MEASURES OF SUCCESS

Strategic Priority 1

Promote positive health and wellbeing, preventing ill-health, and building strong communities (National Outcomes 1 & 5)

Our Measures of Success	Progress
Reduce smoking prevalence.	
Increase the number of people meeting the national recommendation for physical activity, healthy eating and safer consumption of alcohol.	
Increase levels of Breastfeeding rates.	
Improve dental health and increase Child Smile registrations.	
Maintain percentage of childhood immunisation uptake.	
Increase community payback orders (CPOs) with alcohol, drug and mental health requirements to promote healthy living and risk reduction.	

Strategic Priority 2

Enhance the quality of life and supporting independence for people, particularly those with long-term conditions (National Outcomes 2 & 3)

Our Measures of Success	Progress
Increase uptake of a variety of telecare / telehealth care solutions.	
Improve drug and alcohol referral to treatment waiting times.	
Improve psychological therapies referral to treatment waiting times.	
Improve percentage of people newly diagnosed with dementia accessing post diagnostic support.	

Strategic Priority 3

Keep people out of hospital when care can be delivered closer to home (National Outcomes 2, 3 & 4)

Our Measures of Success	Progress
Reduce unplanned hospital admissions.	
Reduce occupied bed days for unscheduled care.	
Reduce Accident & Emergency attendances.	

Our Measures of Success	Progress
Reduce bed days lost to discharges delayed.	
Increase the percentage of last 6 months of life spent in the community.	

Strategic Priority 4

Keep people out of hospital when care can be delivered closer to home (National Outcomes 1, 3, 4, 5 & 7)

Our Measures of Success	Progress
Increase the number of service users utilising self directed support options.	
Increase the uptake of the income maximisation service.	
Monitor the uptake of Healthy Start programme.	
Increase the breastfeeding rates in deprived communities.	
Increase % of people released from a custodial sentence: • registered with a GP • have suitable accommodation • have had a benefits eligibility check	Data not yet available

Strategic Priority 5

People have a positive experience of health and social care services (National Outcomes 1, 3 & 7)

Our Measures of Success	Progress
Monitor the number of complaints and comments.	
Increase the percentage of service users satisfied with the quality of care provided.	
Increase the percentage of service users satisfied with their involvement in the design of their care provided.	
Increase the percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided.	

Strategic Priority 6

Promote independent living through the provision of suitable housing accommodation and support (National Outcomes 1 & 2)

Our Measures of Success	Progress
Increase the number of people receiving the 'Care of Gardens' Scheme.	
Increase the number of people accessing the Care and Repair Service.	
Increase the percentage of our housing for Specialist Needs with Community Alarm or Telecare systems to 65% by 2021.	Data not yet available

Strategic Priority 7

Improve support for Carers enabling them to continue in their caring role (National Outcomes 1, 3, 4, 5 & 6)

Our Measures of Success	Progress
Increase number of adult carers identified and completing an Adult Carers Support Plan.	
Increase number of young carers identified and completing a Young Persons Statement.	
Increase number of carers who feel supported to continue in their caring role.	

Strategic Priority 8

Optimise efficiency, effectiveness and flexibility (National Outcomes 7, 8 & 9)

Our Measures of Success	Progress
Monitor Adult and Child protection measures.	
Reduction of re-offending.	
Analyse and measure the impact and outcomes associated with the review and redesign of learning disability and mental health services.	
Monitor providers' compliance with contract monitoring framework.	

Agenda Item Number: 6.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21/01/2021**
Subject Title	**Integrated Children's Services Plan**
Report By	**Claire Carthy, Interim Head of Children's Services & Criminal Justice** **Claire.Carthy@eastdunbarton.gov.uk**
Contact Officer	**Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer**

Purpose of Report	To update the Board on the Integrated Children's Services Plan 2021/2023

Recommendations	To note the content of the report

Relevance to HSCP Board Strategic Plan	Relevant to Early Intervention and ensuring our communities are healthy.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Procurement Impact	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	None

Implications for East Dunbartonshire Council:	The Community Planning Partnership has a statutory responsibility to publish an Integrated Children's Services Plan and ensure Corporate Parenting Responsibilities are fulfilled. This plan articulates how these outcomes will be achieved.

Implications for NHS Greater Glasgow & Clyde:	The Community Planning Partnership has a statutory responsibility to publish an Integrated Children's Services Plan and ensure Corporate Parenting Responsibilities are fulfilled. This plan articulates how these outcomes will be achieved.

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

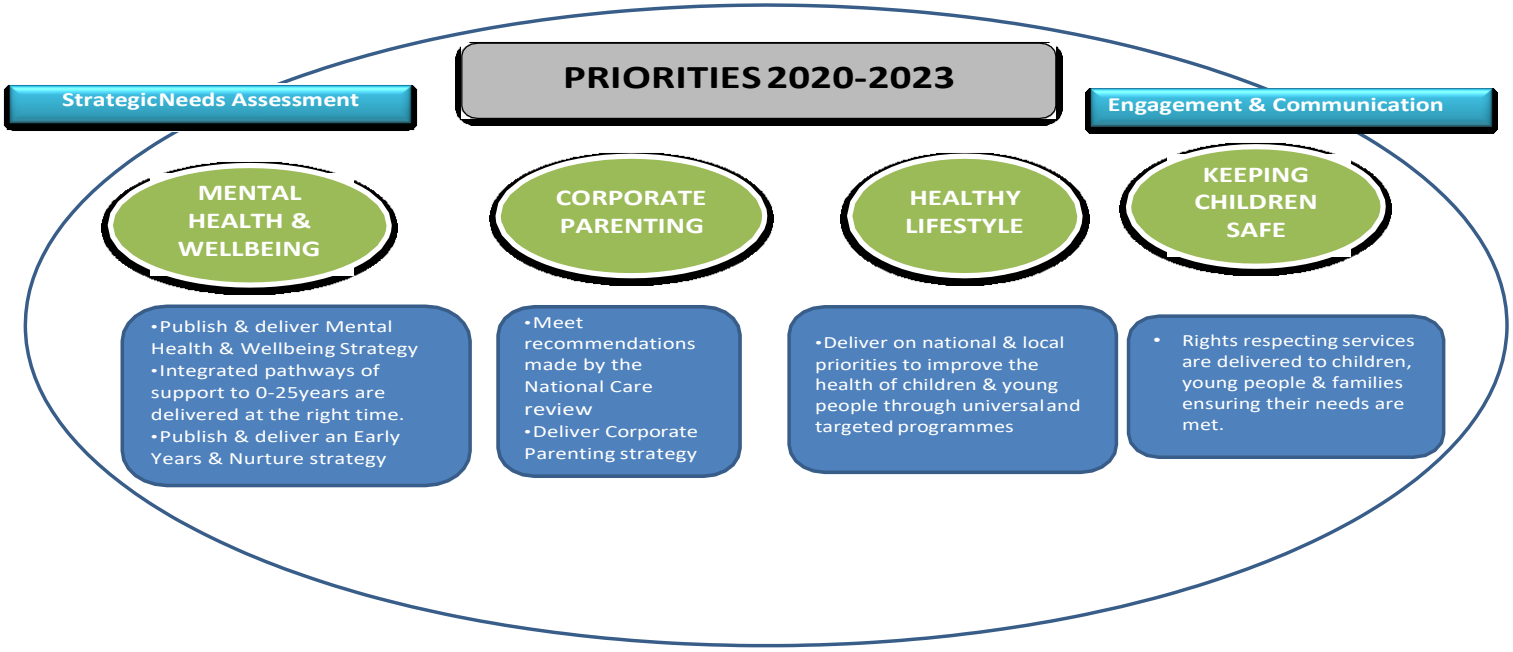
1.0	**MAIN REPORT**
1.1	The Children and Young People (Scotland) Act 2014 confers a statutory responsibility on the Community Planning Partnership to publish an Integrated Children's Services Plan (ICSP) on a 3 year cycle.
1.2	The first ICSP covered the period 2017 to 2020. A self-evaluation exercise was undertaken in December 2019 with a view to reviewing the previous plan and identifying key themes for the next plan which was due to be submitted to SG on 31/03/2020.
1.3	However, due to the impact of the Coronavirus the SG delayed the submission date for the new ICSP until March 2021.
1.4	In East Dunbartonshire the strategic group responsible for the ISCP is the Delivering for Children and Young People's Partnership (DCYPP). The DCYPP reports to the Community Planning Partnership under LOIP 3 "Our Children Are Safe, Healthy and ready to learn".
1.5	As the self-evaluation work had been completed, the DCYPP decided it would be appropriate to produce a high level plan on a page which would serve as the Interim ICSP for the period April 2020-March 2021 when a fuller plan would be submitted.
1.6	A copy of the ICSP Plan on a page is attached on Appendix 1 for information.

Appendix 1: ICSP Plan

EAST DUNBARTONSHIRE INTEGRATED CHILDRENS SERVICES PLAN 2020-2023

Vision

'Our children and young people are safe, healthy and ready to learn'



Agenda Item Number: 7.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	**21st January 2021**
Subject Title	**Directions**
Report By	**Jean Campbell, Chief Officer Finance and Resources** **Jean.Campbell2@ggc.scot.nhs.uk**
Contact Officer	**Vandrew McLean, Corporate Business Manager** **Vandrew.mclean@ggc.scot.nhs.uk** **Telephone: 07973 792359**
Purpose of Report	The purpose of this report is to set out the way in which East Dunbartonshire Integration Joint Board (IJB) will put into practice processes to develop, issue and record 'Directions' to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
Recommendations	It is recommended that the IJB: 1. Consider the content of the Report: and 2. Approve the proposed process.
Relevance to HSCP Board Strategic Plan	Issuing of Directions is the method through which the IJB commissions East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board to deliver the priorities outlined within the IJB's Strategic Plan.

Implications for the Health & Social Care Partnership

Human Resources	None
Equalities:	The Strategic Plan acknowledges that some individuals, or groups of individuals may face difficulties in accessing services and the Plan identifies some additional supports to address this issue. Directions issues by the IJB are likely to be instrumental in improving access to services.
Financial:	The IJB have statutory responsibility for the delivery of transformational service delivery within budget allocations.
Legal:	The Public Bodies (Joint Working) (Scotland) 2014 Act requires the IJB to issue Directions in writing. Directions must set out how each integrated health and social care function is to be

	exercised and the budget associated with that function.	
Procurement:	None	
Economic Impact:	None	
Sustainability:	None	
Risk Implications:	The Strategic Plan and the IJB Risk Register identify risk factors which have an impact on a range of financial, governance, capacity and partnership issues. Directions from the IJB form part of the ongoing risk mitigation and management processes.	
Implications for East Dunbartonshire Council:	The Council must comply with a Direction from the Integration Joint Board.	
Implications for NHS Greater Glasgow & Clyde:	The Health Board must comply with a Direction from the Integration Joint Board.	
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☒
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☐
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

3.0 BACKGROUND/MAIN ISSUES

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (hereafter referred to as the Act) brought into being, from 1 April 2016, new Integration Authorities with a strategic planning responsibility for community health and care services. These are areas that had previously been the sole and direct planning responsibility of Health Boards and Local Authorities. This change in the strategic planning landscape for these services necessitates a new and different approach to strategic planning across the three statutory partners now involved.

3.2. The journey of implementation of the legislation in order to deliver the objective of integrated health and care services has been an ongoing one, and the approach to the planning relationship between Integration Authorities, which in East Dunbartonshire's case is the East Dunbartonshire Health and Social Care Partnership Board, an Integration Joint Board (IJB), East Dunbartonshire Council and NHSGGC, has been developing over time. It is recognised that effective joint strategic planning rests on early collaboration and a clear understanding of the shared goals and objectives that deliver the changes, and the services, that support good health and care outcomes for the people of East Dunbartonshire. This report brings forward a refreshed approach to the issuing of 'Directions' by the IJB that reflects and supports that joint planning approach.

3.3. Directions are the mechanism by which the IJB signals to the Health Board and Local Authority the details of how the objectives of its Strategic Plan, and any other strategic decisions taken during the lifetime of the plan, are to be delivered. However, the process of strategic decision making, and therefore the subsequent issuing of Directions, does not happen in isolation. Strategic planning is a collaborative process, taking account of the views of all involved, which is undertaken well before final decisions are made and Directions are, therefore, an end point of this collaborative joint planning process, and not an activity in themselves.

3.4. The use of Directions is a legal requirement for IJB's, Health Boards and Local Authorities and as such their use is subject to internal/external audit and scrutiny. A Direction may relate to a new service or activity or may or vary or revoke other Directions which have been previously issued. Once issued, the Act prescribes that the Direction must be complied with. There is no provision by which the Direction can be appealed, amended or vetoed, nor may the resource allocated to the delivery of a Direction be redirected by the receiving body. This makes the collaborative planning process in the run up to a Direction all the more important. A Direction and may include;

3.4.1 Scope and scale of the function being referred to

3.4.2 Finance Involved

3.4.3 Scale and Nature of Change

3.4.4 Information on those impacted by the change (Patients, People who use Services, Carers, Local Communities, Staff, Others)

3.4.5 Timescale for Delivery

3.5 IJB's are asked to review and develop their own guidance in the issuing of directions in line with the legislative requirements of the Act. In 2019 the Scottish Government published statutory guidance for IJB's with regard to Directions. This guidance supersedes the Good Practice Note on Directions (March 2016) and sets out how to improve practice. The guidance can be access on the following link

https://www.gov.scot/publications/statutoryguidance-directions-integration-authorities-health-boards-localauthorities/;

3.6 The East Dunbartonshire IJB proposes the following refreshed approach which aims to offer clarity, transparency and a clear audit trail, and aligns with the statutory guidance. The proposed process is as follows:

3.6.1 Collaborative strategic planning process with relevant statutory partner(s) and any key others

3.6.2 Preparation of a report for the IJB on the matter under consideration using refreshed reporting template which specifies Directions (Appendix 1)

3.6.3 An IJB covering Direction Page for addition to the front of the IJB Report template summarising the Directions issued in the body of the report and its recommendations. (Appendix 2)

3.6.4 A Directions log of all papers submitted to the IJB along with directions issued, revised, revoked and completed will be maintained, with regular review by the IJB. This will be updated and maintained by the Corporate Business Manager effective from 12th November 2020 IJB meeting (Appendix 3)

3.6.5 A cover note will be sent to the relevant Chief Executives after an IJB where there are Directions to issue. (Appendix 4).

3.7 A Directions flowchart has been developed summarising the above (Appendix 5).

Appendix 1 – Reporting Template

Appendix 2 - IJB covering Direction Page

Appendix 3 - Directions log

Appendix 4 – Cover note

Appendix 5 – Directions Flowchart

Agenda Item Number: 7a
Appendix 1

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Date of Meeting	
Subject Title	
Report By	
Contact Officer	
Purpose of Report	
Recommendations	
Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources		
Equalities:		
Financial:		
Legal:		
Procurement:		
Economic Impact:		
Sustainability:		
Risk Implications:		
Implications for East Dunbartonshire Council:		
Implications for NHS Greater Glasgow & Clyde:		
Direction Required to Council, Health Board or Both	**Direction To:**	
	1. No Direction Required	☐
	2. East Dunbartonshire Council	☐
	3. NHS Greater Glasgow & Clyde	☒
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	☐

MAIN REPORT

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TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	*Date of IJB Meeting* *Agenda item number/UNIQUE REF FOR DECISION 210316-5*
2	Report Title	*Title of report to IJB*
3	Date direction issued by Integration Joint Board	*Date of IJB meeting*
4	Date from which direction takes effect	*Date determined by IJB, cannot pre-date the meeting where the direction is made*
5	Direction to:	East Dunbartonshire Council only – NHS Greater Glasgow and Clyde Health Board only East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly *(delete as appropriate)*
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No Yes (reference number:_____) Supersedes / Revises / Revokes *(delete as appropriate)*
7	Functions covered by direction	*List all functions subject to direction, eg Residential Care for Older People, Occupational Therapy, Mental Health Services etc*
8	Full text of direction	*Outline clearly what the IJB is directing the Council, Health Board or both to do. Level of specificity is a matter of judgement to be determined locally in relation to each Direction.*
9	Budget allocated by Integration Joint Board to carry out direction	*State the net financial resources allocated to enable the Council, Health Board or both to carry out the direction.* *Where the direction relates to multiple functions or care groups, the financial allocation for each should be listed*
10	Details of prior engagement where appropriate	*Detail engagement with services within the Council or Health Board to consider e.g. legal, procurement, workforce issues etc*
10	Outcomes	*Details of what the Direction is intended to achieve referencing Joint Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.*
10	Performance monitoring arrangements	Specify the performance management arrangements, *(use alternative text if different arrangements in place)*
11	Date direction will be reviewed	*Date, no more than 1 year in the future*

Reference no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Current	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Link to New Direction	Responsible Officer	Service Area	Comments	Most Recent Review (Date)

Agenda Item Number: 7d.
Appendix 4

Cover note to Council and Health Board Chief Executives re Directions from IJB

Email to:
Jane Grant
Gerry Cornes

Subject: Directions from East Dunbartonshire Integration Joint Board – date of meeting

Body of text:

Message sent on behalf of East Dunbartonshire Integration Joint Board via Caroline Sinclair, Interim Chief Officer to East Dunbartonshire Integration Joint Board

Dear Jane and/or Gerry to be revised depending on recipient of Direction

As you know the Integration Joint Board is required to set out in writing 'Directions' to the Council, the Health Board or both in respect of the functions delegated to it.

For your records, I have attached an updated log of all current directions, including those agreed at the East Dunbartonshire Joint Board on date of meeting, which we will continue to maintain and update / amend as required.

As the Interim Chief Officer to the Integration Joint Board with operational responsibility for the services, I will ensure that the directions are implemented on your behalf.

I trust that this is all in order, if you wish to discuss I am more than happy to do so.

Regards

Caroline

Caroline Sinclair
Interim Chief Officer
East Dunbartonshire HSCP

Tel:
Email: caroline.sinclair@glasgow.gov.uk

East Dunbartonshire IJB: Directions Process

Engagement Required with Council and/or Health Board on strategic intentions which include service change/service redesign/investment/disinvestment, considering scope & scale, finance, impact and timescales.

Report Required for IJB - consider whether Direction required.

No Direction Required
Submit report for inclusion in IJB papers using HSCP Report Template and attach Directions Template cover, noting No Direction required.

Yes Direction Required
Submit report for inclusion in IJB papers using HSCP Report Template and attach Directions Template cover, noting Direction - being Direction Required to Council, Health Board or both.

Reports are taken to IJB meeting. IJB approve report?

No approval
Proceed as advised by IJB

Yes approval given

Update Direction Log Template (1 day)
Note whether Direction vary/revoke/supersede (existing) or add (new)

Issue Direction(s) to Chief Executives (1 day)
Use Direction Cover Note Template

Monitor Directions (routinely)
Seek updated to Directions as required
(from EDC and NHS)
Vary/Revoke/Supersede as required

Direction Closed?

No
Proceed as advised by IJB

Yes - end

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 8.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21st January 2021**
Subject Title	**Financial Performance Budget 2020/21 – Month 8**
Report By	**Jean Campbell, Chief Finance & Resources Officer** **Jean.Campbell2@ggc.scot.nhs.uk** **Tel: 0141 232 8216**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer**

Purpose of Report	To update the Board on the financial performance of the partnership as at month 8 of 2020/21.

Recommendations	The Board is asked to: a. Note the projected Out turn position is reporting an over spend of £0.8m as at month 8 of 2020/21 based on the level of SG funding confirmed to support Covid expenditure to date. **b.** Note the HSCP financial performance as detailed in (**Appendix 2).** c. Note the progress to date on the achievement of the current, approved savings plan for 2020/21 as detailed in **(Appendix 4)**. d. Note the impact of Covid related expenditure during 2020/21

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

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	The financial performance to date is showing that the budget is under significant pressure as a result of Covid related costs and the impact of this on the delivery of savings and transformation during 20/21. In the event that these costs and impacts are fully funded by the Scottish Government (SG), the HSCP would deliver an under spend of £3.0m related to a significant downturn in care home and care at home placements. The HSCP does not hold any general reserves to mitigate any unplanned in year pressures.

Legal:	None

Procurement:	None

Economic Impact:	None

Sustainability:	The sustainability of the partnership in the context of the current financial position and lack of reserves require a fundamental change in the way health and social care services are delivered within East Dunbartonshire going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership.

Risk Implications:	There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 5.0.

Implications for East Dunbartonshire Council:	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

Implications for NHS Greater Glasgow & Clyde:	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.

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

1.0 MAIN REPORT

Budget 2020/21

1.1 The budget for East Dunbartonshire HSCP was approved by the IJB on the 26th March 2020.This provided a total net budget for the year of £173.099m (including £32.944m related to the set aside budget). This included £3.2m of agreed savings (including management actions, turnover savings and transformation activity) and a £2.8m financial gap which required the identification of additional transformation activity to deliver a balanced budget for the year and moving forward into future financial years.

1.2 There have been a number of adjustments to the budget since the HSCP Board in March 2020 which has increased the annual budget for 20/21 to £187.3m. A breakdown of these adjustments are included as **Appendix 1.** These adjustments along with recurring funding streams identified during the year end process for 19/20 and in the initial monitoring periods of the budget for 20/21 have reduced the financial gap to £2.1m.

2.0 Partnership Performance Summary

2.1 The overall partnership position is showing a projected year end over spend on directly managed partnership budgets of £0.8m at this point in the financial year. This includes estimated expenditure of £3.8m related to the Covid response where discussions continue on the various components making up the local mobilisation returns with a further funding announcement expected in January 2021. In the event that funding is available to cover the full extent of these costs, the partnership would deliver an under spend on budget of £3.0m.

2.2 However, in terms of scenario planning and based on current indications that elements related to unachieved savings / offsetting savings may not be covered then there could be an overall shortfall on income in the region of £1.0m. Discussions and representation continue to be made to SG with an expectation of further clarification in January 2021, following consideration of the next round of LMP returns. In the event that this shortfall on income materialises, this would present the HSCP with an overall underspend of £2.0m based on the known commitments and assumptions at this stage in the financial year. There has been further confirmation that the elements related to the primary care will be fully funded which mitigates any potential shortfall in the NHS area of expenditure.

2.3 This uncertainty around funding to support Covid expenditure continues to represent a risk to the HSCP in the event that the full costs and impact related to Covid are not fully funded The biggest element of risk within the mobilisation plan relates to the non-delivery of savings identified as part of the budget process for 2020/21 which represents £1m with the LMP returns. This may increase in the final quarter and the full extent of achievement of the transformation programme for 2020/21 is known with more certainty. Given the focus has been on responding to the Covid pandemic over recent months, then activity to deliver savings or identify further transformation has not progressed as planned.

2.4 The SG have made a number of funding announcements to support Covid related expenditure to date:

SG Announcement	Scotland Amount	ED HSCP Share
1st Tranche – 12th May	£50m	£0.976m
2nd Tranche – 3rd Aug	£25m	£0.488m
3rd Tranche – late Aug	£8m	£1.600m
4th Tranche – 29th Sept	£47m	£2.111m
5th Tranche – Nov addl monies to support primary care		£0.220
6th Tranche – Adult Social Care Winter Plan (pending)		£1.5m
TOTAL Funding to Date		**£6.895m**

2.5 The funding received to date has been for the purposes of supporting the social care sector with additional costs related to Covid and specifically provider sustainability during this period. The 4th tranche was the first allocation to support NHS expenditure related to Covid. There was an additional funding adjustment provided to support the full costs to date for primary care specifically related to the Mental Health Assessment Units and Community Assessment Centres detailed within the LMP.

2.6 A further tranche of funding was also provided in the NHS allocation letter dated the 22nd December 2020 specifically to support Adult Social Care Winter Planning Costs:

- Sustainability Payments £0.82m
- Staffing Restrictions £0.58m
- Admin Costs £0.1m
- TOTAL £1.5m

2.7 It is expected there will be further clarification of HSCP funding levels in January 2021 following the next iteration of LMP returns as actual costs become known with more certainty. There continues to be representation to the Scottish Government (SG) with regard to non-achievement of savings / offsetting savings.

2.8 The totality of the Local Mobilisation Plan expenditure for East Dunbartonshire is £9.1m. This continues to be an evolving picture and is heavily caveated as these costs will change as we move from high level assumptions, to more refined estimates as activity becomes clearer and through to actual costs incurred; the financial impacts and implications will continue to be reported to the IJB throughout the year.

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

Consolidated HSCP costs	Revenue 2020/21	Body Incurring Costs
Personal protective equipment	684,193	NHS / LA
COVID-19 screening and testing for virus	163,877	NHS
Estates & Facilities cost including impact of physical distancing measures	52,518	NHS
Additional staff Overtime and Enhancements	647,675	NHS / LA
Additional temporary staff spend - Student Nurses & AHP	15,409	NHS
Additional temporary staff spend - All Other	427,575	NHS / LA
Social Care Provider Sustainability Payments	4,215,509	LA
Additional costs to support carers	71,634	LA
Mental Health Services	214,712	NHS
Additional payments to FHS contractors	419,708	NHS
Additional FHS Prescribing	0	NHS
Community Hubs	415,146	NHS
Loss of income	534,075	NHS / LA
Equipment & Sundries	82,560	NHS
Winter Planning	95,877	NHS
Other - Flu Programme Delivery Costs	60,120	NHS
Other - Support to vulnerable service users food	1,428	LA
Other - alternatives to day care	26,905	LA
Other - other social care	363,320	LA
Other - Immunisations (COVID-19)	206,090	NHS
Offsetting cost reductions - HSCP	(578,435)	LA
Total	**8,119,898**	
Expected underachievement of savings (HSCP)	1,005,098	LA
Total	**9,124,996**	
Income:		
Tranche 1 -Share of £50m announced 12th May 2020	(976,000)	
Tranche 2 - Share of £25m announced 3rd August 2020	(488,000)	
Tranche 3 - Share of £25m announced 3rd August 2020	(1,600,000)	
Tranche 4 - Indicative Share of £47m announced 29th Sept 2020	(2,111,000)	
Tranche 5 - Share of Primary Care Adjustment	(220,000)	
Net Expenditure	**3,729,996**	

2.10 Work continues through the regular LMP returns to SG to evidence the ongoing impact from Covid with an expectation that further tranches of funding will be made available.

2.11 The projected year end overspend across care group areas is set out in the table below:

Care Group	Annual Budget Total (£000)	Projected Variance Total (Mth 8)	Projected Variance Total (Mth 6)
Mental Health, Learning Disability, Addictions & Health Improvement	26,260	813	359
Community Health & Care Services	44,623	1,099	810
Children & Criminal Justice Services	14,112	(581)	(233)
Business Support	3,482	41	(132)
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,348	469	469
FHS - Prescribing	19,480	222	(86)
FHS - GMS / Other	29,794	0	0
Oral Health - hosted	10,033	0	0
Set Aside	32,944	0	0
Covid	5,175	(2,826)	(1,571)
TOTAL Per Care Group	**187,252**	**(763)**	**(384)**
Anticipated SG Income to support Covid	**0**	3,730	4,560
Projected Year End Variance	**187,252**	**2,967**	**4,176**

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

- Mental Health, Learning Disability, Addiction Services (projected £0.8m under spend, a positive movement of £0.45m since that reported at period 6) – this relates to a loss of income in respect of daycare and transport charging due to service closures during Covid both to other local authorities and to service users, this is reflected within the LMP for which income is expected from the SG. This is currently being offset by a continuing downturn in care packages within this care group, a downturn in the provision of taxis and transport to support individuals to access services and some positive payroll variation due to reduced staffing levels within Pineview due to a void placement. There continues to be a downturn in residential and supported living placements within these care group areas.
- Community Health & Care Services (projected underspend of £1.1m, a positive movement of £0.3m since that reported at period 6) – This is showing a favourable variance at this stage related to a combination of slippage in recruitment on Elderly Mental Health Services and a significant downward trend in care home placements and care at home packages. This area is covering the full extent of the budget gap at this stage, however in the event that there is an upward trend in placements beyond predicted levels then this would present a pressure on the HSCP budget. This downward trend in placements continues as care home capacity continues to decline.
- Children & Criminal Justice Services (projected £0.6m overspend, a negative movement of £0.35m since that reported at period 6) – initial payroll pressures as a result of challenging turnover savings are now being met as a result of

continued vacancies across this service area, however there continues to be pressures from a number of additional residential and fostering placements since agreeing the budget in March 2020. In addition the impact of delays in attaining budget savings related to the 'House Project', payments to voluntary sector organisations and the saving related to the Canal projects are having a negative impact on the budget position.

- Prescribing (projected underspend of £0.2m, a positive movement of £0.3m since that reported at period 6) - Projected underspend on prescribing relates to the positive impact of tariff swap projections since setting the budget in March 2020. Previous pressures as a result of the short supply of Sertraline have levelled off and there continues to be a downward trend in volumes of prescribing which have offset the repayment of monies from the SG to support prescribing pressures from 2019/20 of £344k in the expectation that a surge in March related to Covid would be followed by a downward trend on volumes during April / May / June 2020. The saving identified in relation to prescribing at the time of setting the budget has also been achieved within this line.
- Business Support (projected underspend of £0.04m, a positive movement of £0.2m since that reported at period 6) – Positive movement relates to transfer of income related to achievement of prescribing saving. The under spend relates to continuing staff savings within planning and commissioning support.

2.13 <u>Housing Aids and Adaptations and Care of Gardens</u>
There are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens and fleet provision. These services are delivered within the Council through the Place, Neighbourhood & Corporate Assets Directorate.

2.14 The summary position for the period to 30 November 2020 is set out in the table below and projects a favourable variance on budget in respect of fleet provision, private sector housing grants, care & repair and care of gardens. This is due to a downturn in demand and activity across all of these areas. These will now be monitored and reported through the HSCP Board to provide effective oversight on the performance of these budget areas:-

Care Group Analysis	Annual Budget 2020/21	Forecast Full Year Spend £000	Forecast Full Year Variance Mth 8	Forecast Full Year Variance Mth 6	Variance %age
Private Sector Housign Grants	634	340	294	294	46%
Care & Repair	30	0	30	30	100%
Care of Gardens*	90	87	3	3	4%
Fleet*	593	452	141	141	24%
Net Expenditure	1,348	879	469	469	

2.15 The partnership no longer holds a contingency reserve to mitigate unexpected pressures during the year and will therefore be required to consider a recovery plan in the event that budget pressures materialise which cannot be reasonably

managed in year due to demand and cost pressures as experienced in previous financial years.

2.16 This is compounded in 20/21 as a result of the budget approved for the HSCP including a financial gap of £2.8m. The mitigation of this gap was dependent on further work to identify transformation activity being progressed in collaboration with Council colleagues. This work has had to post-poned as a result of the re-direction of leadership capacity to managing the impact of the Covid pandemic. The financial gap has reduced to £2.1m as a result of the application of a number of funding streams identified as part of year end processes and through revenue monitoring in the initial months of this year. This has been covered in year through a downturn in care home placements as a direct result of the impact of Covid on occupancy levels within care homes. This will not be a recurring solution to addressing this budget gap as the care home position recovers, albeit this is expected to be a gradual recovery during 2021/22.

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

3.0 Savings Programme 2020/21

There is a programme of service redesign and transformation which was approved as part of the Budget 20/21. Progress and assumptions against this programme are set out in **Appendix 4**.

4.0 Partnership Reserves

4.1 The position, as at the 31st March 2020, with regard to partnership reserves is set out below:-

Earmarked Reserves	
SG - SDS Training & Support (prior year)	77,000
SG - Integrated are / Delayed Discharge Funding (prior year)	307,000
SG - Primary Care Cluster Funding (prior year)	39,000
SG - Action 15 Mental Health	108,000
SG - Alcohol & Drug Partnership	38,000
SG - Primary Care Improvement Programme	78,000
SG - GP Premises	90,000
SG - PC SuUpport	27,000
TEC Funds	11,000
Infant Feeding	13,000
CHW Henry Programme	15,000
Total Earmarked	**803,000**
General reserves	-
Total Reserves	**803,000**

4.2 This provides for no general / contingency reserves to mitigate in year fluctuations in budget and £803k of earmarked reserves for specific initiatives for which the SG has provided funding for.

5.0 Financial Risks

5.1 The most significant risks that will require to be managed during 2020/21 are:

- Confirmation of Scottish Government funding to cover the additional costs and impact related to Covid as set out in the LMP submission.
- The ongoing impact of managing Covid as we move through the recovery phase and the recurring impact this may have on frailty for older people, mental health and addiction services moving forward.
- Delivery of the savings programme identified as part of the Budget process for 2020/21.
- Further transformation activity to be identified to mitigate the financial gap of £2.1m and recurring impact into future financial years.
- Prescribing budget which is extremely volatile and the single largest budget delegated to the HSCP – pressures experienced from drugs moving onto short supply plus a number of other factors which will have a bearing on this budget related to delivery of savings, tariff swap, volumes and further issues of short supply.
- Non-recurring funding related to the Dental Bundle £4.6m –there is a risk that full funding is not transferred and there is normally no uplift given on bundled funding which will have to be managed within Oral Health services.
- Confirmation of funding from SG to support other strategic priorities including PCIP, ADP and MH Action 15 and potential impact assumed from Covid.
- Impact of Brexit is yet to be felt with expected impact on funding streams, staffing and the supply of goods and services.
- 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 actions have been exhausted.
- Contractual Price increases – assumptions were built into the budget for contractual price increases, however these increases are subject to procurement processes for the care at home framework and the national care home contract respectively. The former has yet to be concluded and may present further increases, which given the scale of the budget involved could be significant.
- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no continued improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering

placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.

- 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.

East Dunbartonshire HSCP **Agenda Item 8a. Appendix 1**

Consolidated Budget Reconciliation 2020/21

2020/21 Budget Reconciliation	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 26 March 2020	**83.405**	**56.750**	**140.155**
Set Aside	32.944		32.944
Rollover Budget Adjustment	1.267		1.267
Period 3 Budget Adjustments			
PSHG / Care & Repair Adjustment to HSCP		0.664	0.664
SG - Scottish Living Wage Contribution	0.215		0.215
Covid Funding	3.065		3.065
Covid - Return of 19-20 Allocation	-0.344		-0.344
Dental Bundle	4.614		4.614
MH Strategy - Action 15	0.197		0.197
ADP	0.271		0.271
PCIF including GP Premises	0.885		0.885
Outcomes Framework Cut 5% (Dental, HepC, BBV)	-0.084		-0.084
FHS Adjustments	1.220		1.220
Period 6 Budget Adjustments			
Appropriate Adults (carry forward)		0.009	0.009
Whole Systems Approach to Youth Justice (carry forward)		0.013	0.013
ADP - DDTF	0.037		0.037
PCIF - Pharmacy Baseline	0.161		0.161
Covid Funding	2.111		2.111
Prescribing tariff swap	-0.730		-0.730
Dental transfer - GDH Decontamination Manager	-0.052		-0.052
Infant Feeding	0.040		0.040
Smoking Prevention	0.041		0.041
FHS Adjustments	0.553		0.553
Period 8 Budget Adjustments			

			0.000
Revised 2020/21 Budget	**129.816**	**57.436**	**187.251**
Anticipated Covid Funding Outstanding	*3.730*		*3.730*
Anticipated 2020/21 Budget	***133.545***	***57.436***	***190.981***

East Dunbartonshire HSCP
Consolidated Financial Performance 2020/21 - Month Period to the 30th November 2020

Agenda Item 8a. **Appendix 2**

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	3,482	2,056	2,079	(23)	3,441	41	1.19%
Older People & Adult Community Services	39,831	24,631	23,851	780	38,786	1,045	2.62%
Physical Disability	4,792	2,938	2,708	231	4,738	54	1.13%
Learning Disability	20,596	12,494	11,773	721	20,004	593	2.88%
Mental Health	4,090	2,541	2,390	152	3,963	127	3.11%
Addictions	985	592	515	78	985	1	0.08%
Planning & Health Improvement	588	346	284	62	496	92	15.70%
Childrens Services	13,763	9,013	9,257	(244)	14,460	(697)	-5.06%
Criminal Justice Services	349	237	35	202	233	116	33.19%
Other Non Social Work Services	1,348	731	393	338	879	469	34.77%
Family Health Services	29,794	19,859	19,859	0	29,794	0	0.00%
Prescribing	19,480	12,868	12,640	228	19,258	222	1.14%
Oral Health Services	10,033	6,718	6,503	216	10,033	0	0.00%
Set Aside	32,944	21,963	21,963	0	32,944	0	0.00%
Covid Expenditure	5,175	5,003	3,506	1,497	8,002	(2,826)	-54.61%
Net Expenditure	187,252	121,991	117,754	4,237	188,015	(763)	-0.41%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	45,172	29,228	29,234	(7)	45,568	(396)	-0.88%
Property Costs	323	215	211	4	288	35	10.88%
Supplies and Services	3,260	1,996	2,293	(297)	3,834	(573)	-17.59%
Third Party Payments (care providers)	55,427	33,761	33,919	(158)	58,718	(3,291)	-5.94%
Transport & Plant	739	478	173	305	530	209	28.32%
Administrative Costs	5,864	5,661	5,681	(19)	6,866	(1,002)	-17.08%
Family Health Services	29,638	19,727	19,727	0	29,638	0	0.00%
Prescribing	19,480	12,868	12,640	228	19,258	222	1.14%
Other	(80)	(53)	0	(53)	0	(80)	100.00%
Resource Transfer	18,849	12,433	12,433	(0)	18,849	0	0.00%
Set Aside	32,944	21,963	21,963	0	32,944	0	0.00%
Gross Expenditure	211,617	138,276	138,273	2	216,492	(4,875)	-2.30%
Income	(24,365)	(16,285)	(20,519)	4,234	(28,477)	4,112	-16.88%
Net Expenditure	187,252	121,991	117,754	4,237	188,014	(763)	-0.41%

East Dunbartonshire HSCP
NHS Financial Performance 2020/21 - Month Period to the 30th November 2020

Agenda Item 8a. Appendix 3a

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Strategic & Resources	£19,433	£12,719	£12,816	(97)	£19,484	(51)	-0.26%
Older People & Adult Community Services	£7,464	£5,207	£5,111	96	£7,329	134	1.80%
Learning Disability	£660	£438	£420	18	£660	0	0.00%
Mental Health	£1,641	£1,004	£981	23	£1,641	0	0.00%
Addictions	£391	£188	£189	(1)	£391	0	0.00%
Planning & Health Improvement	£588	£346	£284	62	£496	92	15.70%
Childrens Services	£2,214	£1,509	£1,464	45	£2,214	0	0.00%
Family Health Services	£29,794	£19,859	£19,859	0	£29,794	0	0.00%
Prescribing	£19,480	£12,868	£12,640	228	£19,258	222	1.14%
Oral Health Services	£10,033	£6,718	£6,503	216	£10,033	0	0.00%
Set Aside	£32,944	£21,963	£21,963	0	£32,944	0	0.00%
Covid Expenditure	£5,175	£5,003	£5,364	(362)	£6,370	(1,195)	-23.08%
Net Expenditure	129,816	87,822	87,595	227	130,613	(797)	-0.61%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Variance %age
Employee Costs	£23,664	£15,526	£15,539	(12)	£23,683	(19)	-0.08%
Property Costs	£322	£215	£195	20	£293	30	9.19%
Supplies and Services	£2,268	£1,402	£1,217	185	£2,108	160	7.06%
Third Party Payments (care providers)	£453	£247	£293	(45)	£439	15	3.21%
Transport & Plant				0	£0	0	#DIV/0!
Administrative Costs	£4,931	£5,203	£5,297	(94)	£6,054	(1,124)	-22.79%
Family Health Services	£29,638	£19,727	£19,727	0	£29,638	0	0.00%
Prescribing	£19,480	£12,868	£12,640	228	£19,258	222	1.14%
Other	-£80	-£53	£0	(53)	£0	(80)	100.00%
Resource Transfer	£18,849	£12,433	£12,433	(0)	£18,849	0	0.00%
Set Aside	£32,944	£21,963	£21,963	0	£32,944	0	0.00%
Gross Expenditure	132,469	89,530	89,303	227	133,265	(797)	-0.60%
Income	-£2,653	-£1,708	-£1,708	0	-£2,653	0	0.00%
Net Expenditure	129,816	87,822	87,595	227	130,612	(797)	-0.61%

East Dunbartonshire HSCP
Local Authority Financial Performance 2020/21 - Month Period to the 22nd November 2020

Agenda Item 8a. Appendix 3b

Care Group Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Strategic & Resources	(15,950)	(10,663)	(10,737)	74	(16,043)	93	-0.58%
Older People & Adult Community Services	32,367	19,424	18,740	684	31,456	911	2.81%
Physical Disability	4,792	2,938	2,708	231	4,738	54	1.13%
Learning Disability	19,937	12,056	11,353	703	19,344	593	2.97%
Mental Health	2,449	1,537	1,409	128	2,322	127	5.20%
Addictions	595	404	326	79	594	1	0.13%
Childrens Services	11,549	7,504	7,792	(289)	12,247	(697)	-6.04%
Criminal Justice Services	349	237	35	202	233	116	33.19%
Other Non Social Work Services	1,348	731	393	338	879	469	34.77%
Covid Expenditure	0	0	(1,858)	1,858	1,632	(1,632)	#DIV/0!
Net Expenditure	57,436	34,169	30,160	4,009	57,402	34	0.06%

Subjective Analysis	Annual Budget 2020/21 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Variance %age
Employee Costs	21,509	13,701	13,696	6	21,885	(376)	-1.75%
Property Costs	1	0	16	(16)	(5)	5	1096.85%
Supplies and Services	992	594	1,076	(482)	1,726	(733)	-73.90%
Third Party Payments (care providers)	54,974	33,514	33,627	(113)	58,279	(3,305)	-6.01%
Transport & Plant	739	478	173	305	530	209	28.32%
Administrative Costs	934	458	384	75	812	122	13.08%
Family Health Services	0	0	0	0	0	0	
Prescribing	0	0	0	0	0	0	
Other	0	0	0	0	0	0	
Set Aside	0	0	0	0	0	0	
Gross Expenditure	79,148	48,746	48,971	(225)	83,227	(4,078)	-5.15%
Income	(21,712)	(14,577)	(18,811)	4,234	(25,824)	4,112	-18.94%
Net Expenditure	57,436	34,169	30,160	4,009	57,402	34	0.06%

East Dunbartonshire HSCP
Financial Planning 2020/21
Transformation 2020/21

Agenda Item 8d.

Ref	Workstream	Action	Description	HOS Lead / Approver	Project Lead / Author	Financial Impact 20/21 (£000)- per IJB 26th March 20	*Financial Impact 20/21 (£000) - 16th July 2020*	*Financial Impact 20/21 (£000) - Sept 2020*	*Financial Impact 20/21 (£000) - Dec 2020*	*RAG Status*	*Dependencies*	*Comments*
19/20 Savings Cfwd												
19/20/01	Digital	CM2000 External Providers	Implementation of a scheduling system for external homecare providers to support payment for services on actual service delivery as opposed to planned.	Derrick	Gillian Healey	300	*0*	*0*	*0*	***Red***	SXL Contract Award, Planned vs Actual reconciliation	*Linked to the award of the Care at Home frameworkthrough SXL National contract - potential delay until 21/22. Project meetings to be re-started (DP) to plan for go live date of 1st April 2021.*
19/20/03	Policy	Fair Access to CC	Implementation of Fair Access to Community Care Policy which ensure an open, transparent and equitable access to community care services.	David	Stephen McDonald	200	*100*	*50*	*50*	***Amber***		*Review team now established, prioritisation of work underway including the re start of services (where these have ceased / reduced) and development of a schedule of rates. Risk narrative to be developed.*
19/20/04	Service Change	Transport Policy	Implementation of Assistance with Transport policy across adult and children'as services.	David / Claire	Stephen McDonald (Adults/Older People)	50	*25*	*12.5*	*12.5*	***Amber***		*As above*
19/20/05	Charging	Fully Implement Exisiting Charging Policies	Implementation and application of non residential charging policy to all individuals determined to fall within the criteria for incurring a charge for the services they receive.	Jean	Jean Campbell	26	*0*	*6.5*	*6.5*	***Amber***	Linked to the prioiritisation of work through the review team.	*As above*
19/20/06	New Model	Sleepovers	Review of sleepover arrangements with a view to maximising opportunities for technological solutions.	David	Stephen McDonald	50	*25*	*25*	*25*	***Amber***		*As above*
19/20/07	Efficiency	3rd Sector Grants	Review of 3rd sector commissioned spend to maximise efficiencies across the sector.	Gillian H	Gillian Healey	185	*92.5*	*46.25*	*46.25*	***Amber***	Part of provider reconciliation exercise, planned vs actual, review of needs assessmentfor alcohol & drugs support services.	*Engagement with 3rd sector delayed during Covid response - discussion to resume with lessons learned during Covid response to inform new ways of working across the sector. Meeting to be established to link into Drug& Alcohol needs assessment (GH). Reconciliation process to be progressed at year end to recover any surplus monies arising from Covid impact during the year.*
19/20/12	Service Change	Review staffing levels in registered services across HSCP	Rview of staffing within Ferndale, John Street and Pineview registered provision in line with care commission levels to ensure maximum efficiency in the deployment of staff within these services.	Claire	Claire Carthy	52.5	*26.25*	*26.25*	*0*	***Red***		*Review of staffing levels in Ferndale, Pineview and John Street completed - final report to be completed (CC) - no scope for savings as reduced staffing levels prompt higher levels of overtime to maintain care inspectorate staffing levels and rotas.*
19/20/15	Service Change	Review of MH / Addictions Commissioning following outcome of needs assessment	Conclude needs assessment and implement outcomes to ensure robust service models to support individuals within addiction and mental health tyhrough recovery.	David	Gillian Healey	0	*0*	*0*	*0*	***Amber***	Review of 3rd sector and related dependencies within project 19/20/07	*Outcome of needs assessment not conclusive. Initial thinking around an over arching service with some services supporting this - develop and conclude new model locally*
		Sub Total 19/20 Savings C/fwd				**863.5**	***268.75***	***166.5***	***140.25***			
Service Redesign 20/21												
20/21/01	Assets	Scope possible alternative accommodation options to meet the needs of throughcare / care leavers	Development of 'house project' and access to funding through Life Changes Trust to implement within East Dunbartonshire.	Claire	Raymond Walsh	400.0	*200.0*	*200.0*	*200.0*	***Green***	Accomodation through housing.	*In progress - funding approved, contract with legal services, Co-ordinator appointed and recruitment of 2 facilitators underway, work with housing to identify tenancies underway.*
20/21/05	Access	Develop Digital Access to service option	Development and implementation of a digital strategy to support service delivery models going forward.	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	***Green***		*Scope further opportunities in light of new working during Covid - to be anchored through Digital Strategy Group (DP)*
		Sub Total Service Redesign / Transformation 20/21				**400.0**	***200.0***	***200.0***	***200.0***			
		TOTAL Deliverable Progamme 2021				**1,263.50**	**468.75**	**366.50**	**340.25**			

Projects Paused for 20/21 - to be reviewed for 21/22

19/20/10	Efficiency	Review Approach to Prescribing	Review of local prescribing practice and benchmarks to identify opportunities for further efficiencies in the prescribing of medicines across ED.	Derrick	Carolyn Fitzpatrick	200	*0*	*0*	*200*	***Red***	Board wide savings programme, staffre-directed to Covid response.	*Number of risks for prescribing for 20/21 - number of drugs moving onto short supply causing price increases, additional funding for 19/20 for 20% increase in March to be repaid in 20/21 as volumes for April / May show a compensating reduction - monitor closely. In addition pharmacy staff redeployed to Covid effort impacting delivery of local savings..*
19/20/14	Access	Re Invigorate On Line Asset Map	Re stablish work to scope and capture community resources across East Dunbartonshire to support self management and sign posting for individuals seeking to access support.	Derrick	David Radford	0	*0*	*0*	*0*	***Red***	Digital Strategy	*Work paused - priority directed to covid response. To be delivered through Digital & Care Board*
20/21/07	Service Change	Deliver locality based access points and community led support	Deliver locality based access points and community led support	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	***Red***		*As above*
20/21/08	Service Change	Redesign HSCP Staffing and mgt structure to support new ways of working	Redesign HSCP Staffing and mgt structure to support new ways of working	Caroline	Caroline Sinclair	25.0	*12.5*	*0.0*	*0.0*	***Red***		*Linked to HSCP delivery model going forward*
20/21/09	New Models / Practice	Pilot family group decision making model	Pilot family group decision making model	David	David Aitken	0.0	*0.0*	*0.0*	*0.0*	***Red***		*Not progressed during Covid period*
20/21/11	New Models / Practice	Scope potential for residential care beds in East Dun / new residential care home	Scope potential for residential care beds in East Dun / new residential care home	Derrick	David Dickson	tbc	*tbc*	*tbc*	*tbc*	***Red***		*Business case on hold during Covid response*
20/21/12	Service Change	Evaluation of Care at Home revised service model	Evaluation of Care at Home revised service model	Derrick	Richard Murphy	0.0	*0.0*	*0.0*	*0.0*	***Red***		*Full implementation of new model on hold during Covid period - establish evaluation 6 months after full implementation.*
20/21/13	Service Change	LD Supported Accomodation Review (In House Service)	Review of in house service delivery models to support individuals with a learning disability requiring residential accomodation	David	David Aitken	0.0	*0.0*	*0.0*	*0.0*	***Red***		*LD Review on hold during Covid response.*
20/21/14	Service Change	LD Supported Accomodation Review (Commissioned Services)	Review of externally purchased service delivery models to support individual with a learning disability requiring support within a suppted accomodation model.	David	Gillian Healey	0.0	*0.0*	*0.0*	*0.0*	***Red***		*LD Review on hold during Covid response.*
		Sub Total Projects Paused 20/21				**225.0**	**12.5**	**0.0**	**200.0**			

Projects Reviewed and Considered Management Action and Moved to Operational Service Plans

19/20/11	Efficiency	Improved management of allocated fleet and pool cars	Improved efficiency in the use of fleet / pool cars to reduce the reliance on the use of mileage.	Derrick	Stephen McDonald	30	*15*	*15*	*15*	***Red***	Impact of social distancing requirements on fleet use	*Anticipate increased mileage for homecare during Covid period and impact on ongoing transport provision in adherence to social distancing requirements.*
19/20/02	Charging	Day Care /Transport Charging	Increases in charging for daycare services to £20.80 per day and for transport to £4.20 per day.	Jean	Jean Campbell	50	*0*	*6.25*	*0*	***Red***	Re start of daycare services in line with SG route map.	*Daycare / transport services ceased during Covid and will not resume to previous levels due to social distancing measures within day centre provision. Increases set to apply from the 28th Sept 2020, level of saving achieved dependent on timing and levels of daycare services to resume post covid response period.*
19/20/13	Efficiency	Tighter Control of Equipment Ordering	Review of equipment ordering across health andf social team teams with a view to streamlining provision.	Derrick	Fiona Munro	33	*33*	*33*	*33*	***Green***		*In progress.*
20/21/03	Workforce / Practice	Upskill staff to provide evidence based interventions (Just Enough Support)	Training and upskilling staff to support evidenced based approach to assessment.	David	Kelly Gainty	0.0	*0.0*	*0.0*	*0.0*	***Amber***		*Endowment application completed to progress training - no savings anticipated.*
20/21/04	Workforce / Practice	Upskill staff to provide evidence based interventions (Signs of Safety)	Training and upskilling staff to support evidenced based apptroach to assessment.	Claire	Suzanne Greig	0.0	*0.0*	*0.0*	*0.0*	***Amber***		*As above*
20/21/06	Workforce / Practice	Develop and deliver locality based working with two teams	Develop and deliver locality based working with two teams	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	***Amber***		*Review use of Milngavie Clinic in light of social distancing requirements, progress use of Enterprise House to locate west locality teams (DP)*
20/21/16	New Model	Tailored Moving & Handling	Tailored Moving & Handling	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	***Amber***		*In progress (DP)*
		Sub Total Projects moved to Operational Service Plans 20/21				**113.0**	**48.0**	**54.3**	**48.0**			

Project Closed - Completed

19/20/09	Service Change	Review of Independent Mobility Assessment	Review of process to access a mobility assessment to support entitlement to blue badge.	Derrick	Fiona Munro	18	*9*	*9*	*9*	***Green***		*Review completed - balance of saving into the equipment line.*
19/20/08	Service Change	Review of Daycare East	Conclusion of review of daycare provision within the East locality.	Derrick	Kelly Gainty	25	*25*	*25*	*25*	***Green***	Linked to planning for the recovery of day centre provision.	*Daycare services ceased during Covid response, consideration of guidance on safe restart to congregate services underway - savings resulting from supplies & services / transport expenditure in short term pending conclusion of review. Final element of review to be re-considered for 2021/22.*
20/21/02	Service Change	Withdraw from Canal Project	Re-provisioning of housing support delivered through the Canal Project from Social Work to housing service.	Claire	Claire Carthy	276.0	*276.0*	*276.0*	*276.0*	***Green***		*Complete - Costs are now being met through housing department.*
20/21/10	New Models / Practice Enabler	Develop and implement resource management bureau for Adult and Older People Services	Develop and implement resource management bureau for Adult and Older People Services	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	***Green***		*1st Phase complete - Re-visit paper and develop flowchart for RSG process and submit through SMT for approval and implementation (KG / SMcD / DA / DP)*
20/21/15	Digital	Digital alternative to homecare med prompt calls	Scope potential digital solutions to ensure safe and effective med prompts for individuals in receipt of support from homecare services.	Derrick	Derrick Pearce	0.0	*0.0*	*0.0*	*0.0*	***Green***		*Review complete - Not viable given the lack of technology awareness of cohort and increased complexity of need limiting numbers where there is a med call only.*
20/21/17	New Model	Implementation of East Dunbartonshire Strategic Cancer Partnership	Implementation of East Dunbartonshire Strategic Cancer Partnership	Derrick	David Radford	0.0	*0.0*	*0.0*	*0.0*	***Green***		*Approved through HSCP Board and implementation in progress*
		Sub Total Projects Completed 20/21				**319.0**	**310.0**	**310.0**	**310.0**			
		TOTAL Programme Approved March 2020				**1,920.50**	**839.25**	**730.75**	**898.25**			
		Shortfall 20/21						***1,189.75***	***1,022.25***			

Agenda Item Number: 9.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21 January 2020**
Subject Title	**HSCP Quarter 2 Performance Report 2020-21**
Report By	**Caroline Sinclair, Interim Chief Officer and Chief Social Work Officer**
Contact Officer	**Alan Cairns, Planning, Performance & Quality Manager** **Alan.cairns2@ggc.scot.nhs.uk**

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

Recommendations	It is recommended that the Health & Social Care Partnership Board: 1. Note the content of this report, and; 2. Consider the Quarter 2 Performance Report 2020-21 at **Appendix 1**

Relevance to HSCP Board Strategic Plan	Quarterly performance reports contribute to HSCP Board scrutiny of performance and progress against the Strategic Plan priorities.

Implications for Health & Social Care Partnership

Human Resources	None
Equalities:	None
Financial:	None
Legal:	None
Procurement:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.

Implications for NHS Greater Glasgow & Clyde:	The report includes indicators and measures of quality and performance relating to services provided by NHS Greater Glasgow and Clyde, under Direction of the HSCP Board.

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

1.0 MAIN REPORT

1.1 The 2020-21 Quarter 2 performance report at **Appendix 1** contains a range of performance information, most of which is available and complete for the full reporting period. However there are routine delays with the publication of validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report. A verbal update will be provided at the HSCP Board meeting of 21 January in the event of the availability of more recent data at that time.

1.2 The Covid-19 pandemic impacts on a number of the performance metrics covering 2020-21, Quarter 2. At its meeting of 17 September, the HSCP Board considered the Quarter 1 report covering the April to June period, which showed the impact of spring lockdown and social distancing on presenting demand and activity, which reduced significantly during this period. During Quarter 2, service activity increased across many functions during summer before again being affected (albeit by a much lesser extent) by the Level 3 and 4 constraints. Organisational focus has been to move between critical response operational planning and transition to recovery and remobilisation when safe to do so. During this period, operational teams have worked to ensure that the people we support continue to have their eligible needs met, provided in ways that are safe and person-centred.

1.3 As a result of the pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance. For example it would be inaccurate to attribute the degree of reduced emergency hospital attendance, admission and delayed discharge during the period since mid March 2020 to the success of the unscheduled care action plan, when significant impact has been due to Covid-19 emergency planning responses. RAG (red, amber and green) ratings are therefore avoided in these circumstances, as the lines of attribution and contribution are more complex and challenging. The individual indicators and measures have therefore been set out in the document with their own individual impact narratives. This approach will be maintained during the Recovery and Transition planning period, to avoid potential misdirection or misinterpretation.

Appendix 1: HSCP Performance Report 2020-21 Quarter 2

East Dunbartonshire Health & Social Care Partnership

PERFORMANCE REPORT 2020-21 QUARTER 2

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

NHS
Greater Glasgow and Clyde

SECTION 1
Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data are set out in defined sections in accordance with where the data are sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant; for example, good performance in social or health care service targets can contribute to improved performance elsewhere across the whole system.

Each indicator is reported individually. Charts and tables are provided to display targets, trend data, and where available, improvement trajectories. A situational analysis is provided to describe activity over the reporting period, and improvement actions are provided for all indicators that are below target.

Covid-19 Pandemic Impact:

The Covid-19 outbreak impacts on a number of the performance metrics covering 2020-21 Quarters 1 and 2. With the diversion of health and social care resources to support the crisis response during lockdown, and the impact of social distancing on business-as-usual, service demand and activity reduced significantly during this period. The availability of some data for this period has also been delayed.

The HSCP has business continuity plans in place to guide the delivery of essential services and Covid-19 Recovery and Transition Plans also in place which inform the process of guiding service recovery through and out of the pandemic. These plans sets out the approach the partnership will take to critical response and transitional post emergency phases of the pandemic. During ongoing response planning we will be working across service areas in collaboration with partner organisations, service users and the wider community to maintain and re-establish service provision to meet the needs of our residents.

The sections contained within this report are as listed and described below.

Section 2: Performance summary
This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3: Health & Social Care Delivery Plan
The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4: Social Care Core Indicators
This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5: NHS Local Delivery Plan (LDP) Indicators

LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance

This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance

This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance

Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section

SECTION 2
Performance Summary at Q4

This section of the quarterly report normally ranks each of the performance indicators and measures that feature in the report against a red, amber and green rating, reflecting activity against targets and improvement plans.

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance. For example it would be inaccurate to attribute the degree of reduced emergency hospital attendance, admission and delayed discharge during the period since mid March 2020 to the impact of the unscheduled care action plan, when significant impact has been due to Covid-19 emergency planning responses. The individual indicators and measures have therefore been set out in the document with their own individual impact narratives. This approach will be maintained during the critical response, transition and recovery period to avoid potential misdirection or misinterpretation.

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period.

3.1 Emergency admissions
3.2 Unscheduled hospital bed days; acute specialities
3.3 Delayed Discharges
3.4 Accident & Emergency Attendances

3.1 Emergency Admissions

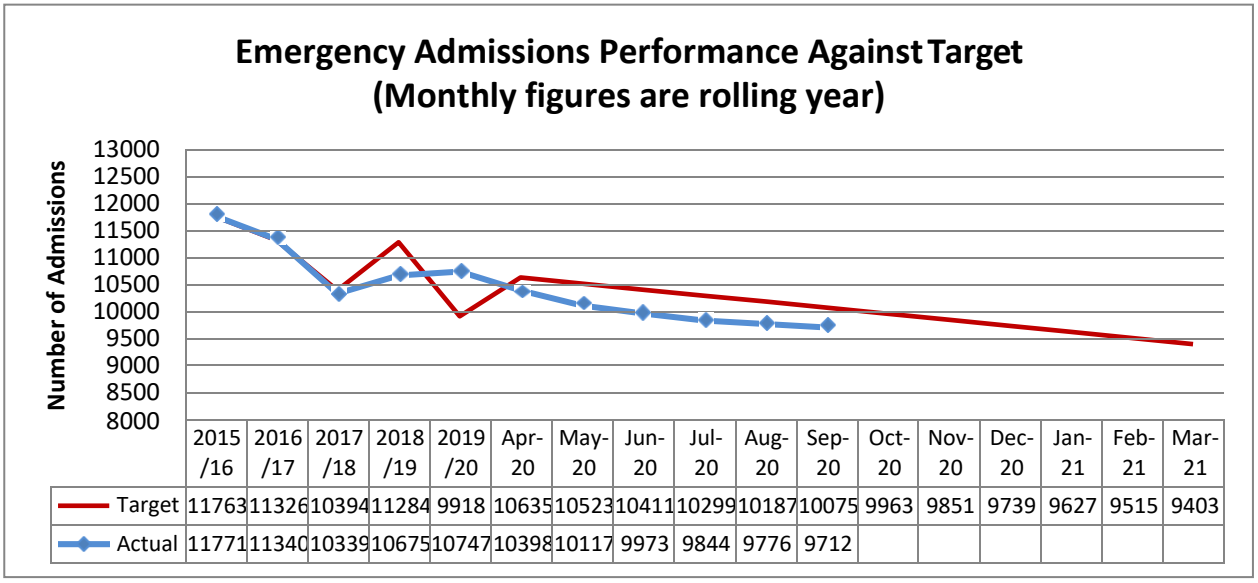
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise.

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Target (2019-20)
2,662	2,719	2,629	1,951	2,412	2,351

*Based on availability of complete data for quarter at time of report – subject to update.

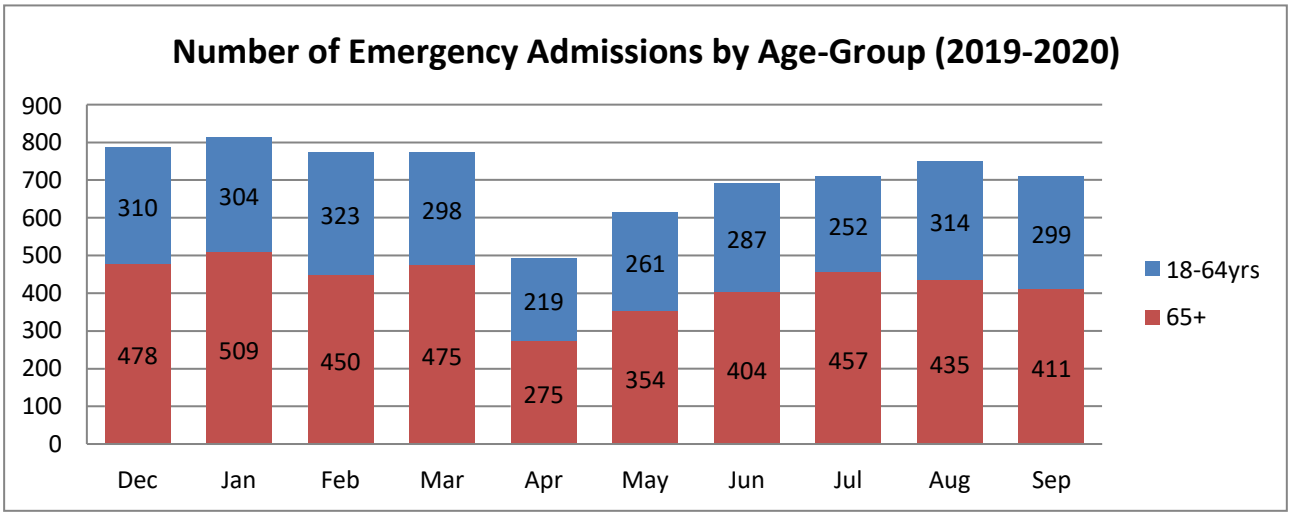
Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions*



	2015/16	2016/17	2017/18	2018/19	2019/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Target	11763	11326	10394	11284	9918	10635	10523	10411	10299	10187	10075	9963	9851	9739	9627	9515	9403
Actual	11771	11340	10339	10675	10747	10398	10117	9973	9844	9776	9712						

*Based on availability of complete data for quarter at time of report – subject to update

Figure 3.1b Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions of East Dunbartonshire residents as clinically appropriate.

The national source data publication extend only to Sept 2020, but the impact of the Covid-19 pandemic can be clearly seen with the reduction in emergency hospital admissions during the first wave in the Spring (particularly in chart 3.1b). This was reflective of a substantial reduction in emergency hospital activity during this period. This was attributed partly to public messaging at the time to protect the NHS in its efforts to treat people with Covid-19. It was also recognised to be a public reaction to avoid public areas where transmission levels may be higher. The charts above show a gradual recovery during late Spring and Summer, before the second wave began impacting on emergency hospital activity once again, from September. Local NHSGGC data indicates that this second downturn in activity has continued through the second wave period.

Improvement Actions:
The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels through preventative work. Improvement activity has included the further development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission. Learning from the Covid-19 experience will also be used to inform improvement going forward in relation to looking collectively to see what arrangements should be retained and what can be explored further, for example: digital consultations. Key to this work will be to ensure that behind these trends, people are not having proper diagnosis and treatment compromised.

3.2 Unscheduled hospital bed days; acute specialities

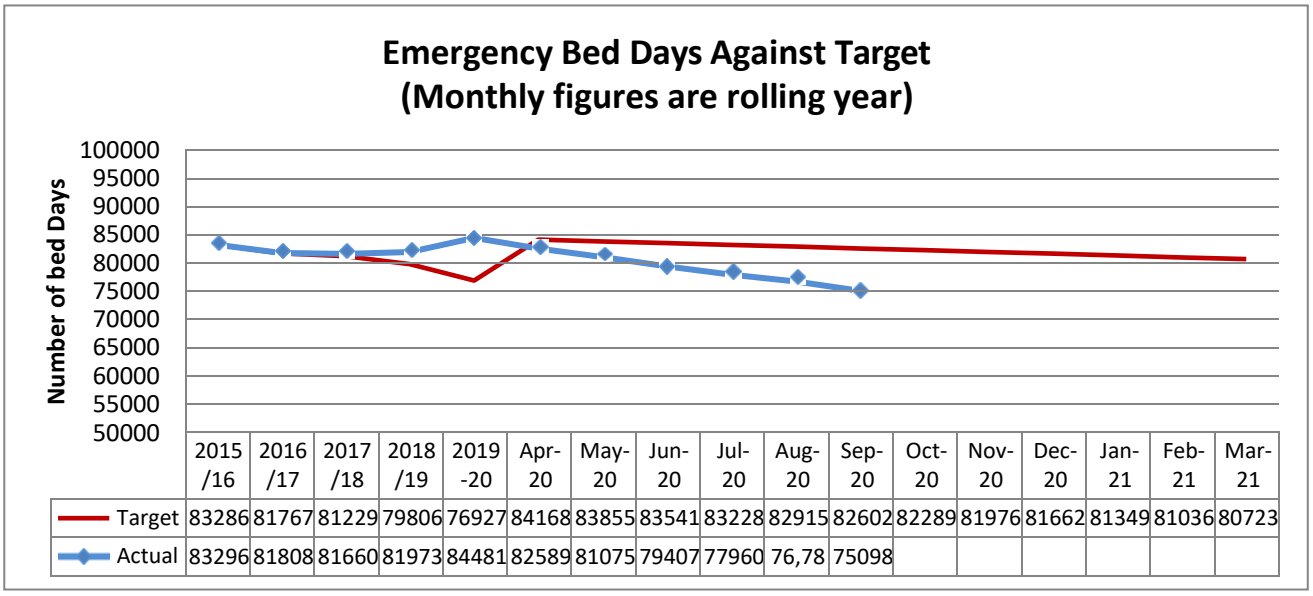
Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise

Table 3.2 Quarterly number of Unscheduled Hospital Bed Days

Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Target (2020-21)
19,484	20,438	21,283	15,270	16,028	19,232

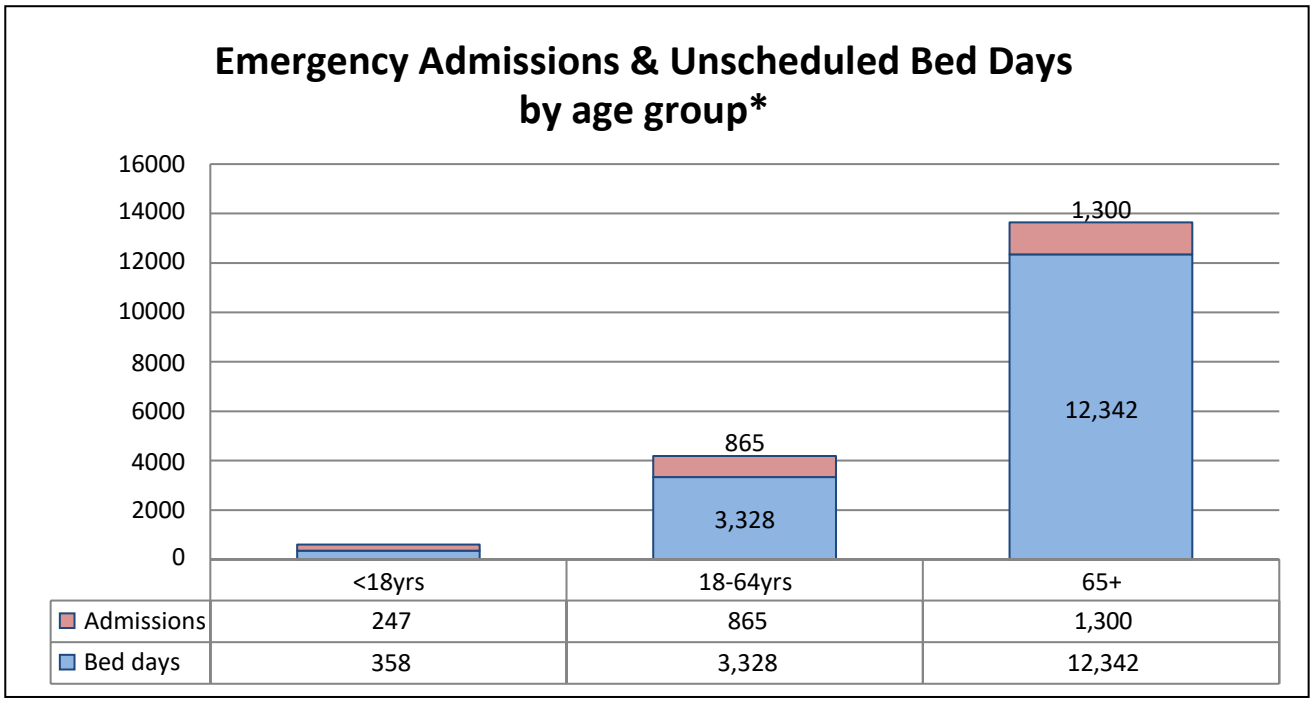
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days



	2015/16	2016/17	2017/18	2018/19	2019-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Target	83286	81767	81229	79806	76927	84168	83855	83541	83228	82915	82602	82289	81976	81662	81349	81036	80723
Actual	83296	81808	81660	81973	84481	82589	81075	79407	77960	76,78	75098						

Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group (July to Sept 2020)



	<18yrs	18-64yrs	65+
Admissions	247	865	1,300
Bed days	358	3,328	12,342

*Based on most recent complete 3 month data period

Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a shows a challenging trend over the past few years away from the target trajectory. The national source data publication extend only to September 2020, but the impact of the Covid-19 pandemic can be clearly seen with the reduction in unscheduled bed days in the April to June period, reflecting the reduction in emergency hospital admission, described above. Unscheduled bed days increased slightly in quarter 2 (July to Sept), but local data indicates continuation of levels lower than normally seen at this time.

Improvement Actions:
Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. This will continue to be an important component of managing hospital capacity through the pandemic. Improvement activity has included daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily. Aim = to minimise

Table 3.3 Quarterly Number of Delayed Discharge Bed Days*

	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Target (2019-20)
No. Bed Days	**1,286**	**1,592**	**1,663**	**749**	**1291**	**1,210**

*Based on availability of complete data for quarter at time of report

Figure 3.3a Rolling year number of Delayed Discharge Bed Days

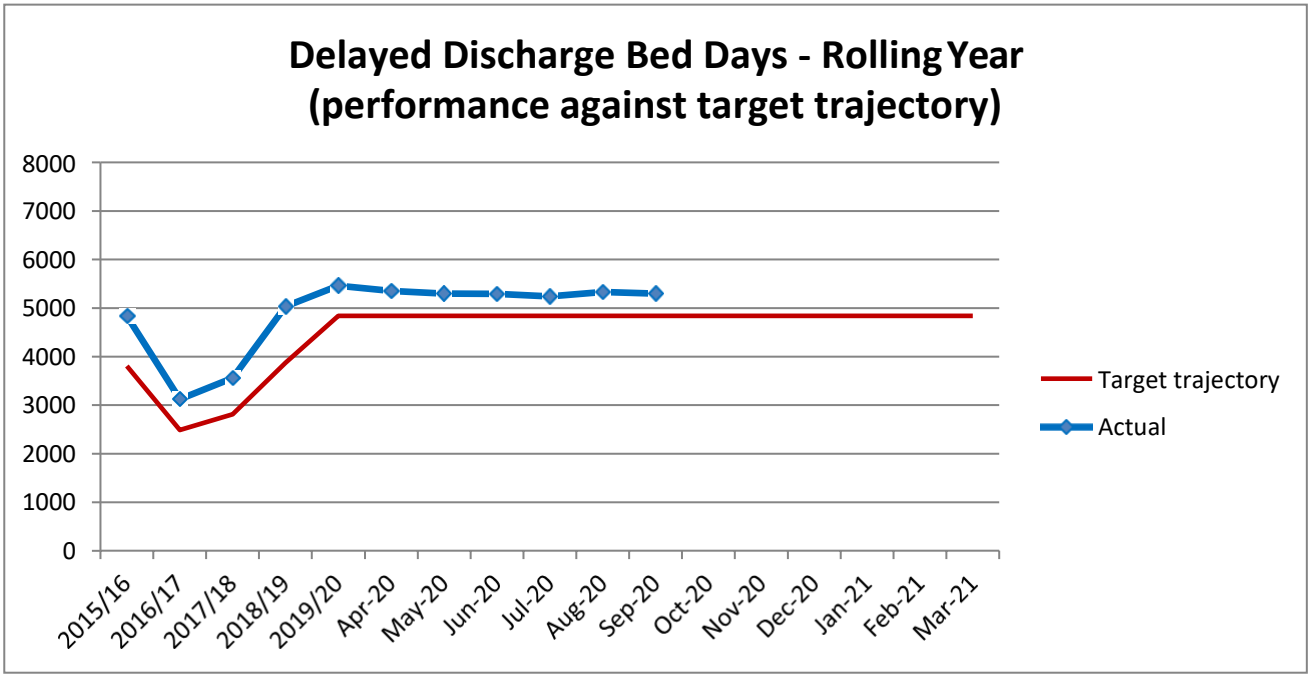
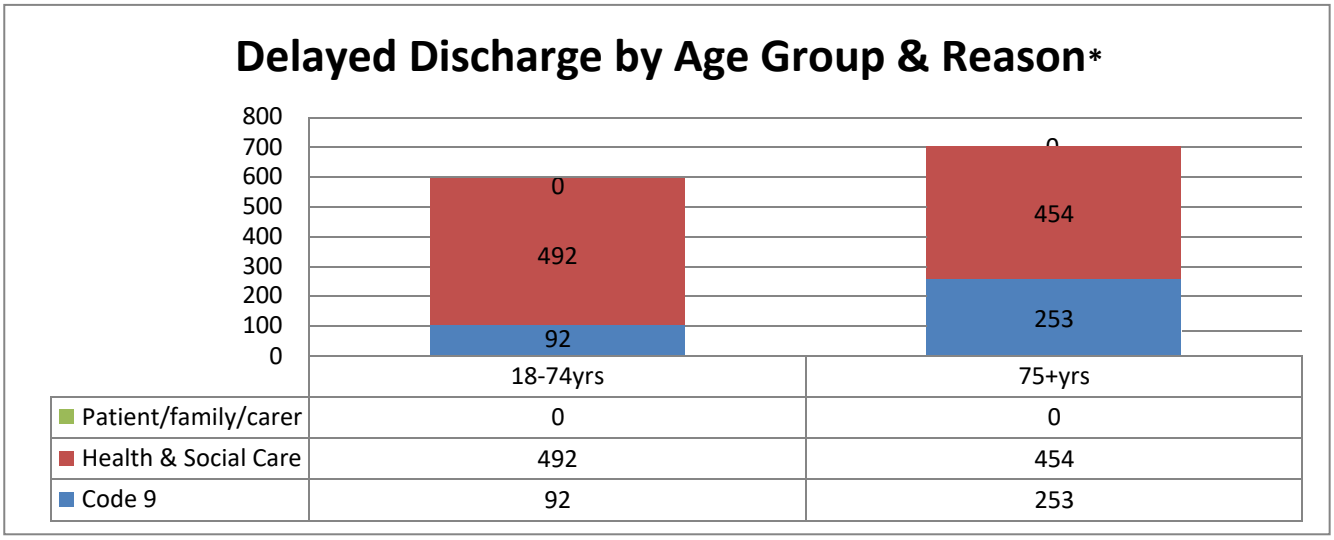


Figure 3.3b Number of Delayed Discharge by Age and Reason (July to Sept 20)



*Based on most recent complete 3 month data period

Situational Analysis:
Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and allows hospital resources to be used for people in need of clinical care. This has been a particular focus during the period of the pandemic. Data for the period from March 2020 initially showed a marked reduction in delayed discharges due to Covid-19 emergency planning. Delays have since returned to pre-Covid levels, impacted often by the need to ensure safe and well planned discharge through testing and liaison with care providers in the community. External scrutiny from the NHSGG&C Discharge Team indicates they are content all is being done by EDHSCP in relation to delayed discharges. They recognise the specific challenge for us regarding complex cases because there is sustained throughput of our delayed patients, unless there are specific circumstances.

Improvement Actions:
Use of electronic operational activity "dashboards" now allow us to be better sighted on community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me is now well established and coordinates our admission avoidance and discharge facilitation work across a range of services. We continue to work closely with care homes and other registered care providers to provide intensive support and assurance during the pandemic.

3.4 Accident & Emergency Attendances

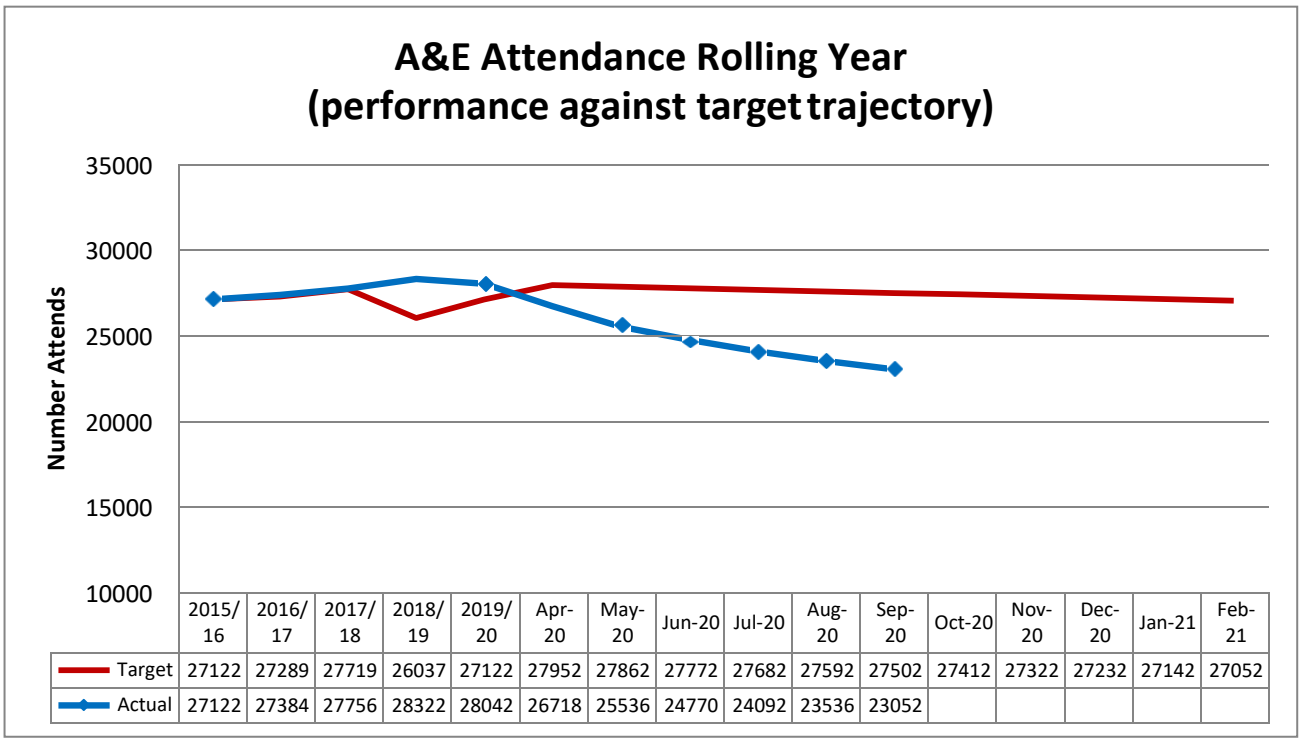
Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting. Aim = to minimise

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

Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020-21	Q2 2020-21	Target (quarter)
7,451	7,205	6,028	4,086	5,733	6,740

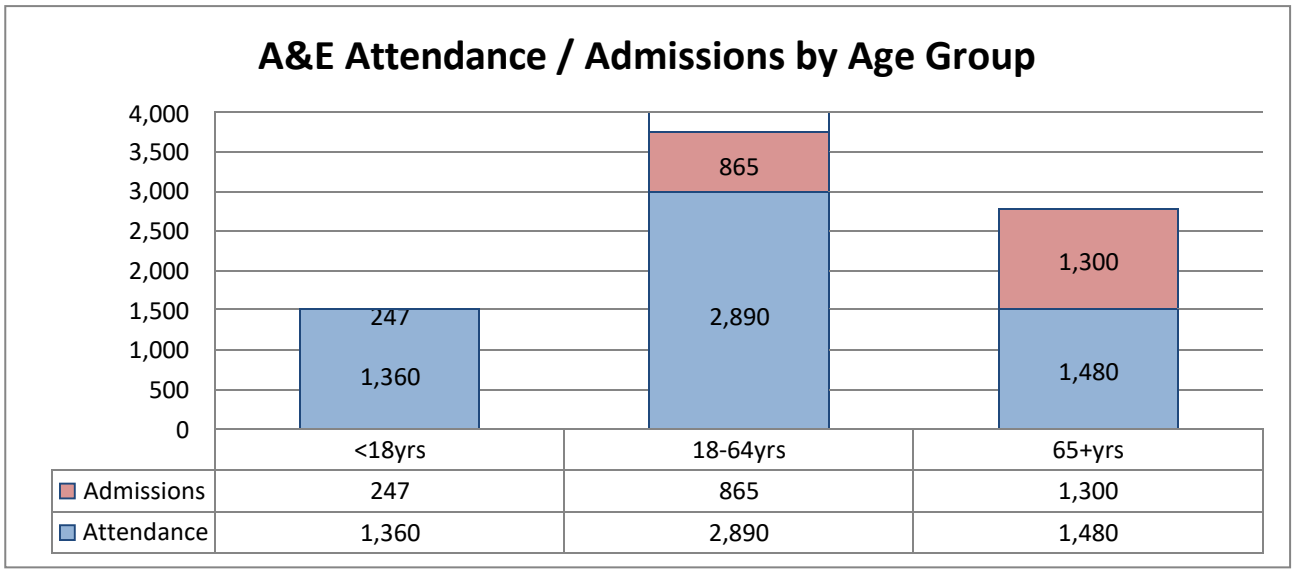
*Based on availability of complete data for quarter at time of report

Figure 3.4a Rolling year number of A&E Attendances



	2015/16	2016/17	2017/18	2018/19	2019/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Target	27122	27289	27719	26037	27122	27952	27862	27772	27682	27592	27502	27412	27322	27232	27142	27052
Actual	27122	27384	27756	28322	28042	26718	25536	24770	24092	23536	23052					

Figure 3.4b A&E Attendances Admitted to Hospital by Age Group (July-Sept 2020)



	<18yrs	18-64yrs	65+yrs
Admissions	247	865	1,300
Attendance	1,360	2,890	1,480

Situational Analysis:

During 2019-20, East Dunbartonshire had the second lowest level of emergency department attendances across Greater Glasgow and Clyde and this continues into 2020-21. The data in figure 3.4b show the proportion of those who attended A&E who were

subsequently discharged, suggesting a significant number of those attending A&E could have had their needs met in the community or via self care. In order to address this on a national level “Right care, Right Place” has been launched across Scotland from 1 December. Scotland’s new approach to urgent care will see those with non-life threatening conditions who would usually visit ED be first asked to call NHS 24 day or night on 111. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

In common with emergency admissions and associated days in hospital outlined above, a similar pattern of substantial interruption was experienced during the first wave of the pandemic in the spring, with recovery during the summer. Local data indicates that a second period of reduced attendance at emergency departments has been experienced in the second wave of the pandemic during the autumn and early winter.

Improvement Actions:
From an HSCP perspective we continue our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services. This will enable more flexible responses to patient need in the community although is likely to be significantly impacted in 2020/21 by the Covid-19 experience. We hope that increased focus on self-care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services or self-care timeously. We are also engaged in local implementation of the Right Care, Right Place initiative. Again, winter planning provided an opportunity to sharpen our focus on all these areas in order to help mitigate seasonal pressures we routinely see in all services, but the new context during and post Covid-19 will continue to be highly impactful. As has been indicated above, it is essential during the pandemic that people continue to receive the essential health and social care that they need, when they need it.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is September 2020 for these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to the PHS but is accurate for use as proxy data to show more up to date figures. The table compares our performance for the reporting year to date against target, against performance last year and against other HSCP’s in Greater Glasgow and Clyde. As indicated above, the Covid-19 pandemic has been significantly impactful in the pattern of unscheduled care during 2019-20:

East Dunbartonshire HSCP Unscheduled Care
Data Summary: April to October 2020

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG	Variance with last year (YTD)	RAG	Variance with last year (most recent month)	RAG	Rank in GGC (most recent month)
Emergency Dept Attendances (18+)	8,650	11,477		-28.10%		-22.10%		2
Emergency Admissions (18+)	4,705	5,485		-15.40%		-18.40%		2
Unscheduled bed days (18+)	43,631	47,088		-11.90%		n/a	n/a	3
Delayed discharge bed days (all ages)	2,412	2,822		-6.30%		1.80%		3

(Source: NHSGGC)

SECTION 4
Social Care Core Indicators

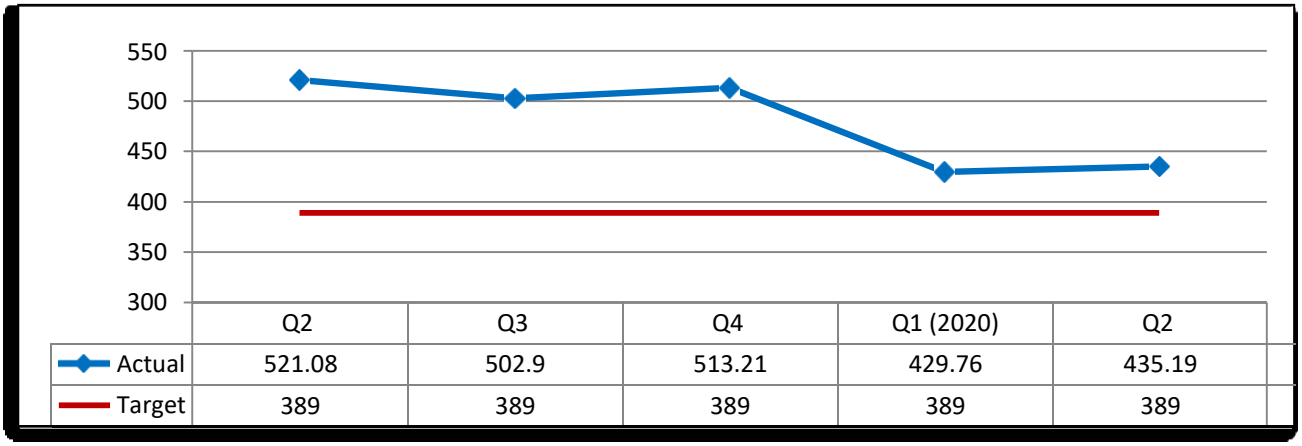
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health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

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

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

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care. Aim = to maximise in comparison to support in institutional settings

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual	521.08	502.9	513.21	429.76	435.19
Target	389	389	389	389	389

Situational Analysis:
This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1000 population over 65 is above target. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand overall. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level need in terms of volume and intensity of older people's service. After a sharp decrease in homecare delivery reported in the Quarter 1 report, Q2 data shows a slight increase in the number of hours provided as families either return to work or become more comfortable with the infection control measure in place within the service. The number of hours provided remains below pre-Covid19 levels.

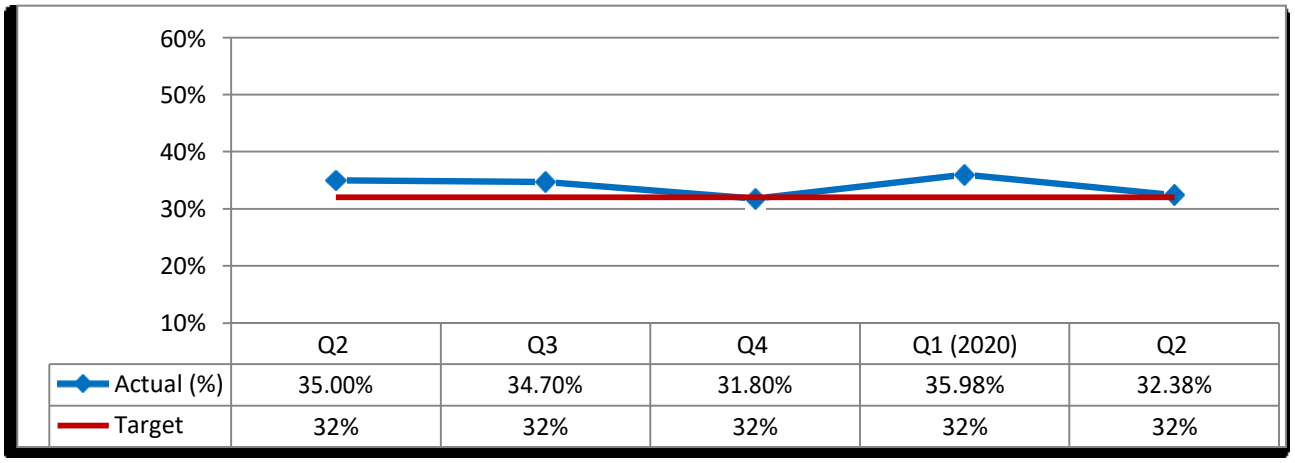
Improvement Action:
Homecare is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on homecare. We are progressing well with the embedding of the new Homecare delivery model which establishes new organisational and service model arrangements to meet future need in a sustainable way. We are also carrying out a significant service improvement plan in partnership with the Care Inspectorate.

The HSCP has developed a Covid-19 transition and recovery plan for homecare services to inform the way through and out of the pandemic. This will ensure that services continue to be available for people with eligible needs and maximises care in the community.

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

Rationale: As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important. This target assures that home care and support is available for people, particularly those with high levels of care needs. Aim = to maximise.

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	35.00%	34.70%	31.80%	35.98%	32.38%
Target	32%	32%	32%	32%	32%

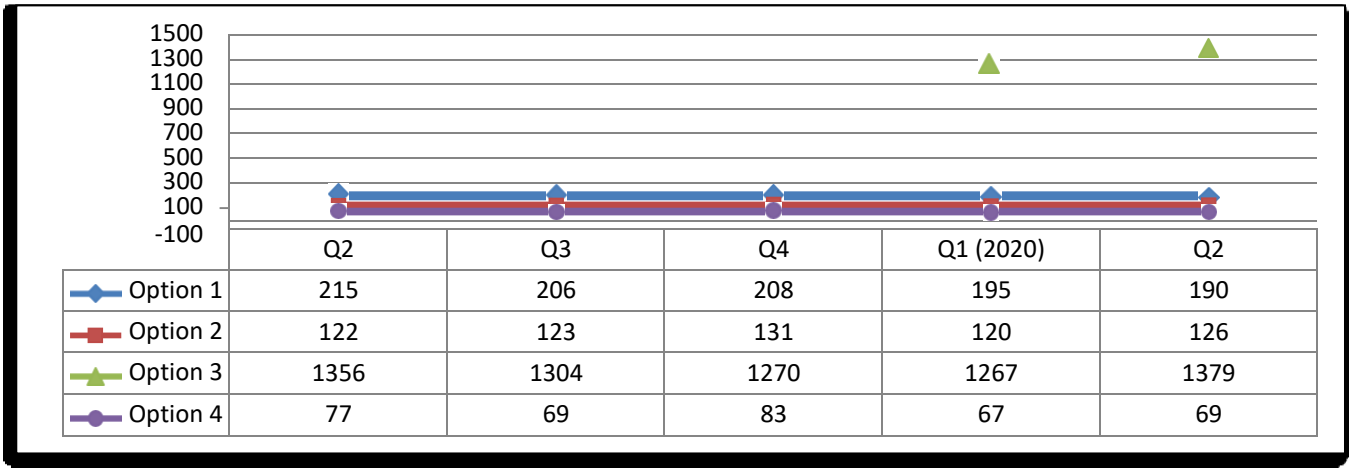
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using "just enough" support rather than creating over-dependency. We have been consistently on or above target for this indicator over the past year.

Improvement Action:
Our intention is to maintain good, balanced performance in this area.

4.2b Systems supporting Care at Home

Rationale: The following indicators contribute partly to support the previous indicators. They are important in improving the balance of care and assisting people to remain independent in their own homes, but do not have specific targets.

4.2b(i) Number of people uptaking SDS options

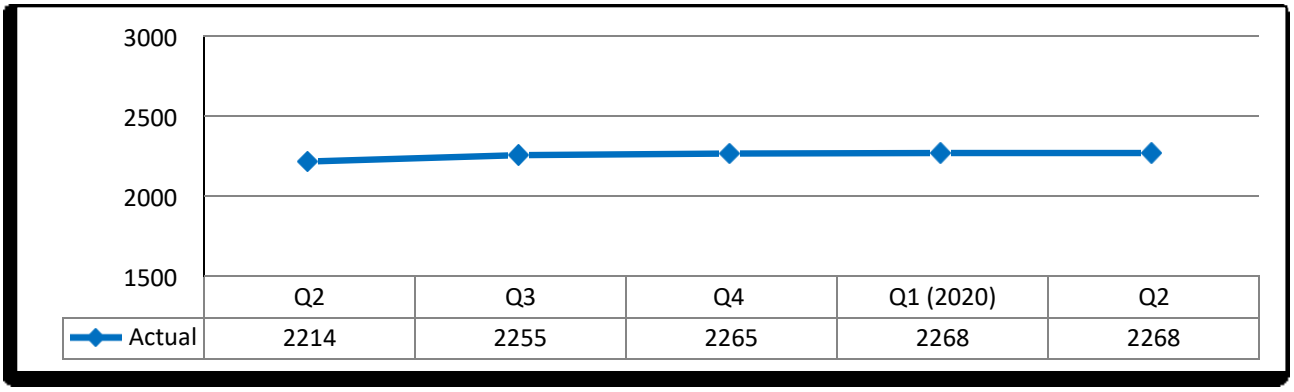


	Q2	Q3	Q4	Q1 (2020)	Q2
Option 1	215	206	208	195	190
Option 2	122	123	131	120	126
Option 3	1356	1304	1270	1267	1379
Option 4	77	69	83	67	69

Situational Analysis:
The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Despite some movement, the distribution of SDS choices is remaining broadly stable.

Improvement Action:
We will continue to ensure that we provide Self Directed Support training to Social Work and Health practitioners to instil confidence and knowledge about the options amongst the workforce. We will also continue to work in partnership with the Third Sector to raise awareness about self directed support to local communities, customers and carers to ensure that the benefits associated with each option are fully explained and recognised.

4.2 b(ii) People Aged 75+yrs with a Telecare Package



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual	2214	2255	2265	2268	2268

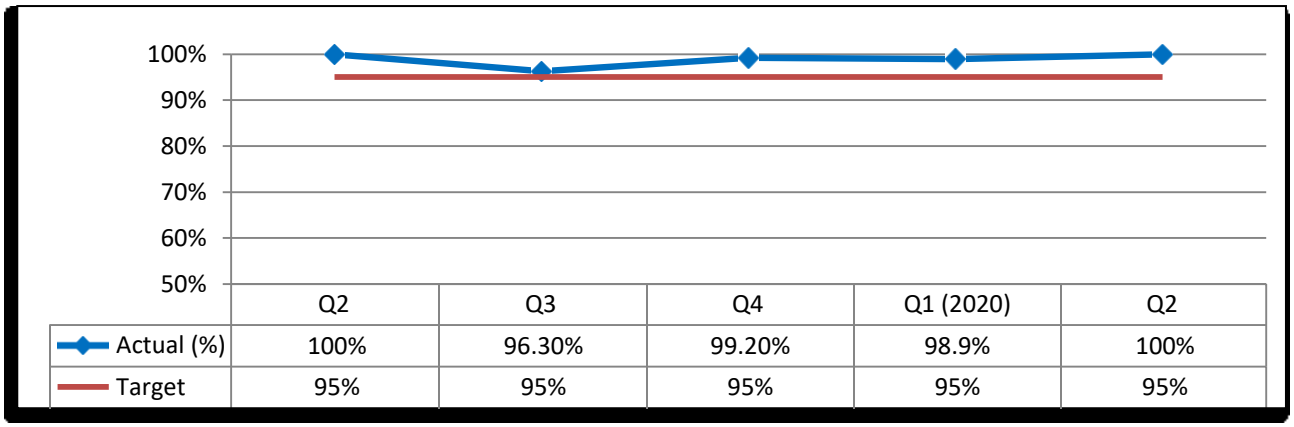
Situational Analysis:
There has been a very gradual increase in the number of people aged 75 and over with a telecare package over the past 12 months. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

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

4.3 Community Care Assessment to Service Delivery Timescale

Rationale The HSCP has a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users. Aim = to maximise.

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	100%	96.30%	99.20%	98.9%	100%
Target	95%	95%	95%	95%	95%

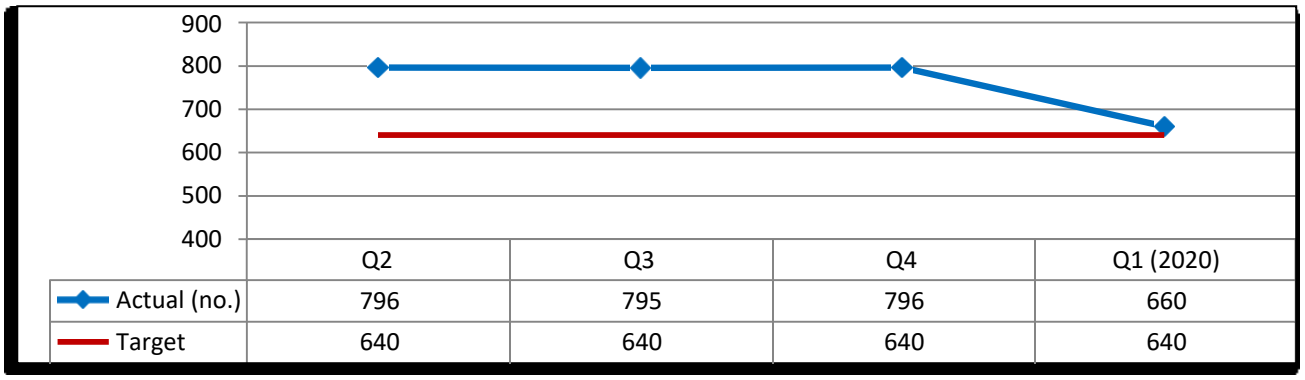
Situational Analysis:
While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistently score very highly with compliance levels of around 100%. The slight downturn in Q1 as a consequence of Covid-19 lockdown on the ability of staff to arrange services in the normal way has recovered in Q2, as a blended approach to engagement methods has bedded in

Improvement Action:
The focus is to continue to deliver high levels of performance in this areas.

4.4 Care Home Placements

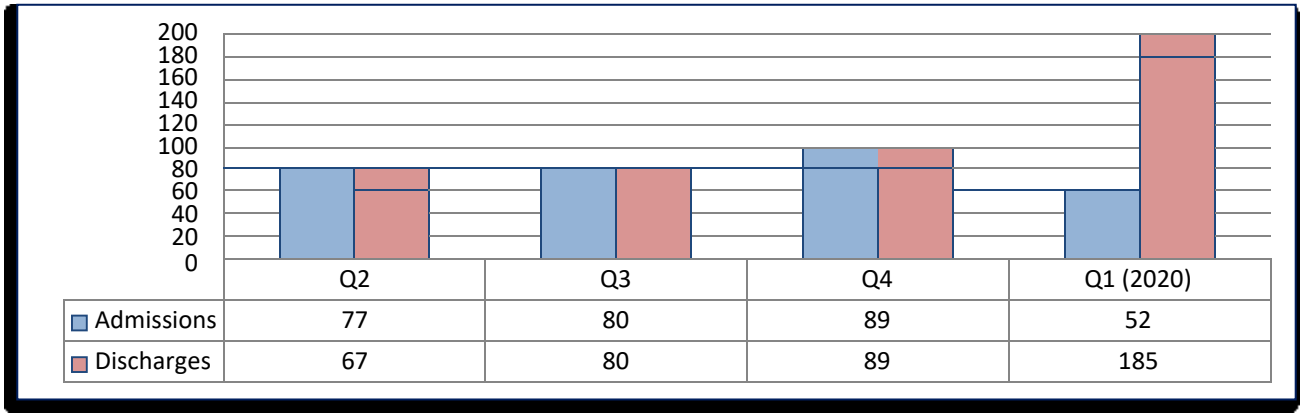
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Aim = to minimise.

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot)



	Q2	Q3	Q4	Q1 (2020)
Actual (no.)	796	795	796	660
Target	640	640	640	640

Figure 4.4b Number of Care Home Admissions and Discharges (including deaths)



	Q2	Q3	Q4	Q1 (2020)
Admissions	77	80	89	52
Discharges	67	80	89	185

Situational Analysis:
Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of care home admissions. Increases in care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors.

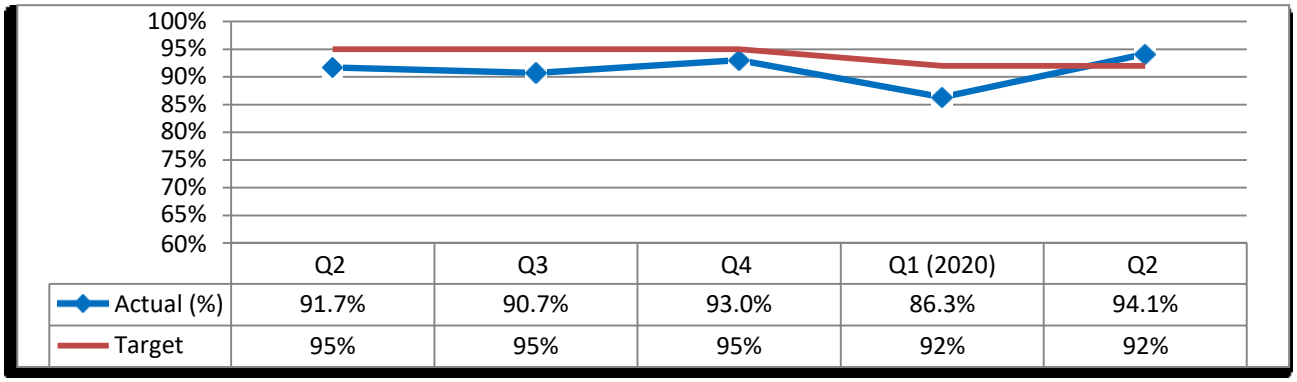
The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to April to June 2020, but the highly challenging impact of Covid-19 on the care home sector can be seen in the balance of activity in Fig 4.4b.

Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, for decision-making. Intensive support and assurance work is being provided by the HSCP for all care homes in the area during the pandemic.

4.5 Adult Protection Inquiry to Intervention Timescales

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

Figure 4.5 Percentage of Adult Protection cases where timescales were met



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	91.7%	90.7%	93.0%	86.3%	94.1%
Target	95%	95%	95%	92%	92%

Situational Analysis:
After a period of lower performance last year due to the impact of industrial action, performance recovered to levels much closer to the target. However, increasing rates of referrals linked to a Large Scale Investigation undertaken during the year have also added to the overall workload in this area making consistent achievement of targets challenging. Due to the sustained challenge in achieving target over a number of years, the target was reduced slightly for 2020-21. The combination of a further large scale investigation and lockdown during the spring contributed to lower performance in Q1. Q2 performance has increased to above target levels.

Improvement Action:
Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible. An updated national performance reporting framework is anticipated during the coming year and reporting will be adjusted to meet this, if required.

SECTION 5
Local Delivery Plan (Health) Standards

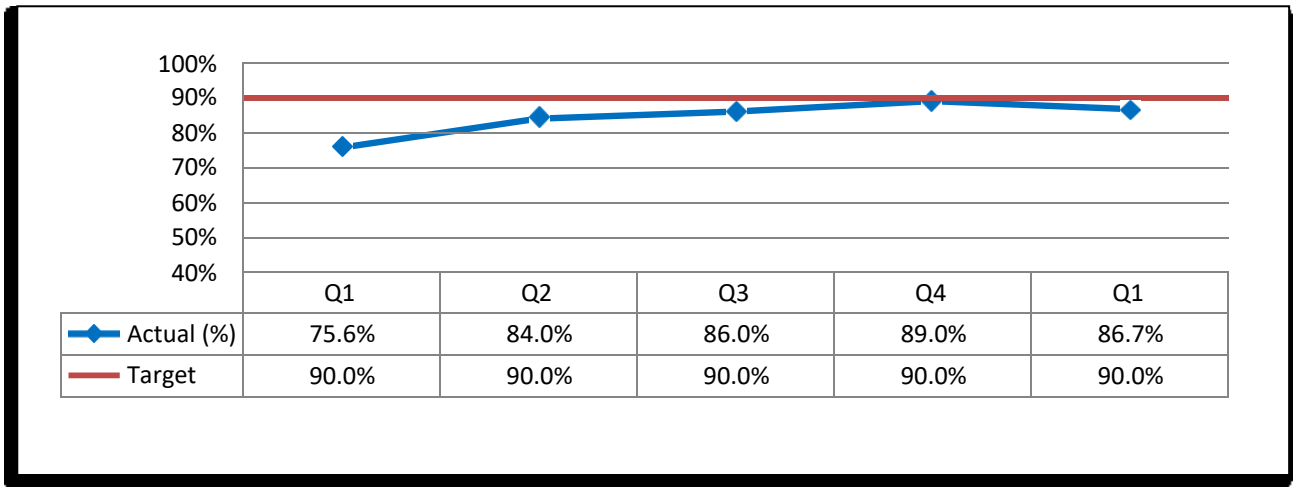
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

5.1 Drugs & Alcohol Treatment Waiting Times
5.2 Psychological Therapies Waiting Times
5.3 Dementia Post Diagnostic Support
5.4 Alcohol Brief Interventions
5.5 Smoking Cessation
5.6 Child & Adolescent Mental Health Services Waiting Times

5.1 Drugs & Alcohol Treatment Waiting Times

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

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



	Q1	Q2	Q3	Q4	Q1
Actual (%)	75.6%	84.0%	86.0%	89.0%	86.7%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

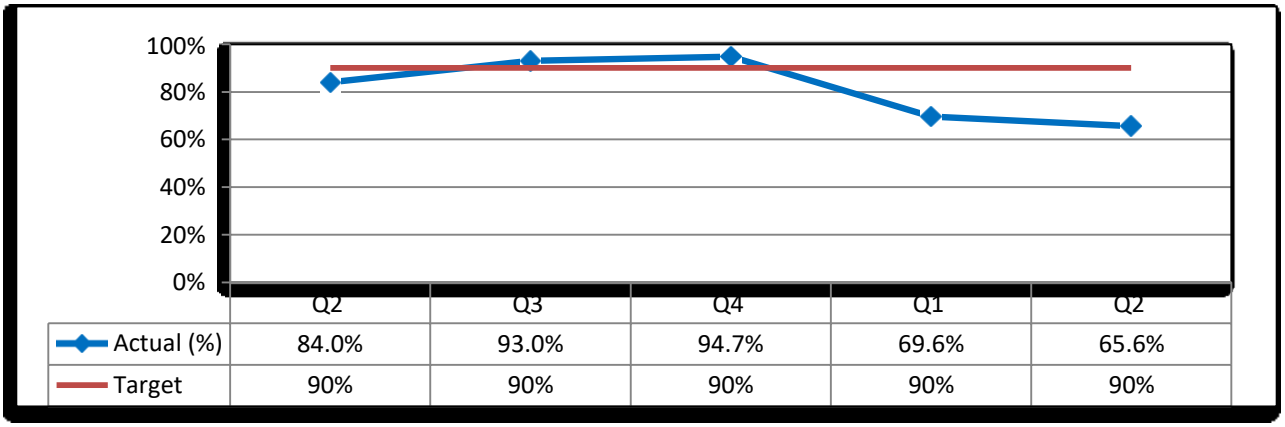
Situational Analysis:
2020-21 Quarter 2 waiting time performance data had not been published at the time of preparing this report. At Q1, performance was just below target following a period of quarter by quarter improvement. The drug and alcohol team had been significantly impacted by staffing shortages during the last year due to long-term staff absence. Hard work by the team and the successful recruitment to the band 6 alcohol care and treatment nursing post had been instrumental in improving performance in this area. The marginal downturn in performance in Q1 is attributed to the beginning of service interruption caused by the Covid-19 pandemic.

Improvement Action:
The team will continue to work to maintain and further improve performance in this area in the longer term. However the impact of Covid-19 constraints will be demonstrated in the data that emerges over the following months. The Alcohol and Drugs Recovery Service has well-developed business continuity, transition and remobilisation plans in place.

5.2 Psychological Therapies Waiting Times

Rationale: Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.

Figure 5.2 Percentage of People Waiting <18wks for Psychological Therapies



	Q2	Q3	Q4	Q1	Q2
Actual (%)	84.0%	93.0%	94.7%	69.6%	65.6%
Target	90%	90%	90%	90%	90%

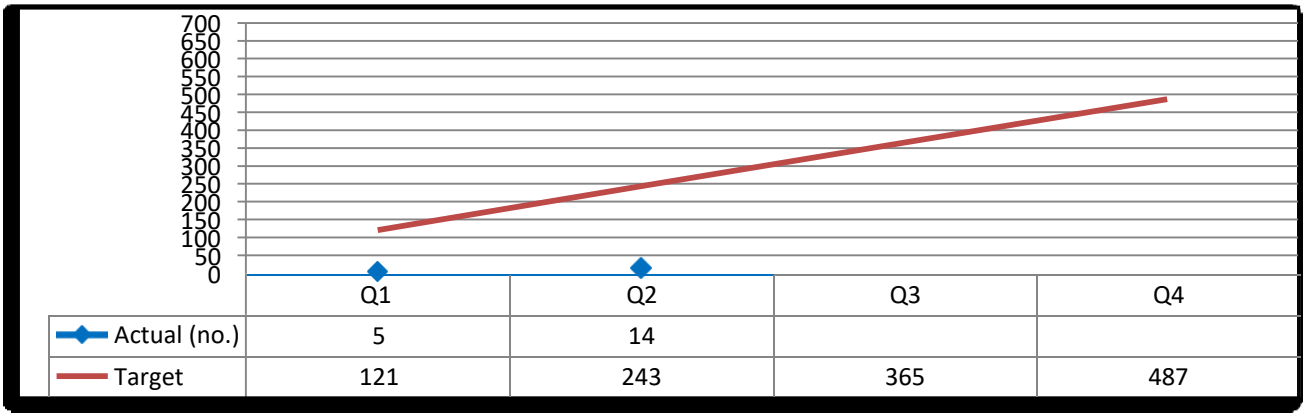
Situational Analysis:
This includes the Community, Primary and Older People's Mental Health Teams. Performance in the percentage of people seen within 18 weeks from referral to psychological therapy achieved target for the second half of 2019-20, but in quarters 1 and 2 of 2020-21, performance was significantly affected by the Covid-19 pandemic. This was particularly the case for the Older People's Mental Health Team, given the particular challenges in providing therapeutic support for this group of patients, during lockdown. Performance for the Community and Primary Mental Health Teams were closer to target at 81.4%%. GG&C-wide performance for Q2 stands at 56.4% for all teams.

Improvement Action:
The Mental Health Teams have developed service continuity plans and recovery and transition plans to inform the way forward, to ensure that people continue to have access to therapeutic support. This will continue to include maximising digital methods where this works for patients.

5.3 Alcohol Brief Interventions (ABIs)

Rationale: To sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal. This standard helps tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Latest data suggests that alcohol-related hospital admissions have quadrupled since the early 1980s and mortality has doubled.

Figure 5.3 Total Number of ABIs delivered (cumulative)



	Q1	Q2	Q3	Q4
Actual (no.)	5	14		
Target	121	243	365	487

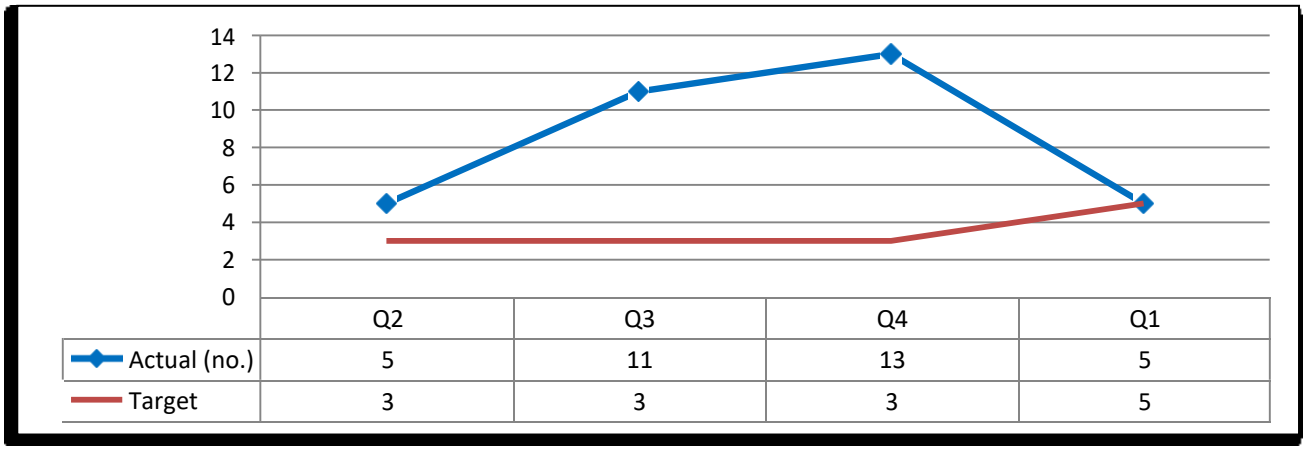
Situational Analysis:
The target of 487 Alcohol Brief Interventions was achieved and exceeded by some margin over 2019-20. Fig 5.4 shows that the Q1 and Q2 targets were not achieved in this period. Indeed only 14 ABIs have been delivered due to the severe impact of Covid-19 restrictions on these therapeutic interventions. Recovery plans are underway to steer the beginning of a return to previous levels of service, but continued social distancing will be impactful.

Improvement Action:
Recovery plans are underway to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital, but continued social distancing will likely be impactful for a continued period of time.

5.4 Smoking Cessation

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

Figure 5.4 Smoking quits at 12 weeks post quit in the 40% most deprived areas



	Q2	Q3	Q4	Q1
Actual (no.)	5	11	13	5
Target	3	3	3	5

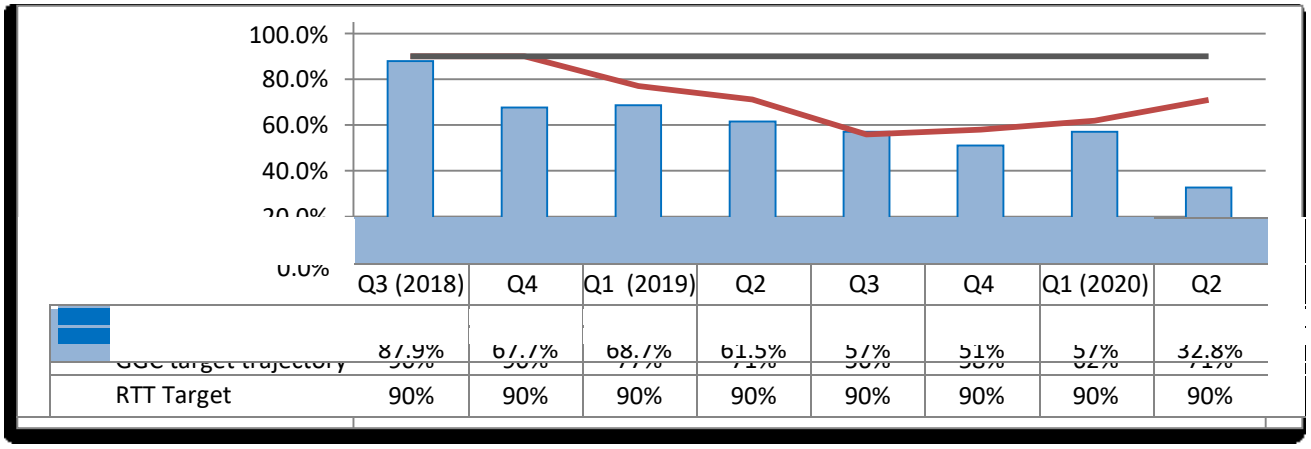
Situational Analysis:
Targets for smoking cessation are set centrally by NHSGGC. The target for East Dunbartonshire has been increased by NHSGGC, for 2020-21. Performance in Q1 has been significantly impacted by the pandemic, with a reduction in the number of people coming forward for support and changes to the methods of intervention as a result of social distancing constraints. Data only becomes available 12 weeks after the end of each reporting period, so Q1 is the most recent available data.

Improvement Action:
Although referral numbers and intervention mechanisms were detrimentally affected during the April – June lockdown, the target was nonetheless met during this period which is a credit to the service. As we move through and out of the pandemic, the objective will be to increase referrals and reinstate normal intervention methods, when safe to do so. Alternative methods of intervention will continue to be used on a blended basis as some "virtual" approaches have been found to be successful.

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

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

Figure 5.5 Percentage of People Waiting <18wks for CAMHS



Situational analysis:
NHSGG&C CAMHS aims to prioritise improvement on the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Increases in demand over the last two years have had a significant impact on clinical capacity and we are working to resolve this as efficiently and safely as possible. At the end of quarter two (Sep 2020), 46.7% of children currently on the waiting list have waited less than 18 weeks, and 32.8% of children who started treatment had waited less than 18 weeks.

Improvement Actions:
The following improvement actions are in progress to address demand on the service:

- Focus on remobilisation target data for completed first treatment appointments. November target is likely to be met and forecast to maintain the target on an ongoing basis, based on current increased performance.
- CAMHS Waiting List Improvement Plan has been agreed with Chief Officers and is currently in the recruitment phase. The plan aims for each HSCP to meet the RTT within one year of successful recruitment and performance is being monitored on a monthly basis.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the COVID-19 Pandemic.
- Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Scottish Govt funding has been provided to HSCP's for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people
- Linking with the Children and Young People's Mental Health Programme Board Performance Team to discuss options and aims of reducing the waiting list backlog.
- Ongoing implementation of Attend Anywhere, and remote/digital group options, to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner. GGC CAMHS are within the highest 10 users of video calls when compared to UK CAMHS monthly data.
- Ongoing implementation of the revised RTT guidelines to ensure recording of GGC CAMHS waiting lists is in line with the rest of the country (no proxy used). Previously, GGC stopped the clock at the 2nd appointment, although some Boards interpreted this differently. GGC CAMHS are moving to a model where the clinician stops the clock when they start treatment, which is anticipated to be at first contact.

The CAMHS Waiting List Initiative Group will meet monthly to monitor performance of the plan.

<u>Agreed Trajectory until December 2020</u>
Please note, that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire. SCS Leadership and CAMHS management are closely monitoring this progress and aim to keep the service on track for a return to achieving the RTT target.

Quarter ending	**Sep 2019**	**Dec 2019**	**Mar 2020**	**Jun 2020**	**Sep 2020**	**Dec 2020**
Performance against the standard (%) – Children Waiting at Month End	71.2%	56%	58%	62%	71%	90%

SECTION 6
Children's Services Performance

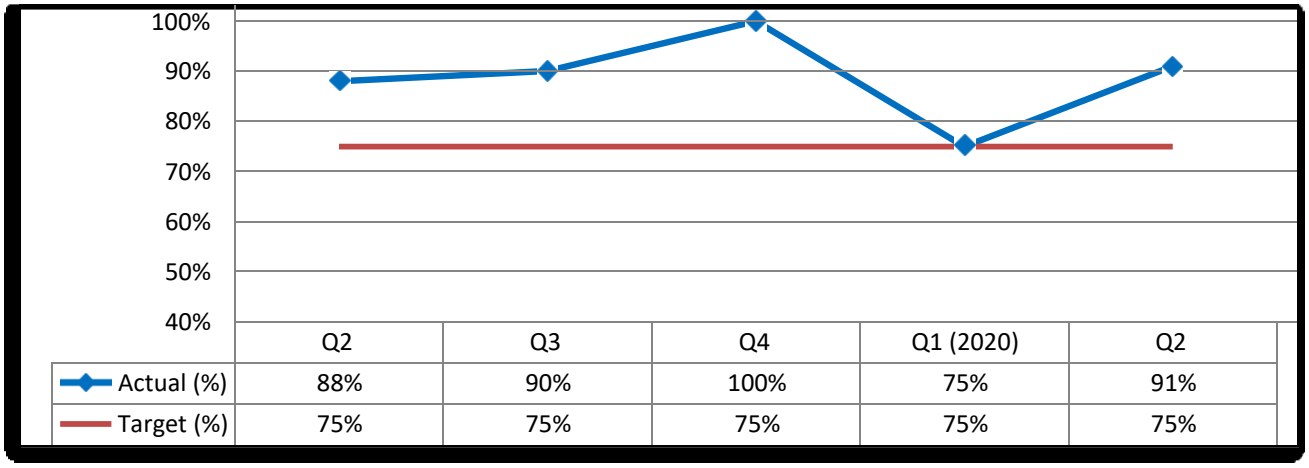
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

6.1 Child Care Integrated Assessments for Scottish Children Reported Administration timescales
6.2 Initial Child Protection Case Conferences timescales
6.3 First Child Protection review conferences timescales
6.4 Balance of care for Looked After Children
6.5 First Looked After & Accommodated reviews timescales
6.6 Children receiving 27-30 month Assessment

6.1 Child Care Integrated Assessments (ICA) for Scottish Children Reporters Administration (SCRA) Timescales

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

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	88%	90%	100%	75%	91%
Target (%)	75%	75%	75%	75%	75%

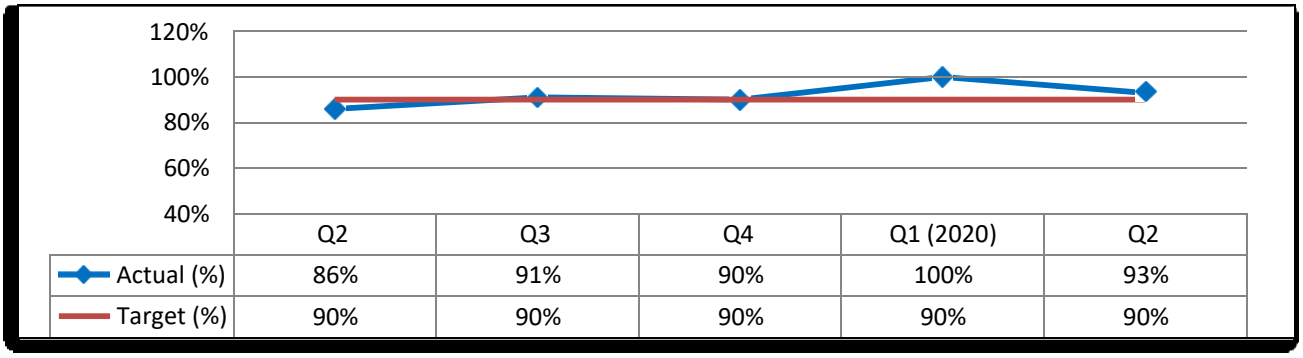
Situational Analysis:
Q1 in 2020-21 was been a period of significant challenge due to Covid-19 constraints, resulting in a reduction in performance but the indicator remained on target. Q2 has shown a return to above target performance. 11 ICA reports were submitted to SCRA during Q2, 10 of which were within target timescale.

Improvement Action:
Maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	86%	91%	90%	100%	93%
Target (%)	90%	90%	90%	90%	90%

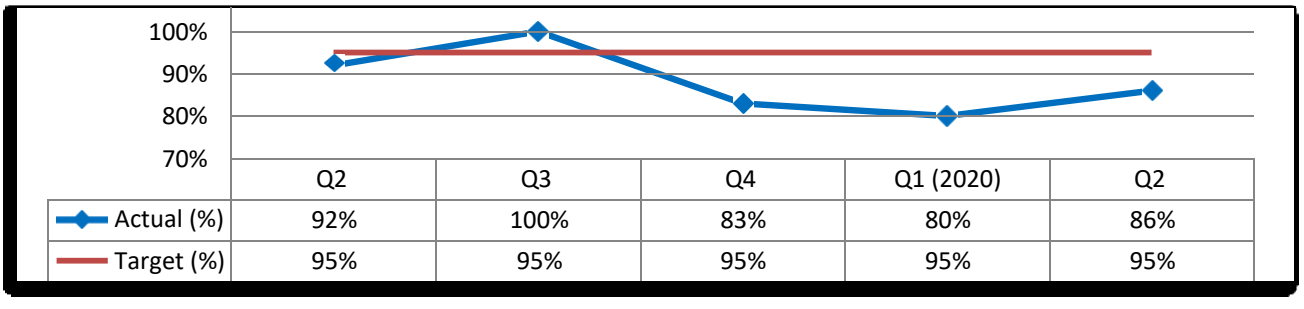
Situational Analysis:
Performance in Q1 was particularly positive as it fell within the period most affected by Covid-19 lockdown. Performance in Quarter 2 has declined slightly from the previous quarter but remains above target. 14 Initial Child Protection Case Conferences were held during Quarter 2, 13 were within timescale.

Improvement Action:
To continue to embed revised operational procedures in order to sustain above target performance.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee. Aim = to maximise

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	92%	100%	83%	80%	86%
Target (%)	95%	95%	95%	95%	95%

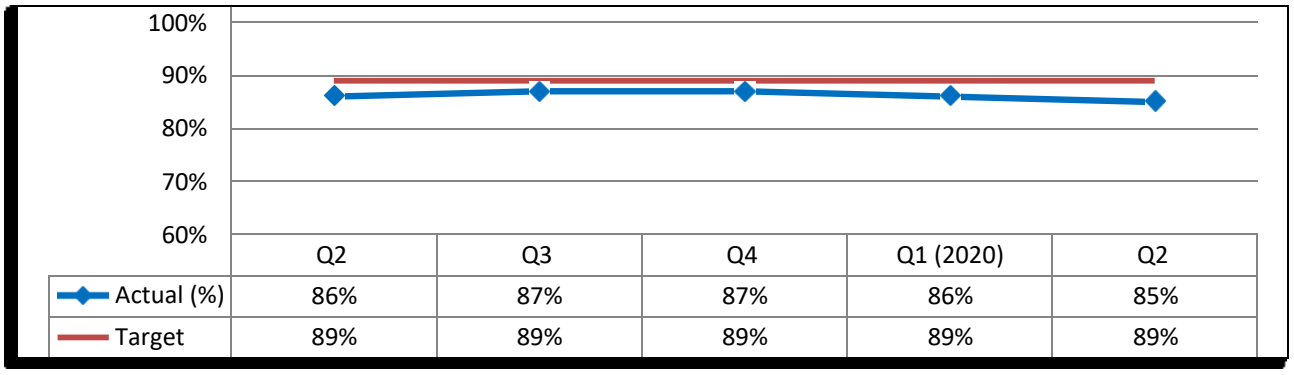
Situational Analysis:
Performance during Q2 has improved from the previous quarter but remains below target. 7 first Child Protection Reviews took place during Q1, with 6 of these within timescale. The late review was due to a technical difficulty which was resolved by the rearranged date.

Improvement Action:
Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

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

Figure 6.4 Percentage of Children being Looked After in the Community



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	86%	87%	87%	86%	85%
Target	89%	89%	89%	89%	89%

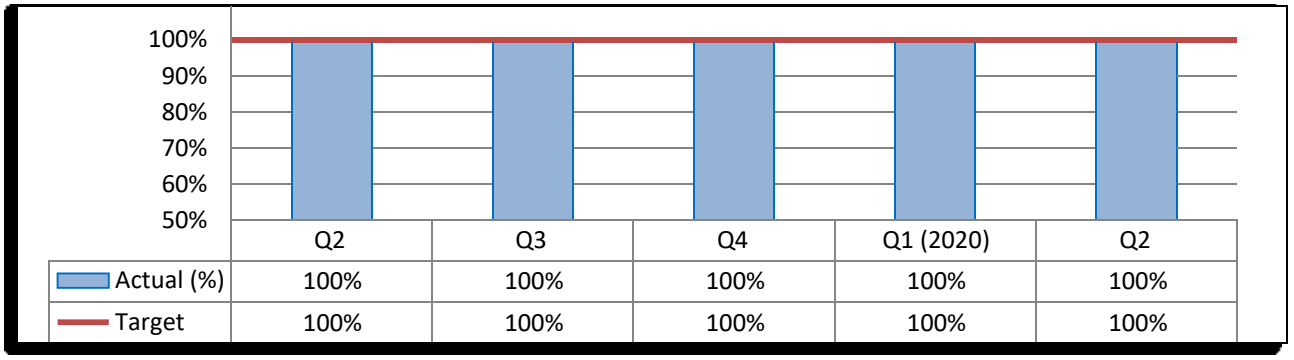
Situational Analysis:
Performance at the end of quarter 2 is slightly lower than the previous quarter and continues to be below the target figure. Although the number of children looked after in community placements has increased, there has also been an increase in residential placements meaning a slight shift in the balance of care. Overall there has been a 10% increase in the number of Looked After Children during quarter 2.

Improvement Action:
Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis:
Performance in Quarter 2 is on target. There was 1 first LAAC Reviews held during the quarter and it took place within the target timescale.

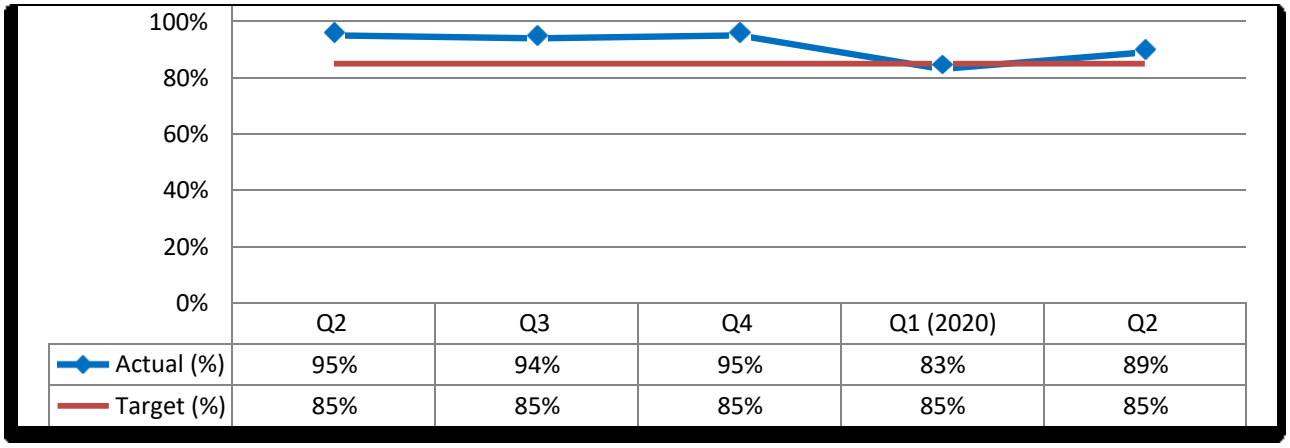
Improvement Action:
To maintain high levels of performance.

6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.
Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at age 3.

The Scottish Government target is that by 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

Figure 6.6 Percentage of Children receiving 27-30 month assessment



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	95%	94%	95%	83%	89%
Target (%)	85%	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. The Q1 figure reflects the impact of Covid-19 public health restrictions on the delivery of service during the lockdown period. Q2 shows service levels recovering and performance returning to an above target performance though not yet at pre-Covid-19 levels.

Improvement Action:
Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required. Covid-19 service recovery planning is in place and will be followed to support these actions.

SECTION 7
Criminal Justice Performance

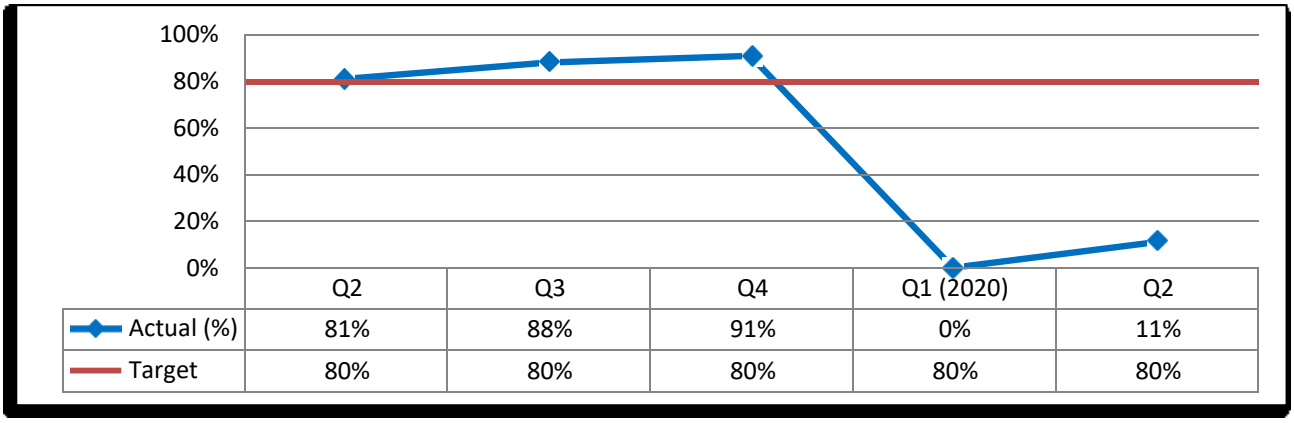
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

7.1 Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2 Percentage of CJSW reports submitted to Court by due date
7.3 Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

7.1 Percentage of Individuals Beginning a Work Placement Within 7 Days of Receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1 Percentage of individuals beginning a work placement within 7 days



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual (%)	81%	88%	91%	0%	11%
Target	80%	80%	80%	80%	80%

Situational Analysis:

A challenge always remains with this performance metric when service users who attend immediately after court but are then unable to commence due to further conviction, ill health with GP line, employment contract clashing with immediate start or if subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service. Nonetheless, performance has been consistently above target during 2019-20. During Q1, all work placements were suspended due to Covid-19 public health constraints. Performance in quarter 2 is still significantly below target due to the current workplace suspension, however 2 people were able to begin a personal work placement, which accounts for the increase this quarter.

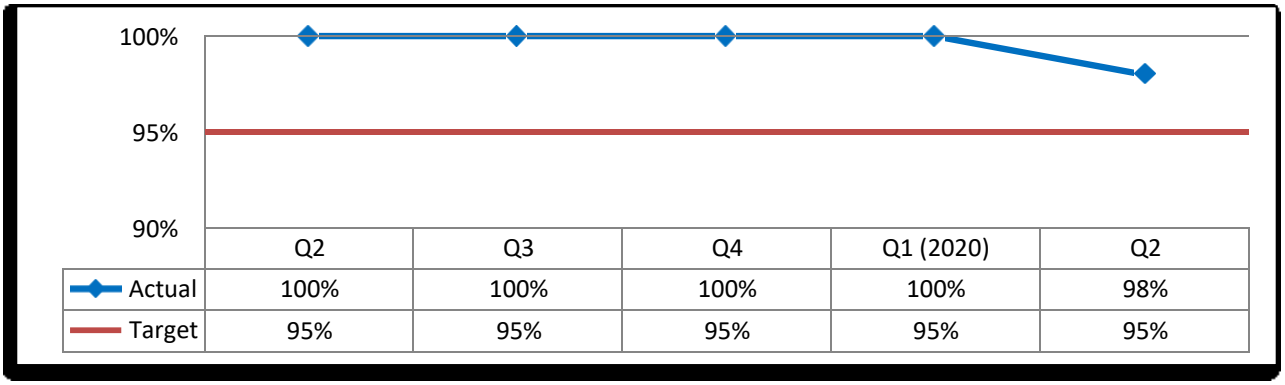
Improvement Action: The focus will be on the recovery of services in line with national and local public health guidance.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2 Percentage of CJSW reports submitted to Court by due date

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual	100%	100%	100%	100%	98%
Target	95%	95%	95%	95%	95%

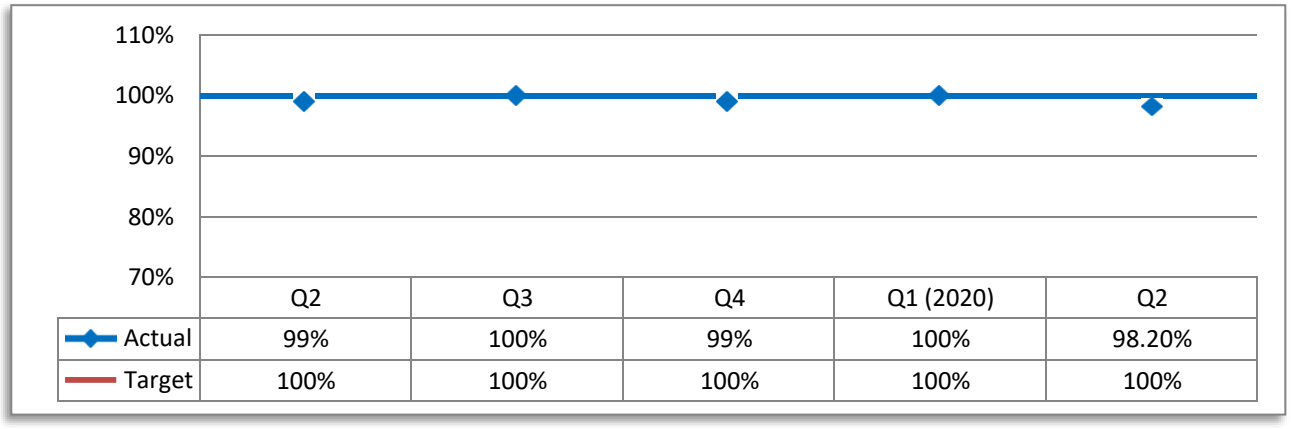
Situational Analysis: Performance in Quarter 2 is above target for this indicator. 44 reports were submitted to Court during the quarter and 43 were within target timescale.

Improvement Action: Monitor and maintain.

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

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

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



	Q2	Q3	Q4	Q1 (2020)	Q2
Actual	99%	100%	99%	100%	98.20%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance in Quarter 2 is slightly below target due to pressures within this service, as a consequence of pandemic controls. 111 report requests were allocated during the quarter, 109 of these were within timescale.

Improvement Action: The service will continue to maximise performance levels.

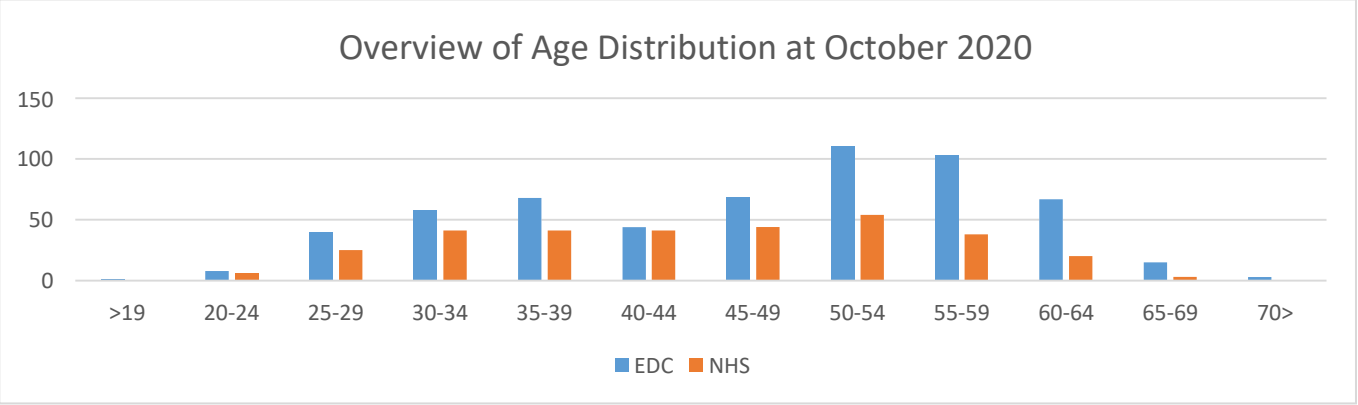
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Dec-19	Mar - 20	June - 20	Sept-20	Dec-19	Mar - 20	June - 20	Sept-20
NHSGGC	294	297	307	313	247	250	256	260.
EDC	579	583	584	587	485	491	493	492.4
Total	873	880	891	900	733	741	749	752.4

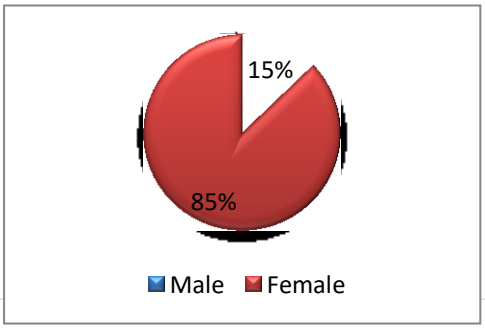
The picture on workforce shows a slight increase overall since June 2020 of 9 with an overall increase of 3.4 wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff.

8.2 HSCP Staff by Age profile



The age profile shows that the majority of staff remains aged over 45yrs and that we have a very low number of staff less than 25yrs of age (1). This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.

8.3 Gender Profile



The gender ratio of female to male employed staff has remained the same for the first 6mths of 2020, with 85% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within EDC had reduced in the final quarter of 2019-20 compared to Q3 and this has continued during the first quarter of 2020-21. Overall absence is well managed within the HSCP and as identified the main contributing factor in both Health and Social Care for higher absence is aligned with staff moving from short term to longer term absence due to health conditions. There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
Jan -20	9.05	4.64
Feb 21	8.20	4.05
Mar 20	8.24	5
April 20	6.71	5.11
May 20	6.25	4.7
June 20	6.65	5.05
July 20	7.82	4.37
Aug 20	9.04	4.03
Sept 20	8.41	4.28
Average	**7.82**	**4.6**

8.5 KSF / PDP / PDR

KSF Activity	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	April 20	May 20	Jun 20	Jul 20	Aug 20	Sept 20
Actual	**60.9**	**59.5**	**59**	**54.9**	**50.6**	**44.3**	**40.7**	**40.5**	**46.5**	**52.4**	**56.4**	**59.8**
Target	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**	**80**

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Due to Covid-19 our progress towards the target figure was paused but is now narrowing and should be on target by Q3.

8.6 Performance Development Review (PDR)

PDR		
Quarter	**% recorded**	**Target %**
Q3	73.10	85
Q4	82.44	85
Q1	1.3	60
Q2	2.19	75

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. Due to covid-19 some staff have been shielding, redeployed and working from home, therefore the recording and upload of PDR has not been an area of focus.

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21st January 2021**
Subject Title	**East Dunbartonshire HSCP Corporate Risk Register**
Report By	**Jean Campbell, Chief Finance and Resources Officer**
Contact Officer	**Jean Campbell, Chief Finance and Resources Officer** **Jean.campbell@ggc.scot.nhs.uk** **Telephone: 0141 232 8237**

Purpose of Report	To provide the Board with an update on the Corporate Risks and how they are managed.

Recommendations	The Board is requested to review the Corporate Risk Register and approve the content.

Relevance to HSCP Board Strategic Plan	High level risks may impact on certain areas within the Board Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	The Senior Management Team are required to review the Corporate Risk Register twice per year.

Equalities:	None

Financial:	None
Legal:	The H&SCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

Procurement:	None

Economic Impact:	None

Sustainability:	None

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

Implications for East Dunbartonshire Council:	The H&SCP Board Risk Register contributes to East Dunbartonshire Council Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.
Implications for NHS Greater Glasgow & Clyde:	The H&SCP Board Risk Register contributes to NHS GG&C Corporate Risk Register and ensures the management of the risks with robust control measures which are in place.

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

1.0 MAIN REPORT

1.1 The HSCP Corporate Risk register reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.

1.2 Individual Service Risk Registers are reviewed and updated on a quarterly basis by the Operational Leads within the HSCP.

1.3 The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated. This review has been delayed as a result of the impact of managing the Covid response, albeit a specific risk register was developed to capture the risks associated with the Covid pandemic. The keys risks in relation to Covid were reflected in the Annual Accounts reported to the Performance, Audit & Risk Committee in June and September 2020.

1.4 The Corporate Risk Register has been scrutinised by the HSCP Performance, Audit and Risk Committee on the 5th January 2021.

1.5 The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these. The risks associated with the Covid pandemic have been incorporated into the HSCP Corporate risk register as they will remain relevant for the duration of 2020/21 and into 2021/22.

1.6 There are a total of 26 risks included within the HSCP Corporate Risk register, 14 relate specifically to the Covid pandemic. Of the 12 risks that relate to the normal business of the HSCP, 9 are considered to be high risk albeit following the risk management actions implemented this reduces to 2 high risk areas.

1.7 The biggest areas of risk relate to the continuing financial position for the HSCP related to achieving financial balance and delivery of the transformation programme. The risk management actions will mitigate the likelihood of these risk events occurring and the development of a medium term financial plan and continued collaborative working with partner agencies in the development of transformation activity, which commenced pre covid, will be key in managing these risk events.

1.8 There is a specific risk in relation to the impending EU exit with the key areas impacting the HSCP detailed within the risk register. Work continues with partner agencies to put in place measures to mitigate these risks albeit this will largely be dependent on measures to be put in place across Scotland and the UK to ensure the ongoing supply of key goods and services.

1.9 There are 14 risks identified in relation to the potential impact from the Covid pandemic, of which 10 are considered high risk with this reducing to 3 following the risk management actions identified.

1.10 The biggest Covid risks relate to the ongoing ability to deliver services to vulnerable individuals within the community whether in a care home or care at home setting as the service manages the impact of Covid on the availability of staff, carers and the closure of services where alternatives may have to be considered.

1.11 The risk management actions identified will mitigate the likelihood of these risk evets occurring with the recruitment and redeployment of staff to high risk areas, support to the external provider market and the identification of alternative models of care to support individuals safely and provide the necessary breaks and respite for carers to support them during this challenging time.

1.12 A copy of the HSCP Risk Register is included as **Appendix 1**.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Completed by	**Jean Campbell**	**Date created/ updated**	**September 2019**

Risk is the chance of something happening which will cause harm or detriment to the organisation, staff or patients. It is assessed in terms of likelihood of an event occurring and the severity of its impact upon the organisation, staff or patients.

The Integration Joint Board has adopted the following scoring system which enables risks to be prioritised.

Likelihood (L)		**Consequence (C)**		**Risk (LxC)**	**=**	**Priority**
Almost certain	5	Extreme	5	20 - 25	=	Priority 1: VERY HIGH
Likely	4	Major	4	12 - 16	=	Priority 2: HIGH
Possible	3	Moderate	3	6 - 10	=	Priority 3: MEDIUM
Unlikely	2	Minor	2	1 - 5	=	Priority 4: LOW
Rare	1	Negligible	1			

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

Risk Appetite/Tolerance matrix

Likelihood	Consequence /Impact				
	1 - Negligible	2 - Minor	3 - Moderate	4 - Major	5 - Extreme
Almost Certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely-2	2	4	6	8	10
Rare - 1	1	2	3	4	5

IJB Risk Register @ 21st December 2020

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
HSCP1	Inability to achieve financial balance	Rising demand for services due to demographics, new legislation, new national policy, changing societal profile due to economic downturn, as-of-yet unknown post covid service demand impacts arising from changed profiles of health and care usage/access during covid 'lockdown' provision and behaviours, increasing public expectations re service provision, end of risk share agreement re Prescribing, public service financial challenges resulting in requirements to make financial efficiencies	Reduced ability to maintain service levels leading to service reductions and potential risk of poor service / harm to individuals Cuts to staff in post Reputational risk to the HSCP	Financial	Annual budget setting process undertaken in discussion with finance leads for Council and Health Board Internal Budget controls/Management systems and regular financial meetings with Council and NHS finance leads. Programme of efficiency plans established for coming year.	5	4	20	1	Treat	Liaison with other Chief Finance Officers network Monitoring of delivery of efficiency plans for the coming year through the HSCP transformation board. Financial recovery plan in place as needed and work with staff and leadership teams to identify areas for further efficiencies / service redesign to be escalated in year. Development pf a medium term financial plan.	4	4	16	2	Chief Officer
HSCP2	Failure to deliver adequate levels of Adult Support and Protection training to ensure in-house and commissioned local services have received appropriate support to meet their statutory duties	Insufficient capacity to deliver sufficient levels of training in-house and insufficient funding available to buy in training to meet capacity shortages. Lack of clarity around roles and responsibilities Inadequate training. Inconsistent assessment and application of protection procedures.	Death or harm to Service User. Failure to meet statutory adult support and protection duties. Reputational risk to the HSCP.	Health and Safety	Chief Officers' Group and Adult Protection Committee structure in place and overseeing training delivery. Progressive multi-agency ASP learning and development programme in place: Mandatory Levels 1-3 training delivered by partner agencies, including Level 3 for SW Council Officers and managers responsible for leading statutory investigations and protective interventions. Elective Level 2 multiagency training. Relevant HSCP and partner agency staff, including commissioned services, participate in annual case file audit and improvement task groups.	3	4	12	2	Treat	Business case developed to in-source ASPtraining through recruitment of additional social work capacity creating more capacity at the same cost as current arrangements. Requires consideration by Council through HR processes.	2	4	8	3	Protection Chief Officers' Group
HSCP3	Failure to comply with General Data Protection Regulations - loss of sensitive personal data (this risk and mitigation relates to personal data held which is the data controller responsibility of NHS GG&C or ED Council)	Structural changes require new and more sophisticated forms of data management. Lack of understanding and awareness of Data Protection legislation Increasing demand and competing priorities cause workers to have decreased awareness and lessened regard for Information Security. Inadequate training for staff and use of technologies.	Breach of Information management legislation. Harm or reputational risk to individuals whose data is lost or inappropriately shared. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	Professional Codes of Practice Procedures are in place on all sites for use/release of data. Monitoring of Information Governance Standards and agencies' Security Policy, Caldicott Guardian responsibilities, NHSGGC-wide Information Governance Steering Group. Information Sharing Protocol (endorsed by the Information Commissioner) in place for HSCP. An on-going programme of awareness and training will continue. Policies updated to reflect GDPR and new e-mail policies in place to meet government's secure email standards. All laptops (now including University equipment) encrypted. Extended use of electronic records. A programme of work re the systematic audit of access to electronic records is being extended beyond the Emergency Care Summary. Access to health records is controlled via a role based access protocol signed off by senior clinicians and the Caldecott Guardian.	3	4	12	2	Treat	SMT implements and reviews governance arrangements to comply with legislative requirements. Action plan in place to manage staff's adherence to GDPR including Information Asset register and Information Management Liaison Officer (IMLO) role. Digital GDPR training now mandatory for staff with network access.	2	4	8	3	Chief Officer
HSCP4	Failure to comply with General Data Protection Regulations - failure to destroy records in line with schedule of destruction dates	Errors in patient information Errors in drug information Poor or inadequate communication Inadequate medication storage, stock, standardization, and distribution Drug device acquisition, use, and monitoring Environmental factors Staff education and competency Patient education	Breach of Information management legislation. Financial penalty Increased external scrutiny Reputational damage to NHS GG&C, ED Council or the HSCP Litigation	Data Protection	A programme of work to catalogue, assign destruction dates to, and destroy records has been developed. This is implemented as/when staff capacity allows. IMLO reports to SMT on status of work.	5	2	10	3	Treat	New retention and destruction protocols for social work records (integrating paper and electronic records) being rolled out.	2	2	4	4	Chief Officer
HSCP 5	Failure in service delivery through failure of business continuity arrangements in the event of a civil contingency level event	Poor/ineffective Civil contingencies planning, Lack of suitably trained resource, Disjointed partnership working.	Reputational damage Legislative requirements not being complied with. Disruption to services. Loss of life or injury to public and or staff across the HSCP. We do not fully meet the requirements of the Civil Contingency (Scotland) act 2005.	Business Continuity	Regular testing and updating of emergency plans (multi-agency response) and Business Continuity Plans; Comprehensive plans for a Pandemic outbreak.	2	5	10	3	Tolerate	Business Continuity plans. Multi agency working. Compliance with national alerts. Civil contingency. Prevent training. Winter planning. Covid-19 specific business continuity approach with transition and recovery / remobilisation planning at service and overarching levels, regularly refreshed	2	5	10	3	Chief Officer
HSCP 6	Failure to secure effective and sufficient support from NHS GG&C and ED Council to plan, monitor, commission, oversee and review services as required. Functions delivered by business support services.	Limited resources across NHS GG&C and ED Council to manage increasing demands and competing priorities HSCP reliance on NHS GG&C and ED Council IT infrastructure and systems Frequency of change demands for CareFirst and NHS GG&C systems such as EMIS high and outwith our control, arrising from new reporting requirements and changing legal/policy etc underpinning requirements.	Failure to effectively and securely store and retrieve records - case management systems become outdated Inability to effectively and timeously share information Inability to be effective in electronic management and communication (e.g. arranging meetings) Inability to progress service redesign in delivery of the strategic priorities for the partnership. Inability to meet statutory reporting requirements. Inability to	Service Delivery	Engaged in Board wide process to ensure proportionate allocation. Chief Officer attend constituent body CMT / SMT meetings.	3	3	9	3	Tolerate	Ongoign collaborative work with NHS GG&C and ED Council to share understanding of support requirements and reach agreement as to how this is delivered	3	3	9	3	Chief Officer
HSCP 7	Inability to recruit and retain the appropriate numbers of trained staff to meet requirements resulting in reduction in service or failure to meet statutory duties. Specific workforce pressure areas are Community Nursing and Mental Health Officer	The reduction in numbers of registered staff in post. Aging workforce able to retire, limited numbers of staff in training to take up post requiring a secondary qualification, lack of remuneration for specialist qualifications (MHOs) leading to inability to retain staff after training.	Failure to accurately assess and respond to risk. Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage Inability to support the shift in the balance of care between secondary and primary care. Inability to support the transformational change agenda in relation to GMS contract, unscheduled	Service Delivery	Local workforce plan in place. Vacancy management process in place. Business case developed for MHO remuneration. Work with Chief Nurse to raise concerns corporately and nationally re community nursing workforce.	4	3	12	2	Treat	Develop workforce plan for 2018-21 inline with HSCP Strategic Plan. Revised recruitment protocol in place to support SMT overview of workforce issues.	2	3	6	3	Chief Officer
HSCP 8	Failure of external care provider to maintain delivery of services.	Collapse of Care Provider; care homes and practice failures. Capacity of market, staff recruitment issues, impact of living wage changes, failure of business continuity procedures, contractual negotiations through procurement. Potential for negative impact of Brexit on workforce.	Unable to provide/arrange care services Inability to meet statutory requirements/duties Service is reduced Fragmented services Increased complaints Service user detriment through lack of services or lack of timely intervention Reputational risk to the HSCP	Service Delivery	Contract Management Framework Regulation/Inspection framework SXL Framework	3	4	12	2	Treat	Support to providers. Provider Forums. Care home liaison. Contract Management Framework liaison post. Oversight through HSCP Clinical & Care Governance Group.	2	4	8	3	Chief Officer
HSCP 9	Failure to effectively manage health and safety needs of staff when lone working	Not all services have an established 'checking in' or tracking process in place for staff undertaking lone visits outside office hours	Staff stress levels increasing Physical and Emotional Harm to staff	Health and Safety	Lone Working policy in place. Enhanced use of technology within EDC (CCTV,Buzzers,Panic alarms, Mobile phones) Warning Management system in place in Carefirst Reporting of all incidents and near misses in accordance with procedures and undertaking of appropriate follow up action.	3	4	12	2	Treat	Training and induction on De escalation training. Monitoring through Datix.	2	4	8	3	Chief Officer
HSCP 10	Risk of failure to achieving transformational change and service redesign plans within necessary timescales	Lack of capacity within HSCP services and those supporting transformational change to deliver full change programme.	Significantly negative impact on ability to delivery medium to long term organisational outcomes as per the Strategic Plan. Inability to achieve financial balance.	Service Delivery	Transformation Board oversees progress. Annual Business Plan in place. Performance reporting framework established to support tracking of progress. Support through Council and NHS transformation teams to progress priorities.	4	4	16	2	Treat	Early collaborative planning with ED Council and NHS GG&C re support requirements. Work through staff and leadership teams to identify further efficiency and redesign options to bring forward in year.	3	4	12	2	Chief Officer
HSCP 11	Brexit - may negatively impact service delivery as a result of staff, equipment, medication or food shortages	No deal Brexit resulting in lack of agreements with the EU on the trade arrangements for goods and services, free movement of individuals, cost escalation and delays in obtaining supplies to support service delivery. Potential for hardship of service users and patients requiring more input from statutory services.	Equipment not being available for services users for their own home. Lack of provision for food and medical supplies to deliver in house care services. Insufficient staffing levels to deliver services or care. Impact on availability of medicines and or short supply issues leading to increased costs. Capacity to manage multiple events in addition to Covid.	Service Delivery	Ongoing assessment of menu which may result in changes to the menu to reduce impact if supplies restricted, engagement with local care providers on scale of issues and ensure effective BCP arrangements are in place. Flexibility within in house services to respond to high risk need. Links via Equipu Steering group and wider mitigation issues across the system. Engagement with local providers on the scale of the issues.	3	4	12	2	Treat	Ongoing engagement with Brexit risk assessment and planning groups across ED Council and NHS GG&C	2	4	8	3	Chief Officer

IJB Risk Register @ 21st December 2020

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
HSCP 12 - new	Failure to deliver the health visiting pathway in line with SG requirements	Insufficient Health Visitor workforce required to safely facilitate the delivery of the Universal Health Visitor Pathway in East Dunbartonshire due to caseload weighting model/ tool used by NHSGG&C being heavily weighted towards SIMD which does not favour East Dunbartonshire. Re grading of health visitors to band 7 creates further pressures on the allocated budget resulting in further staffing capacity challenges.	Failure to accurately assess and respond to risk. Inability to meet service requirements/duties Unable to provide care in line with Scottish Government Universal Health Visitor Pathway Service is reduced Fragmented services Increased complaints Service user detriment Reputational damage Poorer patient outcomes.	Service Delivery	Issue escalated corporately to NHSGG&C Board CMT and East Dunbartonshire IJB. Caseload numbers closely observed and monitored to allow staffing to be allocated dependent on areas of greatest need. Resources prioritised to the highest SIMD areas. Local workforce plan in place. Vacancy management process in place. Temporary reduction in delivery of contacts from Universal Health Visitor Pathway risk assessed and agreed with East Dunbartonshire HSCP SMT.	4	3	**12**	**2**	Treat	GG&C board wide review to look at different models for delivery including skill mix and weighting toll for application of funding.	4	2	**8**	**3**	Head of Children & Criminal Justice Services

IJB Risk Register @ 21st December 2020

Risk Reference	Risk Event	Cause	Effect	Category of risk	Control Measures	Residual Likelihood	Residual Impact	Rank (Equals H*I)	Priority	Strategy for Risk	Risk Management Actions	Acceptable Likelihood	Acceptable Impact	Rank (Equals N*O)	Priority	Risk Owner
COVID1	Failure to deliver in house care at home services to all those vulnerable and complex individuals to allow them to remain safely at home	Rising levels of absence among empoyees within the care at home service due to sickness /testing outcomes/ self isolation as a result of the virus, lack of proper equipment to support employees to deliver services safely during this period, rising demands to support greater need and complexity within the community as a result of increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, unsafe practice in service delivery due to lack of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of absence levels and adherence to health protection Scotland advice, additional overtime on offer for staff at work, ongoing recruitment, staff re-direction to frontline care at home service, purchase of apropriate PPE to support staff to deliver safely, management of demand through reliance on carers / family members.	4	4	**16**	**2**	Treat	Additional recruitment drives, review options for further staff re-direction / training, laison with other HSCPs for resilience, work locally with external care providers.	3	4	**12**	**2**	Chief Officer
COVID2	Failure of external care providers to deliver ongoing care to vulnerable individuals within the community including care home and care at home.	Rising levels of absence among provider empoyees across full range of commissioned services due to sickness / testing outcomes / self isolation as a result of the virus, lack of proper equipment to support provider employees to deliver services safely during this period, rising demands to support greater need and complexity within the community as a result of daycare closures, increased hospital discharge and individuals more ill and frail at home.	Individuals left at risk within the community, lack of residential placements for those that need them, revert to in house services who are also struggling to deliver, unsafe practice in service delivery due to lack of proper equipment, inability to safely discharge from hospital causing risks within acute care, escalation to care home due to lack of available care at home services as opposed to needs driven.	Business Continuity	Monitoring of provider business continuity arrangements including absence levels and adherence to health protection Scotland advice. Assurances to providers on continued funding and any additional costs incurred at this time through additional overtime, recruitment, staff re-direction to frontline services, access to and purchase of appropriate PPE to support staff to deliver safely, re-direction of daycare staff to support individuals within supported accomodation or at home, reliance on carers / family members.	4	4	**16**	**2**	Treat	Additional contract monitoring and commissioning support and liaison to support business continuity. Access to HSCP PPE ordering.	3	4	**12**	**2**	Chief Officer
COVID3	Increased demand for services to support individuals within the community in the context of reduced capacity.	Reduced acute hospital capacity, as a result of Covid 19 emergency admissions; reduced informal carer capacity, as a result of carers becoming ill with Covid and/or of being unable to provide support due to self-isolation or lock-down; reduced day and respite services due to service closures;reduced wellbeing of vulnerable people, post-infection; mental health impact of self-isolation and community lock-down; potential for increase in domestic violence due to self-isolation and lockdown.	Individuals at risk of harm within the community.	Service Delivery	Measures in place to manage effective discharge during Covid period, additional capacity created through purchase of additional placements in care homes and in house care at home provision, mobilisation plans developed and in progress including approval for additional spend from SG, Staff directed to critical areas of service delivery, supports in place to enable business continuity.	4	4	**16**	**2**	Treat	Additional support provided to individuals / carers to support those at risk and shielding to remain safely at home, training ongoing for staff re-directed to care at home and other critical service areas.	3	4	**12**	**2**	Chief Officer
COVID4	Lack of funding available through the Scottish Government (SG) to support the significant additional costs arising from managing the Coronavirus locally.	Exact nature and level of costs not known with certainty, financial impact on care providers to be met, limited funding available across the public sector agencies, costs are more significant than predicted.	Significant impact on HSCP financial performance for the year putting additional pressure on transformation activity required and reliance on partner agencies for additional support at year end.	Financial	Development and contribution to GG&C Mobilisation plan, financial templates completed and submitted for East Dunbartonshire, weekly updates on anticipated expenditure and actual expenditure as planning progresses, ledger codes set up and guidance issued to staff to montior expenditure related to CoVid.	3	4	**12**	**2**	Treat	Poltical and Chief Offcier representation on GG&C and national groups to make representation for adequate funding, representation through COSLA.	2	4	**8**	**2**	Chief Officer
COVID5	Inability to support early, effective discharge from hospital	Increasing absence within hospital assessment team to undertake assessments for those within a hospital setting, increasing number of admissions placing increasing demands on discharge planning, requirements for negative covid tests on discharge, capacity and ability of care homes to take individuals during CoVid arrangements, pressure on care at homes services to support individuals to remain safely at home.	Individuals remain inapropriately placed within an acute bed, reduces capacity within hospitals to manage increasing volume of admissions due to coranavirus, individuals health and reahbilitation opportunities decline placing further pressure on statutory services into the future.	Service Delivery	Staff re-directed to hospital assessment team to ensure sufficient assessment function to meet demand, working closely with care providers to determine real time capacity to support discharge, commission additional care home places to meet demand, monitoring absence and enhancing capacity within care at home services to support discharge home.	3	4	**12**	**2**	Treat	Review further options for increasing capacity within care home provision and care at home through recruitment drive and further re-direction of staff.	2	4	**8**	**3**	Chief Officer
COVID6	Increase in incidence of child and adult protection concerns.	Children may be absent from school and at home for periods of self isolation which places additional pressures at home and schools act as a key oversight for indication of child protection concerns, escalating and heightened stress factors managing children at home, adults observing social distancing measures and self isolating causing stress factors within the home, support and services not available during current period which would identify / mitigate ecalation of child / adult protection concerns and potential for abuse or exploitation.	Children and aduts placed at risk of harm, mechanisms to identify risks are no longer in place therefore detection may go un noticed for longer periods.	Service Delivery	Child and Adult protection staff working at home and ensuring regular contact maintained in line with procedures, children at risk continuing within education and receiving support with food supplies.	3	4	**12**	**2**	Treat	Local Covid-19 Adult Protection and Child Protection guidance established and and child and adult protection based work maintained as a priority. Covid Public Protection Group established to ensure appropriate oversight and early identification of any issues in relation to our delivery of child, adult and public protection services.	2	4	**8**	**3**	Chief Officer
COVID7	Inability to secure adequate levels of Personal, Protective Equpment (PPE) compliant with relevant guidance for frontline staff.	Changing guidance widens the net and circumstances which require the use of PPE, demand across the country for PPE in the context of limited supply locally and nationally.	Frontline staff may contract the virus while supporting vulnerable individuals at home. Similarly, there is a risk that frontline workers pass on the virus while supporting our most vulnerable.Care providers, voluntary sector and personal assistants do not have access to PPE to support service delivery. Ultimately frontline staff may refuse to deliver services if the proper PPE is not available to protect them and others Diminishes the availability of staff to deliver critical services.	Business Continuity	Ensure central stock of PPE within East Dunbartonshire through established PPE Hub; Ensure co-ordination of local supply through Woodland health clinic to inhouse / care provider market, carers, PAs; Links to national supply through NSS under an MOU,; work closely with local procurement to source additional supplies as required.	3	4	**12**	**2**	Treat	Raise any concerns with supply/stock levels with Gold Command via Chief Officer; Links across GG&C through Tactical meetings for added resilience,	2	4	**8**	**3**	Chief Officer
COVID8	Failure of the voluntary sector to provide resilience and support to individuals at risk within the community.	Rising levels of absence among volunteers due to sickness / testing outcomes / self isolation as a result of the virus, lack of proper equipment to support volunteers to support individuals safely during this period, rising demands to support greater need and complexity within the community as a result of increased self isolation under government guidelines, lack of family contact and other support infrastructures.	Increased social isolation for vulnerable individuals within the community, risks that individuals are left without food / supplies to support them during this period, reliance on statutory services to intervene at a time when struggling with capacity to support those at highest risk.	Service Delivery	East Dunbartonshire Shielding Team established, including voluntary sector representation, to connect with those most vulnerable within the community to offer advice, direction and support; HSCP Local Resilience Management Team in place including voluntary sector representation to dovetail approach; increasing levels of volunteers locally;support designed in ways to limit contact with those suffering from the virus - phone calls, parcels delivered to the door etc	3	3	**9**	**3**	Treat	Continued call for volunteers, links to national groups through Chief Officer to escalate any local issues.	2	3	**6**	**3**	Chief Officer
COVID9	Closure of health & social care centre	Individual / staff member with the virus attends the centre, outcome of test & protect process for Covid positve cases.	Area becomes infected, transmission to numbers of individuals, lack of confidence from public in attending the centre, services unable to be delivered safely. Staff isolating at home impacting ability to safely deliver services.	Business Continuity	Consistent message in all health and care establishments advising staff and members of the public not to attend with symptoms; All services have plans in place to inform staff and members of the public not to attend any scheduled appointments with symptoms; only emergency appointments being scheduled; Business Continuity Plans in place across health and care establishments and Teams. Deep cleaning arrangements in place across all facilities / GP Practices. Members of public have limited access to specific areas of building. Social distancing risk assessment and action taken to mitigate risk of transmission of disease.	2	4	**8**	**3**	Treat	Envoke business continuity and deliver services from another building or re-locate services to another part of the health and social care centre given the building is not operating at full capacity during this period. Support all staff to work from home during period of self isolation.	2	3	**6**	**3**	3rd Sector Interface representative
COVID10	Failure of Assessment Centre to deliver community respiratory pathway over the winter period.	Local assessment centre now closed, relaince on Barr Street, Glasgow to support residents from East Dunbartonshire. Demand levels escalate beyond planning assumptions, shortage of suitably trained nursing or medical staff; staff bcms unwell or develop symptoms requiring self isolation, no availability of suitable PPE or equipment such as oxygen, oxygen masks & tubing, medication etc in order to safely support service delivery.	Individuals at risk of not being properly assessed within centre, increased numbers referred to hospital which could become quickly over-whelmed in the event that the Community Pathway is overwhelmed entirely then patient care will revert back to individual practices – with risk to the integrity of the General Practice services.	Service Delivery	Board wide planning group to ensure continuity of CAC arrangements and to review options for additional staffing across GG&C.	3	4	**12**	**2**	Treat	Links established across GG&C to provide additional resiliance through the Tactical Group and Chief Officer representation.	2	4	**8**	**3**	Chief Officer
COVID11	Failure of some or all of General Practice to deliver core services.	Demand levels rise above available capacity within existing General Practice(s) or staffing levels fall below a level where General Practice(s) can safely operate to deliver urgent and/or vital services.	Local population no longer able to access appropriate safe level of medical and nursing care within their usual General Practice setting. Potential increase in all cause morbidity and mortality and increase reliance on acute sector at a time when they are already likely to be overwhelmed.	Service Delivery	East Dunbartonshire COVID-19 Assessment Centre offers alternative route for suspected COVID-19 patients offering protection to GP staff population, aiming to reduce GP staff absence. Strengthening of Business Contingency Plans by each East Dunbartonshire Practice, with confirmed 'Buddy' arrangements. Discussion and agreement on General Practice consolidation at cluster level and HSCP level 4 planning around potential single point of GP level care within East Dunbartonshire.	2	4	**8**	**3**	Treat	In addition the HSCP is taking a proactive approach to liaising with local practices to offer early support with redeployment of staff or assisting buddying arrangements.	2	3	**6**	**3**	Clinical Director
COVID12	Lack of effective communication to staff and wider population on managing the coronavirus during this period	Lack of/confusing/changing communication distributed from central government impacts on local communication strategies resulting in local failure to communicate effectively and efficiently.	Mis-information and inapropriate reponses to managing services. loss of confidence within staff group / public on what they should be doing; service inefficency and potential risk of error/governance concerns and increased staff sickness	Reputational	National guidance informs communications and links to governement / Health Protection Scotland information inluded on website, regular core / team briefs and employee news issued to keep staff up to date. Proactive contact with the most vulnerable individuals as part of the Shielding initiative. Links etsablished through the Chief Officer to national group, Council / NHS management response teams and local response management teams.	2	3	**6**	**3**	Tolerate		2	3	**6**	**3**	Chief Officer
COVID13	Additional pressures upon East Dunbartonshire Alcohol and Drug Recovery Service	Possible constriction of supply and resourcing of drugs/illicit substances. Alternative prescribing arrangements established during Covid-19 pandemic. Early release from custody where alcohol / drug issues may be present.	Potential increased community demand on integrated health and social work services, and demand for replacement therapies. Supply and resourcing issues issues may lead to additional polysubstance use and of use of substances which may not be routinely consumed and implications for both physical and mental health, and potential risk of increased drug related deaths by overdose.	Service Delivery	Robust and proactive measures established by EDADRS to ensure weekly contact with patients and service users at risk of additional harm. Engagement and monitoring with partners in the third and independent sector to ensure early identification of any local and national issues in terms of supply and resourcing. Review within Covid-19 Public Protecion Group in terms of risks related to drug related deaths, suicide and links to justice services. Enhanced management arrangements estalished within EDADRS service.	3	4	**12**	**2**	Treat	Enhanced arrangments to ensure weekly contact with patients and service users assessed at risk of additional harm. Joined up work across Alcohol and Drug Partnership as required. Continued prioritisation within Covid-19 Public Protection Group. Enhanced on site staffing / management arrangements established within EDADRS service	2	4	**8**	**3**	Chief Officer
COVID14	Heightened risk of community mental ill-health and detrioration in wider wellbeing and mental health.	Impact of global pandemic, lockdown arrangements and increased social isolation and disruption to normal social connections and social contact. Reduced service provision within Primary and Secondary Mental Health services.	Increased demaind on Community Mental Health Team services and potential heightened risk of self-harm and suicide.	Service Delivery	Continued provision of community and emergency mental health assessment and services. Voluntary and third sector services continue to provide support increasing use of remote and digital functionality. East Dunbartonshire Shielding Team established to connect with those most vulnerable within the community.	3	4	**12**	**2**	Treat	Service provision continued in accordance with business continuity plans. GGC boardwide intiatives to ensure continued provision of emergency and out of hours services established. Development of third sector and independent sector and provision of their services continues. East Dunbartonshire Shielding Team established to connect with those most vulnerable within the community and enhance community reslience. Continued overiste and review within Covi-19 Public Protection Group.	2	4	**8**	**3**	Chief Officer

Agenda Item Number: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21st January 2021**
Subject Title	**East Dunbartonshire HSCP Clinical & Care Governance Group minute of meeting held on 21st October 2020.**
Report By	**Paul Treon, Clinical Director**
Contact Officer	**Paul Treon, Clinical Director** **Paul.Treon@ggc.scot.nhs.uk** **Telephone: 0141 232 8237**

Purpose of Report	To share the minutes of the Clinical & Care Governance Group meeting held on 21st October 2020.

Recommendations	The Partnership Board is asked to: 1. note the content of the Clinical and Care Governance meeting of 21st October 2020.

Relevance to HSCP Board Strategic Plan	None

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None.

Procurement:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

Appendix 1: Clinical & Care Governance Group minutes of meeting held on 21st October 2020.

Agenda Item Number: 11a.

Minutes of
East Dunbartonshire Health & Social Care Partnership Clinical & Care Governance Sub Group
Wednesday 21st October 2020, 9.30am
Microsoft Teams Meeting

Members Present

Name	Designation
Paul Treon	Clinical Director, Chair
David Aitken	Interim Head of Adult Services
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Caroline Sinclair	Interim Chief Officer
Leanne Connell	Chief Nurse
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Derrick Pearce	Head of Community Health & Care Services
Fraser Sloan	Clinical Risk Analyst
Lorraine Currie	Operations Manager, Mental Health

In Attendance

Name	Designation
Lorraine Arnott	PA to Clinical Director & Head of Community Health & Care Services.

Apologies

Name	Designation
Michael McGrady	Consultant in Dental Public Health
Raymond Carruthers	Operational Service Manager, Oral Health

No.	Topic	Action by
1.	**Welcome and Apologies**	

	Apologies are noted on page 1. PT introduced himself and gave a short overview of the changes made to the membership and agenda for this meeting since taking over as Chair of the Clinical & Care Governance Group for ED HSCP, and welcomed those present.	
2.	**Minutes of Previous Meeting**	
	Amendment: Cover page – "Date of meeting on minute note listed as May, change to 19th August". Otherwise approved.	
3.	**Matters Arising**	
	The members agreed that there were no matters arising from the previous minute for further discussion.	
4.	**Incident Trends**	

	PT went through the attached Datix reports for the benefits of those present and identified various issuing arising from same. Clinical Incidents Adult Nursing – action has been taken and articulated within the document. DA suggested the information contained within does not bear resemblance to what is detailed on Datix, with there being more mental health incidents than highlighted within the report. This may be due to the fact that the report was only run until 2nd September, therefore may show on report for next meeting. Children's Services – CC advised that there were no action currently outstanding however there may be some not closed off yet. There are a number of CAMHS incidents, however CC advised that she is unsure of who holds ownership for these case. CC will have a discussion with Karen Lamb with regards to this. LCu advised that with regard to Mental Health Services, there are eight outstanding suicides or deaths. Delay with investigations originally during COVID. Couple to review and some completed with actions plans. PT highlighted incident 628829; patient details attached, needs anonymised. DA with regard to incident 565692; this has been ongoing in excess of nine months, awaiting update. DA noted concerns and will raise at Adult Protection Committee. FS will also look into this incident and will report back with update. DA stated feedback process has various inconsistencies. LCu suggested that it may be appropriate to have someone from Clinical Risk team attend the meeting to provide update on the process for clarity. Non Clinical Incidents. PT raised again the issues with patient identifiable information being input and for this to be addressed and anonymised as discussed above. DP noted a number of incidents that relate to PPE; these have now been resolved through removal of the product concerned. LC raised the issue of categorisation of reports; some incidents can sometimes sit in the holding area if not categorised correctly. VMcL will pick this up when running these reports.	
5.	**Incident Theme**	

	PT advised that his intention would be to address individual themes at each meetings, and stated that any one of the issues above could be looked more broadly at how they can be picked up within services. FS advised that he had run a report that suggested that the common themes appeared to be self-harm, confidentiality, medication incidents, with 88% of breaches related to the handling of physical documents. PT also stated that some trends are more specific to individual services however there are some which are pertinent to all service areas. Confidentiality and medication incidents cross most service areas, therefore for the next meeting PT suggested a GDPR/Confidentiality theme. **ACTION**: VMcL and PT to work together to provide an overview and guidance for December meeting. Medication errors for February's theme, and PT will liaise with CF regarding this.	**VMcL** **CF**
6.	**Complaints**	
	VMcL issued late paper prior to the meeting, comprising a collation of complaints via health process and currently awaiting information from EDC re their complaints. Nothing of note at this time from Oral Health. Since July, three complaints have gone to a formal stage process and have been dealt with within timescales. Different themes for all those complaints. VMcL advised the members that she has currently taken this role over from Dianne Rice and contacts and information will require to be updated. PT asked that any learning from these complaints are circulated through all services. CS updated in relation to social work complaints that the number of complaints being upheld and partially upheld has increased. She will feed this back to EDC and address as appropriate. VMcL advised that she has sent a request to EDC for a report on these complaints. **ACTION**: Further investigation into analysis of social work complaints to be taken forward. Complaint review process will be discussed at next meeting.	**VMcL**
7.	**Core Audit Reports**	
	PT stated that details of timescales for audit reports to be sent to PT/LA when received to allow to be discussed at relevant points during the year. LC advised that core record keeping audits are still on hold at present. Discussion followed surrounding the target for compliance audit.	**HoS**
	GOVERNANCE LEADS UPDATES / REPORTS	

8.	**Children & Families/Criminal Justice**	
	Governance Leads updates - C&F Oct v2 Governance Leads updates - CJ Oct.docx CC – Children and Families SCR commissioned by the Child Protection Committee. This is a multi-agency review and first meeting of which was held recently. Conclusion and findings of review will be complete by next spring. CC – Criminal Justice, Learning Review being undertaken involving situation where concerned people have been involved with a number of services. All processes and guidance are being followed correctly. Will feedback at next meeting.	
9.	**Community Health & Care Services**	
	Governance Leads updates - CHCS Oct.d DP felt it may be worth reflecting on whether a separate report would be required for commissioned services and should be reported upon along with the attached. CS advised that the Care Homes assurance visits process is being reviewed robustly and is not being formally reported on outwith these visits. She further added that it would be good to evidence these visits at these meetings. **ACTION**: DP to ask Gillian Healy to link in with Heads of Services to produce a report on commissioned services.	**DP** **DP**
10.	**Joint Adult Services**	
	Governance Leads updates - Adult Serv DA advised that there is currently an increase in statutory mental health based work, and has risen since the start of COVID. Drug related deaths have also increased. LC further confirmed that the number of people becoming unwell since this time has also significantly increased. Challenges around trying to promote technology in this service, and remote working processes. Currently experiencing issues with the Attend Anywhere function.	
11.	**Oral Health – Primary Care**	
	Governance Leads updates - OHD Oct.do Nothing further reported on at meeting.	
12.	**Mental Health**	

	ccbt report September 2020- fina As attached.	
13.	**Primary Care & Community Partnerships Governance Group update**	
	CF advised that there had not been a meeting to report back from at this time. Next meeting is scheduled for 3rd December 2020.	
14.	**Board Clinical Governance Forum update**	
	PT to find out more on this for the next meeting.	
	RISK MANAGEMENT	
15.	**Clinical Risk Update**	
	FS advised that next update is due January. Last updated was June/July this year. PT confirmed that these updates are six monthly and would be discussed at the appropriate meetings.	
16.	**SCI Actions**	
	From 1st October, Significant Clinical Incidents became '**Serious Adverse Events (SAEs)**', with associated investigations now known as '**SAE Reviews (SAERs)**'. The 2020 policy review of the 'Management of Serious Adverse Events (previously SCIs)' has been agreed by the Board and was implemented on 1st October. The updated policy includes guidance relating to the national approach to learning from adverse events; the escalation process and the review of commissioning processes. The Toolkit and templates available on StaffNet have been updated to include: A new Briefing Note template (amalgamation of severity 4/5 and rapid alert templates); Updated SAER report and timeline templates; New SAER commissioner and reviewer checklists The new Briefing Note template should be used in place of the old rapid alert / 4-5 templates for any new serious adverse events (> 1st October 2020). Likewise, the new SAER report and timeline templates should be used for any SAERs commissioned after 1st October. Clinical Risk are available to meet with teams to go over the changes if any teams would find it useful.	

	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
17.	**Quality Improvement Projects within HSCP**	
	CS informed the members that continuous Quality Improvement work is ongoing and there are specific pieces of work that are currently being undertaken. She further emphasised the need for realistic expectations over the course of the next six months. PT agreed that it is important to highlight where the HSCP is making improvements through these projects and work being undertaken. DA added that there is micro quality improvement within Adult Services but stressed that it is difficult to do under current demands. DP stated that national evaluation is being undertaken on the Attend Anywhere service and how it is being used effectively. CC advised that Children and Families service has been working with Children and Young Persons Collaborative since June and meetings will be set up to assess the test of change.	
	SCOTTISH PATIENT SAFETY PROGRAMME	
18.	**Partnerships Patient Safety minutes**	
	None available at time of meeting.	
	CHILD PROTECTION	
19.	**Child Protection Stats & updates**	
	CC advised that at the being of lockdown there was little activity however since lockdown activity levels have risen significantly. Rise in child welfare, domestic abuse and mental health concerns. Also seen an increase in drug and alcohol misuse. Services are currently extremely busy. Number of investigations is also on the rise. Pilot currently being undertaken. Child Protection Committee has continued to meet and is a very well attended and motivated group. 30 currently registered on the Child Protection register. Report submitted to PPLG who meet every three weeks, and report submitted also to Scottish Government on a weekly basis.	

	ADULT PROTECTION	
20.	**Adult Protection Stats & updates**	
	DA updated the meeting that the number of adult protection referrals are increasing every quarter; 50% increase from April to June, and 33% increase in most recent quarter. Two LSI since last meeting. One being progressed through multi-agency forum, and one likely to be brought to conclusion early November. CS highlighted that there had been a dip in referrals following initial lockdown however the number has fluctuated over the last few months, now resulting in a consistent upward trend.	
	JUSTICE SERVICES	
21.	**Public Protection**	
	PPLG meets on a regular basis to analysis and keep track on data.	
22.	**MAPPA / Management of high risk offenders**	
	CC updated on the quarter 2 return from 1st July to 30th September. 47 cases, a reduction on number from the previous quarter. All MAPPA cases are being managed. MAPPA meetings have also been moved to a digital forum as a result of COVID. Arrangements made from these meetings are from the highest risk offenders.	
23.	**MARAC**	
	CC advised that the meeting that the MARAC is hosted by police colleagues for referrals related to domestic abuse. Confirmed change of management by the police however have yet to meet the new representative. The group aims to protect the needs of victims, however it was discussed that there needs to be a more strategic standardised approach.	
	INFECTION CONTROL	
24.	**Infection Control Minutes**	
	Minutes attached for information.	
	ESCALATIONS	
25.	**Items to be escalated to HSCP Board**	
	Nothing of note at this time.	
26.	**Items to be escalated to NHS G&C C&CGG**	
	Nothing of note at this time.	

	GENERAL BUSINESS	
27.	**Flu Immunisation Programme**	
	East Dunbartonshire HSCP Flu Immunisati CF discussed in detail the information contained within the attached report on the ED Flu Immunisation programme. The biggest issued faced by the programme are the way in which people have been appointed to the clinics through the GGC SIRS process. Three difference Datix submissions have been submitted since the commencement of the programme, namely data breach, needle stick injury and patient given wrong vaccine. CS advised that she has fielded numerous complaints via MSPs and Councilors with regard to the programme. Key recurring enquiries are whether they can pay for one if they have not been issued with an appointment yet. Can they be directed to local community pharmacies? CF highlighted that the issue is that community pharmacies have no more vaccines to administer due to a shortage in supply. This is a nationwide shortage and not just local. CF informed the members that the uptake from the programme to date is 80%, exceeding what the area would see on a normal basis. LC further informed that domiciliary flu vaccinations has also been making good progress and uptake therein has also been good.	
28.	**Serious Adverse Event Reviews**	
	Discuss at agenda item 16.	
29.	**Any other business**	
	PT welcomed feedback on the format and layout of the meetings for future referenced and welcomed comments.	
30.	**Schedule of meetings 2020/2021**	
	Meeting Schedule 2020 2021.doc	
31.	**Date and time of next meeting**	
	2nd December 2020, 9.30am via MS Teams	

Agenda Item Number: 12.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21st January 2021**
Subject Title	**East Dunbartonshire HSCP Strategic Planning Group Minutes of 22nd October 2020.**
Report By	**Derrick Pearce, Head of Community Health and Care Services**
Contact Officer	**Derrick Pearce, Head of Community Health and Care Services** **Derrick.Pearce@ggc.scot.nhs.uk** **Tel: 0141 232 8233**

Purpose of Report	To share the minutes of the HSCP Strategic Planning Group held on 22nd October 2020.

Recommendations	The Partnership Board is asked to: 1. note the content of the HSCP Strategic Planning Group on 22nd October 2020.

Relevance to HSCP Board Strategic Plan	None

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None.

Procurement:	None.

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held on 22nd October 2020 at 1.30pm via MS Teams

Present

Derrick Pearce	Head of Community Health & Care Services
Fiona McManus	Carers Representative
Bernadette Laffey	Policy Officer (Housing Rep)
Alan Cairns	Planning, Performance & Quality Manager
Linda Tindall	Senior Organisational Development Adviser
Susan Frew	Interim Clinical Services Manager Oral Health
Claire Carthy	Interim Head of Children's Services & Criminal Justice
Joni Mitchell	Partnership Development Officer
Stephen Russell	Senior Addiction Worker (SW Practitioner Rep)

Attending:

Catriona Burns	Minute Taker

Minutes

1. Introductions & Apologies — **Action**

Apologies: to be added David Radford, Gillian Notman, Gillian Healey Laura Coia, Lisa Johnston, Alex O'Donnell, Leanne Connell

CC advised that DP had been delayed in another meeting and would join as soon as possible.

2. Notes of Previous Meeting

The minutes of the previous meeting were after approved following the addition of Improving Cancer Journey in East Dunbartonshire as a standing item.

3. Matters Arising

None

4. Updates

4.1 East & West LPG

Meetings have taken place in the East, with a focus on supporting those in recovery. The meeting for the West has had to be rescheduled.

4.2 3rd Sector Update

Work continues to support people in the community. The 3rd Sector has been involved in recruiting volunteers to help with the flu vaccine programme, meeting & greeting. Befriending teams are staying in contact with their clients making over 400 calls per week to older people and assisting with shopping, prescriptions and a char. Funding has been secured for training on iPads.

DP expressed thanks to the volunteers for work with flu planning

4.3 Independent Sector Update – deferred

4.4 PS&UC Update

The PSUC met on 12th October 2020 and have done a lot of work of Power of Attorney. An FOI provided information of the variation within the local authority who have a Power of Attorney in place and the next step is to benchmark against other Councils.

Films have been produced to show patients how to access their GP's – examples of barriers from GP's.

Jenny & Avril will be stepping back from the group therefore recruitment for their replacements will be underway in due course.

A Covid 19 info sheet being produced.

Visiting in Care Homes is a concern particularly with the bad weather for visiting outside. DP advised that the daily Care Home Oversight Group is working with PH to allow indoor visiting on a risk basis and all homes have risk assessments pending

Public campaign on Power of Attorney would be welcome as delayed discharges do result from this not being in place.

4.5 Housing Update

Housing Operations - the allocation of houses has re-started with sign ups on the 10th August and 54 properties have been re-let, including 30 new build properties. Since shielding stopped, the housing support service ended to residents. Due to the continued COVID-19 restrictions, voids are currently the key challenge as there are over 130 voids which require to be fit to let, so that applicants can get signed up for homes.

The Homelessness and Prevention Team continue to work remotely. Homelessness numbers continue to be relatively low during lockdown. Since April 2020 the homelessness team have taken 110 new applications (compared to 230 the previous year; 53% decrease).

The new Unsuitable Accommodation Order introduced in May 2020 restricts the use of bed and breakfast or unsuitable accommodation for all households. Previously this unsuitable accommodation order was just for households with children etc. The Homelessness and Prevention Team are currently liaising with the Scottish Government and other local authorities in relation to the impact that this change has on the Homeless Service.

To date, no breaches to the Unsuitable Accommodation Order and reviewing temporary accommodation as per new guidance. The Homeless of Out of Hours Service has been extremely busy with over 200 calls to date (in comparison to 160 received in 2019/20 full year).

The Coronavirus (Scotland) Act 2020 protects tenants in Scotland from eviction action (private and social rented sector) for up to 6 months. This was an extension to the amount of notice which landlords must give to tenants. Another change in the Act was The Rent Arrears Pre-Action Requirements (Coronavirus) (Scotland) Regulations 2020 sets out the requirements that landlords should comply with before seeking to evict a tenant (notice served on or after 7 April 2020 and arrears occurred on after 27 May 2020).

Challenges in relation to RRTP:
Reduce number of applicants waiting 3+ years on homelessness list - 317 applicants awaiting offer on the homelessness list. Of these, 13 waiting longer than 3 years(4%) compared to 450 awaiting (83 longer than 3 years - 19%) at the start of year 1 RRTP (2019)
Revised procedures to rent deposit scheme - 23 households assisted to move to private lets since April 2020
Housing Support provision in place - 56 new referrals this year (approximately 29% of households - decreased from 39% from previous year)
Ensuring no breaches to the unsuitable accommodation order (none to date)

Housing developments completed at the following sites:
Kilmardinny, Bearsden (27)
Bencloich Road, Lennoxtown (9)
David Grey Drive and Armour Drive, Kirkintilloch (9)

Commenced in August:
Former Tom Johnson House, Kirkintilloch

To commence in early 2021:
Former Lairdsland Primary, Kirkintilloch · Blackthorn Avenue, Lenzie · The Loaning, Kirkintilloch

FM asked why the call numbers have gone up but the stats and applications are down. BL advised that many of the calls have been resolved without an application for Homelessness being made.

4.6 Primary Care Update

The main focus of the Primary Care Programme Board meeting was to support and maintain pathways into winter. GP's are open and working digitally.

5. EDHSCP Strategic Plan – Review and Replacement

At the last meeting AC advised that the Strategic Plan should be reviewed every 3 years. The existing Plan is in place until March 2021, with the Board having approved a deferment for 1 year. Following a discussion on how to address the work required for the review, the group agreed that AC would circulate a draft plan to the members

for consultation and that this would be the Strategic Focus item at the meeting on 17th December 2020.

6. Strategic Focus – Support for Children & Families

CC gave a presentation on the work of the Children & Families Teams

slides C&F.pptx

The group discussed the positive impact achieved by Corporate Parenting and praised the efforts made by Children & Families Teams in adapting working practices to ensure engagement is maintained with young people. All vulnerable children have been given access to iPads, broadband etc.

FM will share the presentation with PSUC and CC agreed to participate in a future meeting.

7. Date of Next Meeting

The next meeting is 17th December 2020 at XXXX via MS Teams

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21st January 2021**
Subject Title	**Staff Forum Minutes – 23 November 2020**
Report By	**Tom Quinn, Head of Human Resources** **Tom.quinn@ggc.scot.nhs.uk** **07801302947**
Contact Officer	**Tom Quinn, Head of Human Resources** **Tom.quinn@ggc.scot.nhs.uk** **07801302947**

Purpose of Report	To provide re-assurance to the Board that Staff Governance is an integral part of the governance activity within the HSCP

Recommendations	Board members are asked to • note the content of the minutes

Relevance to HSCP Board Strategic Plan	Key component of Workforce

Human Resources	Compliance with the NHS Reform act 2002

Equalities:	None

Implications for Health & Social Care Partnership

Financial:	None

Legal:	None

Procurement:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 MAIN REPORT

1.1 The full minute is attached at Appendix 1

1.2 Key items discussed included:

- Forum members had a preview of the video and staff handbook that have been developed to support staff returning to our buildings. These material highlight the work that has been undertaken to ensure a safe environment for those staff needing to access our buildings, the risk assessment measures in place to mitigate identified risks and our expectation of staff using the buildings.
- We provide an update on our presentation to the NHSGGC Staff Governance Committee on the 3 November which was well received by committee members.
- We also had a report from Derrick Pearce on the tremendous work that our staff are undertaking to support local care home teams at this very difficult time.

Appendix 1: Minute of the Staff Forum of 23 November 2020

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item: 13a.

Minutes of East Dunbartonshire HSCP Staff Forum Meeting
Monday 23rd November 2020 at 12noon via MS Teams

PRESENT

Andrew McCready (AMcC)	Unite Oral Health (Co Chair) Chairing
Caroline Sinclair (CS)	Interim Chief Officer East Dun HSCP
Claire Carthy (CC)	Interim Head of Children & Criminal Justice Services
Caroline Smith (CSm)	HR Business Partner
Derrick Pearce (DP)	Head of Primary Care and Community Services
Brian McGinty (BMcG)	Unite Convenor EDC
Margaret Hopkirk (MH)	Human Resources Manager
Tom Quinn (TQ)	Head of Human Resources
Craig Bell (CB)	Unison EDC Convenor
Anne McDaid (AMcD)	RCN Steward
Linda Tindall (LT)	Senior Organisational Development Advisor
David Aitken (DA)	Interim Head of Mental Health
Simon McFarlane (SMcF)	Unison Regional Organiser
Pauline Halligan (PH)	Strategic Lead Organisational Transformation
Jean Campbell (JC)	Chief Finance and Resource Officer
Sharon Mackie (SMacK)	Unison EDC Rep
Karen Gillespie (KG)	HSCP Administrator – Minute Taker
Sarah Hogg (SH)	Clerical Officer (Shadow Minute Taker)

ITEM	SUBJECT	ACTION
1.	**Welcome & Apologies** AMcC opened the meeting by welcoming everyone present. Apologies were submitted on behalf of Lisa Johnston, Janice Campbell, Diane McCrone and Jenny Russell.	
2.	**Minutes of previous meeting** Minutes of meeting held on Monday 21 September 2020 were agreed as an accurate reflection of discussions.	
3.	**Matters Arising** **Staff Governance Committee** CS advised the action plan and performance report was well received with good feedback from the meeting earlier this month. **Test & Protect update** DP noted there has been no further meetings to date and the next meeting will focus on the creation of SOPs for domiciliary staff when required to self isolate further updates will be brought back to the next staff forum. There	

	are currently 3 members of the Health Improvement team currently seconded to the test and trace service. **Move to level 4 Restrictions – Covid-19** CS advised there are no significant changes to the current operations of the HSCP however emphasised staff should be aware of the current restrictions when travelling between council areas and to ensure they have proficient identification with them at all times. Discussion was then had around staff required to shield and CS requested managers to ensure risk assessments were completed and recorded in line with both organisations policies.	
4.	**Building Access** **KHCC Car Parking Update** JC gave a brief verbal update to the SPF regarding the car parking at KHCC. The car parking committee have met twice regarding the allocation of staff submitting applications for car park fobs. To date 74 applications have been received and approved. The barriers for the car park have been delayed due to lack of availability during the current pandemic, however once the updated operational date is known staff will be informed along with local business and residents. JC advised a security guard will be in place for the first couple of weeks to ensure the smooth running of the car parks. **Draft Video** JC advised that a video of the building updating staff to the changes around the building has been produced and approved for use. JC noted the video is mainly for staff who have been working remotely throughout the pandemic and who may have not been in the building recently to ensure staff are clear on what is to be expected when returning to the building and adhering to the new rules in place.	
5.	**Finance Update** JC Spoke to the paper giving the staff forum a brief update on the financial performance of the partnership as at month 6 of 2020/21. JC noted the projected out turn position is reporting an over spend of £0.4m as at month 6 of 2020/21, however it is unclear on the level of funding being provided by the Scottish Government to support Covid expenditure within the HSCP. The paper had previously been submitted and noted to the HSCP Board in early November 2020.	
6.	**CSWO Annual Report** CS provided the staff forum with a brief summary of the report and advised the paper relates to pre covid activity with brief note to the impact of the current pandemic on services. SMcF enquired as to why there was no note to the current Social work investigation. CS advised the investigation has not yet been concluded and	

	therefore not appropriate for inclusion at this stage.	
7.	**Staff Well-being Activity –** **Local group activity** TQ advised the Staff forum multiple events are currently organized during November and December 2020. The events will focus on Mental health and how staff can best be supported in the run up to the Christmas period. All staff will be invited to participate in these virtual events **Everyone Matters (National Survey)** TQ advised the survey has now concluded and once known the results will be published in a paper and updates brought to next meeting **National Wellbeing Hub** TQ advised those present the Promis website is being updated imminently with additional material being available on the site from the end of November. **Our News – 13 Nov 2020** LT provided a brief update following on from the previous edition of our new the current edition will focus on health and wellbeing. DP asked managers to ensure staff are aware of the suggestion cards and boxes available in the HSCP. DP also made note to the recently delivery of various gifts received from Blue Light card for staff within the HSCP. DP advised the gifts have been shared with the Care Homes throughout East Dunbartonshire and had been received with gratitude.	
8.	**Community Justice Partnership Annual Report** CC gave a brief summary of the report to those present advising East Dunbartonshire HSCP has received good feedback to date. CC expressed thanks to the services who have been so flexible throughout the current pandemic ensuring care and support had not been effected.	
9.	**Flu Immunisation Plan Update** DP updated the Staff forum advising phase 1 of the immunisation programme been completed, to date, the current uptake including Care Homes is currently sitting at 85% for East Dunbartonshire HSCP. The Care Home staff vaccinations, being supported by the HSCP are taking place in the reception areas where possible to avoid unnecessary footfall through the Care Homes. HSCP Staff vaccinations have also been completed with the final staff mop up clinic taking place on the 23rd November in KHCC. Phase 2 of the flu programme is due to begin in the next two weeks with the vaccine being provided in pharmacies throughout East Dunbartonshire catchment area. Planning will continue for the possibly of a COVID 19 vaccine. DP	

	expressed great thanks to all who have supported the current flu programme and their continued support.	
10.	**<u>Care Homes Update</u>** DP gave an update advising that challenging times continue for the staff and residents in the 17 care homes within East Dunbartonshire HSCP and advised the extra support from the Advanced Nurse Practitioners at weekends and CHLNs during the week continues. There are currently two care homes in the red category and two in amber within East Dun HSCP. AMcD took opportunity to express thanks to all staff in the Care Homes and those providing the additional support.	
11.	**<u>NHSGGC Christmas Pay dates</u>** TQ advised the December and January Pay have been moved forward to make two 5 week months. TQ also advised that discussions had taken place with HMRC to ensure that this would not have any effect on benefit claims.	
12.	**<u>A.O.C.B</u>** Dental Hospital - MH advised the Oral Health Directorate are making service changes to Level 1, within the Dental Hospital. TQ advised this forms part of the outcomes of the Public Dental Service Review. MH also noted a new HR support Team for managers is currently in the process of being set up with particular focus around covid absences of staff.	
	<u>Date & Time of Next Meeting</u> Monday 21st December 2020 at via MS Teams, invite will be circulated nearer date	

Agenda Item Number: 14.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**21 January 2021**
Subject Title	**Public, Service User & Carer (PSUC)**
Report By	**Vacant (Carers Representative) and Gordon Cox (Chair of PSUC and Service User Representative)**
Contact Officer	**David Radford** **Health Improvement & Inequalities Manager** **David.radford@ggc.scot.nhs.uk** **0141 355 2391**

Purpose of Report	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC)

Recommendations	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Procurement:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in **Appendix 1**.
2.0 SUMMARY	
2.1	The PSUC have held 5 meetings in 2020, the last meeting took place on the 7 December 2020 and was held on Microsoft Teams.
2.2	At the latest PSUC meeting, the members received from David Radford (HSCP Public Health Improvement and Inequalities manager) on the progress of the flu vaccination programme in East Dunbartonshire.
2.3	The PSUC group have also created and distributed the December 2020 Covid-19 info sheet, with relevant information on the progression towards to Covid vaccination roll out
2.4	The PSUC members developed and approved the information film which highlighting 'Know where to turn to' over the Christmas period. This was circulated widely across East Dunbartonshire.
2.5	The purpose of the most recent film was to inform residents on the current arrangements and plans over the festive period around medication, GP opening times, staying safe over Christmas and where to get medical assistance if needed. (See **Appendix 2** for film description and link).

2.6	Jenny Proctor has tended her resignation as a Carers rep to the HSCP Board. The PSUC group wish to thank Jenny for her many years of service (previous Public Partnership Forum member). The members will aim to elect a new Carers rep replacement in the New Year.
3.1	It is recommended that the HSCP Board: ▪ Note the progress of the Public, Service User & Carer Representatives Support Group.

Appendix 1

Public Service User and Carer Support Group – 7 December 2020 – Virtual Meeting

Attending; David Bain, Suzanne McGlennan Briggs, Martin Brickley, Gordon Cox, Sandra Docherty, Linda Jolly, Fiona McManus, Jenny Proctor, Michael Rankin

Apologies; Karen Albrow, Avril Jamieson, Mary Kennedy, Indira Pole, Frances Slorance
HSCP Staff in attendance; David Radford and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
PSUC group have been notified of the 'new' East Dun HSCP Public Health Improvement Team facebook page and were asked to like and share the page.	AC to share link	07/12/2020			
PSUC group have requested that the December Covid-19 info sheet contain a statement from the HSCP lead pharmacist, with regards to the Coronavirus (COVID-19) vaccine developed by Pfizer/BioNTech on its efficacy rate, with a positive message.	AC	By 12/12/2020			
PSUC group will plan, create and disseminate a 'Festive Info Film'. Dr Paul Treon (Clinical Director) will be asked questions regarding health and social care services over the holiday period.	AC	Filming by 10/12/2020, editing by 14th and dissemination by 18th December			
The PSUC chair asked the Carer rep members to consider putting their name forward to becoming the HSCP Board Carer Rep. Members were asked to email AC.	AC	By 01/01/2021			
PSUC Chair raised a motion with the members who agreed to arrange for their next meeting (1st in 2021) to be held in March 2021. Members agreed and asked AC to develop a meeting calendar	AC	By 01//02/2021			

Ac to share the ‘Improving cancer Journey’ paper that was presented to the SPG meeting	AC	07/12/2020			

Appendix 2

East Dunbartonshire PSUC group information film.

This film is a Q and A with Dr Paul Treon (East Dun HSCP Clinical Director) informing local residents on medication and ‘know where to turn to’ over the festive period.
Link here: https://www.youtube.com/watch?v=oa9CJKnSXN8&feature=youtu.be

East Dunbartonshire Health & Social Care Partnership

Interim Chief Officer
Caroline Sinclair

Agenda Item Number 15.

East Dunbartonshire HSCP Board Agenda Planner
Meetings

January 2021 – March 2022

Updated 15/12/20

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Board Agenda Planner (CS)
HSCP Board Agenda Items – 21 January 2021
Topic Specific Seminar – Staff Governance
East Dunbartonshire HSCPs Primary Care Improvement Plan for year 3
HSCP Strategic Plan 2021 – 2023 Draft
Directions Report
Performance Reports
Corporate Risk Register
Financial Reports
Transition/Recovery Planning
HSCP Board development Session – Tuesday 2nd February 2021 2pm – 4pm via MS Teams
HSCP Board Member review HSCP Board Members Standards HSCP Board Members Code of Conduct Financial Planning 2021-2022
HSCP Board Agenda Items – 25th March 2021

Performance Reports
Financial Reports
Transition/Recovery Planning
Woodhead Practice Proposed Closure of Branch Surgery (Derrick)
Health Visiting (paper from Chief Nurse)
Oral Health update
Sexual Health Service Review Implementation Plan **(held to January 2021)**
HSCP Board Development Session – 25th March – 2.00[pm – 4.00pm (via teams)
Strategic Plan – Outline process for new 3 year plan including timescales
HSCP Board Agenda Items – 24th June 2021
Topic Specific Seminar – Update on Life Changes Trust Partnership Work
Performance Reports
Financial Reports
Transition/Recovery Planning
3rd Sector update (A Meikle) tbc
Community Transport (A Meikle) tbc
HSCP Board Development Session – 24th June 2021 – 2.00pm - 4.00pm (via teams)
Debrief on impact of Covid and lessons learnt: Effect on service delivery Community Justice
Response to the Covid Vaccination process
HSCP Board Development Session 19th August 2021 (time to be confirmed)
Mental Health Update: The impact Covid has had on people's mental health Mental Health for Young People Mental Health Assessment Units / Update on Out of Hours Update on action 15

HSCP Board Agenda Items – 16th September 2021
Performance Reports
Financial Reports
Transition/Recovery Planning
HSCP Board Development Seminar – 23rd September (time to be confirmed)
Primary Care Improvement Plan
Care at Home
Update on financial commitments and sustainability
HSCP Board Agenda Items – 18th November 2021
Topic Specific Seminar -
Performance Reports
Financial Reports
Transition/Recovery Planning
HSCP Board Development Seminar – 25th November 2021
Oral Health
HSCP Board Agenda Items – 20th January 2022
Topic Specific Seminar -
Performance Reports
Financial Reports
Transition/Recovery Planning
HSCP Board Development Session – 25th February 2022
Financial Planning 2022/23
HSCP Board Agenda Items – 24th March 2022
Topic Specific Seminar - tba
Performance Reports

Financial Reports
Transition/Recovery Planning

ED HSCP BOARD - DISTRIBUTION LIST		
ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Susan Murray	Chair - EDC Elected member	1
Jacqueline Forbes	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ketki Miles	NHS non-executive Board Member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Caroline Sinclair	Interim Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Alex Meikle	Voluntary Sector Representative	1
Gordon Cox	Service User Representative	1
	Carers Representative	1
Leanne Connell	Chief Nurse Representative	1
Andrew McCready	Trades Union Representative	1
Craig Bell	Trades Union Representative	1
Paul Treon	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**Paper copy / e-copy**
Martin Cunnigham	EDC Corporate Governance Manager	7
John Hamilton	Head of NHS Board Administration	**e-copy only**
Lisa Johnston	General Manager, Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
Derrick Pearce	Head of Community Health and Care Services	**1**
Claire Carthy	Interim Head of Children's Services & Criminal Justice	**1**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
Councillor Graeme McGinnigle	EDC Elected member	**e-copy only**
Councillor Rosie O'Neil	EDC Elected member	**e-copy only**
Suzanne McGlennan Briggs	Carers Representative	**1 copy**
Mary Kennedy	Service User Representative	**1 copy**