

For meeting on

# Agenda 2018

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT** on **Thursday, 15<sup>th</sup> March 2018** at **9.30 am** to consider the undernoted business.

Ian Fraser, **Chair**  
East Dunbartonshire Health and Social Care  
Partnership Integration Joint Board

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

## A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting HSCP Board held on; 11<sup>th</sup> January 2018

Item	Contact officer	Description	Page
1.	Dr Michael Smith	Adult Mental Health Transformational Presentation	
<b>STANDING ITEMS</b>			
2.	Ian Fraser	Expressions of Interest	
3.	Martin Cunningham	Minute of HSCP Board held on 11 <sup>th</sup> January 2018	1-8
4.	Susan Manion	Chief Officers Report	<b>Verbal</b>
<b>GOVERNANCE ITEMS</b>			
5.	Jean Campbell	Financial Performance Period 10	9-26
6.	Jean Campbell	Financial Plan 2018/19 update	<b>To follow</b>
7.	Fiona McCulloch	Ministerial Improvement Objectives	27-34
8.	Sandra Cairney	Fairer Scotland Duty	35-36

9.	Fiona McCulloch	Final Draft Eligibility Criteria for Adult and Young Carers Support	37-52
10.	Martin Brickley/Jenny Proctor	Public, Service User & Carer Representative Support Group	53-58
11.	Lisa Williams	East Dunbartonshire HSCP Clinical & Care Governance minutes of meeting on 7 <sup>th</sup> February 2018	59-66
12.	Tom Quinn	East Dunbartonshire HSCP Staff Partnership Forum minutes of 22 <sup>nd</sup> January 2018	67-74
<b>STRATEGIC ITEMS</b>			
13.	Sandra Cairney	Final Draft Strategic Plan 2018-21	75-130
14.	Tom Quinn	Workforce & Organisational Development Plan	131-172
15.	David Radford	Draft Joint Strategic Health Improvement Plan 2018-2021	173-182
16.	Jean Campbell	Self-Directed Support Strategy – 2018 - 2021	183-206
17.	David Aiken	Adult Mental Health Services Transformation	207-210
18.	Paolo Mazzoncini	Life Changes Trust	211-214
<b>ITEMS FOR INFORMATION / NOTING</b>			
19.	Paolo Mazzoncini	Children & Families Service Oral Health Update	215-220
20.	Susan Manion	Updated Management Arrangements	221-224
<b>FUTURE HSCP BOARD AGENDA ITEMS</b>			
21.	Susan Manion	HSCP Schedule of Topics/Business Plan	225
		<p>Date (s) of next meeting</p> <p><b>Thursday 10<sup>th</sup> May 2018 at 9.30am in the Council Committee Room, Southbank Marina</b></p> <p><b>Future dates 2018/19</b></p> <p>28th June 2018</p> <p>6th September 2018</p> <p>15th November 2018</p>	

		17th January 2019 21st March 2019	
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Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 11 January 2018.**

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

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

Non-Voting Members present:

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

**Ian Fraser (Chair) presiding**

Also Present: **D. Aitken** Joint Adult Services Manager / Dep CSWO

**S. Cairney** Head of Strategy, Planning & Health Improvement

**A. Cairns** Service Re-design Officer

**M. Cunningham** Corporate Governance Manager

**F. McCulloch** Planning Performance & Quality Manager

**F.P. McLinden** General Manager, Oral Health Lead Officer  
Dentistry GG&C

**T. Quinn** Head of People & Change

**APOLOGY FOR ABSENCE**

An apology for absence was submitted on behalf of Martin Brickley and Adam Bowman.

**DECLARATION OF INTEREST**

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

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**11 JANUARY 2018**

**SEMINAR – DUTY of CANDOUR – Kirsty Kennedy**

The Board invited Kirsty Kennedy to outline the requirements on public bodies arising from the Duty of Candour. The presentation covered:-

- The timeline -from 2013 (Francis report into West Staffordshire NHS) to Implementation scheduled for 1 April 2018.
- The Key Principles of the Duty of Candour.
- The Legal Provisions
- The Procedures
- The Annual Reporting duties
- Actions for Partners prior to 1 April 2018.

The Board heard from Kirsty in response to questions and thereafter thanked her for an informative presentation.

**1. MINUTE OF MEETING – 9 NOVEMBER 2017**

There was submitted minute of the meeting of the HSCP Board held on 9 November 2017. The Board agreed a correction intimated by the Chief Social Work Officer and thereafter the minute was approved.

**2. CHIEF OFFICER'S REPORT**

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

- Update on discussions with GP practices, the NHS and East Dunbartonshire Council with regard to our facilities in the West of the Partnership area.
- NHS – “Moving Forward Together” – local events and future seminar to HSCP Board members
- West of Scotland Delivery Group – An update on the discussions in the West Region in the lead up to a Regional Plan to be completed by the end of March 2018. This included an update on discussions with and the inclusion of Local Authorities in the planning and process. of Scotland Operational Issues – reflecting the significant pressures on the whole system over the Christmas and New Year period ,all staff of the ED HSCP were commended for their significant efforts, including extended hours and their general help and support .This was a particular issue for front line home care, social care and nursing staff . In response Councillor Moir, who also commended staff for their performance over the festive period., Councillor Moir also took the opportunity to commend the work being done with GPs in Bearsden & Milngavie.
- Management Arrangements – Tribute was paid and thanks given to Sandra Cairney – Head of Strategy, Planning & Health Improvement who, on the 9<sup>th</sup> March is leaving the HSCP to join NHS Highland – Public Health. It was also noted that Derrick Pearce, Head of Community Health and Care will take up post in early March. Caroline Sinclair, Head of Mental Health, Learning Disabilities and Addiction services is likely to take up post in April.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
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Following consideration the Board noted the Report.

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

The Chief Finance and Resources Officer submitted a Report, copies of which had previously been circulated, which provided the Board with an update of the financial performance of the partnership as at period 8 of 2017/18.

Following discussion and questions, the Board:-

- a. Noted the performance of the budget including a projected overspend for the year as at period 8 of 2017/18.
- b. Noted the position in relation to the achievement of savings identified to as part of the budget settlement to the partnership for 2017/18.
- c. Noted the management actions being taken to mitigate pressures and the potential use of partnership reserves to achieve financial balance for 2017/18
- d. Noted the risks associated with the delivery of a balanced budget as detailed in 1.25 of the report.

**4. FINANCIAL PLAN 2018 / 19**

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

The Chief Finance & Resources Officer was heard in response to members' questions and agreed to circulate an Appendix of Reserves and thereafter the Board:-

- a. Noted the position on the financial planning assumptions for the partnership based on the latest known position for both the Council and the NHS Board for 2018/19.
- b. Approved the areas for consideration identified to date to meet the financial challenge for the HSCP Board and agreed to progress the detail of these for further consideration by the HSCP Board.

**5. PERFORMANCE REPORT –QUARTER 2 – 2017/18**

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, informed the Board of the progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period July - September 2017 (Quarter 2).

Following further consideration, the Board noted the Quarter 2 Performance Report.

**6. AMENDMENTS TO HSCP INTEGRATION SCHEME**

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
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A Report by the Chief Officer, copies of which had previously been circulated, advised the HSCP Board of the current actions and process in place to amend the East Dunbartonshire Integration Scheme.

In order to implement the Carers (Scotland) Act 2016, the Scottish Government must incorporate provisions stemming from the Carers Act into regulations that support the Public Bodies (Joint Working)(Scotland) Act 2014. The changes in regulations require the Health Boards and Local Authorities to amend their Integration Schemes, working with Integration Authorities, to take account of the new provisions.

Following further consideration, the Board noted the general view expressed at other GG&C HSCPs regarding the benefits and difficulties of consolidating 3 complaints processes into 1 to ensure transparency of purpose and process for the general public.

Thereafter the Board noted the report.

**7. ORAL HEALTH REPORT**

A Report, by the General Manager – Oral Health and Lead Officer for Dentistry GG&C, copies of which had previously been circulated, provide an overview of the activities carried out by the Oral Health Directorate across the East Dunbartonshire HSCP area.

The General Manager pointed out the general trend across a variety of indicators and she further highlighted the areas where concerns had been expressed which included the comparatively low registration rate of 0-2 year old children with dentists and the perceived higher percentage for P7 school children requiring dental extractions in East Dunbartonshire. The Board, having heard the experiences of Councillor Mehan, suggested that a future report could possibly identify any cases where non-engagement by parents regarding the oral health of their children, combined with other factors, as early indicators of neglect resulting in referrals to the Children's Panel.

The Chief Social Work Officer indicated that while this was not a category where data was specifically available at present, he would investigate what data was available for inclusion in a future report to the Board.

Thereafter the Board noted the Report.

**8. ANNUAL REPORT - CHIEF SOCIAL WORK OFFICER (CSWO)**

The Board considered the Annual Report by the Chief Social Work Officer / Head of Children & Criminal Justice Services, which summarised performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the CSWO.

Key matters such as child protection, adult protection, corporate parenting and the management of high risk offenders were covered in the report which also provided information relating to the following:

- Summary of Performance – Key Challenges, Developments and Improvements;
- Partnership Working - Governance and Accountability Arrangements;



**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
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- Social Services Delivery Landscape;
- Resources;
- Service Quality, Performance and Delivery of Statutory Functions;
- Workforce Planning and Development; and
- Improvement Approaches

Following discussion and having acknowledged the significant volume and content of the information provided the Board noted the Report.

**9. PUBLIC SERVICE USER & CARER REPRESENTATIVE SUPPORT GROUP**

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

Following discussion, and having heard the Service User and Carer Representatives in response to questions, the Board noted the report.

**10. ED HSCP – CLINICAL & CARE GOVERNANCE GROUP – 5 SEPTEMBER & 27 NOVEMBER 2017 - MINUTES**

The Board noted the Minutes of the Clinical Care & Governance Group meeting of 5 September and 27 November 2017.

**11. ED HSCP STAFF PARTNERSHIP FORUM – 27 NOVEMBER 2017 - MINUTES**

The Board noted the Minutes of the ED HSCP Audit Committee meeting of 26 September 2017. The Board also ratified the decision to nominate the Chair of the Audit Committee and the Vice Chair of the HSCP Board to sign off the Final Audited Annual Accounts.

**12. ED HSCP DRAFT STRATEGIC PLAN**

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, sought approval of the HSCP Strategic Plan 2018-21 Draft Consultative Document which would be subject to a wide ranging consultation to inform the final Strategic Plan 2018/21.

Following discussion the Board approved both the HSCP Strategic Plan 2018-21 Draft Consultative document and commencement of a formal consultation process to inform the final Strategic Plan, which will be considered by the Board in March 2018.

**14. LEARNING DISABILITY STRATEGY & IMPLEMENTATION**

A Report by the Chief Officer, copies of which had previously been circulated, updated on the preparation of an Adult Learning Disability Strategy and Implementation Plan, with reference also to the Learning Disability Review and Redesign Project.

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The Board heard from the Service Re-design officer and discussed various details, particularly in relation to supported employment opportunities and consultation with local groups such as the Friends of Kelvinbank.

Following further consideration the Board noted the Report and requested regular progress updates.

**15. EAST DUNBARTONSHIRE LOCAL OUTCOMES IMPROVEMENT PLAN (LOIP) 2017 - 2027**

A Report by the Head of Strategy, Planning & Health Improvement informed the Board of the Community Planning Partnership Local Outcomes Improvement Plan, 2017-2027 (LOIP) approved by the Community Planning Partnership Board on the 7th December 2017; and the ongoing development of PLACE Plans within the targeted PLACE communities of Hillhead & Harestanes, Lennoxtown, Auchinairn and Twechar

Following further consideration the Board noted the information.

**16. CARERS (SCOTLAND) ACT 2016 - IMPLEMENTATION**

A Report by the Planning Performance and Quality Manager, copies of which had previously been circulated, updated the Board on the range and provisions to be delivered under the Act and the preparations underway including Local governance arrangements in place and implementation approach; Draft Local Eligibility Criteria and the management of the key risks identified.

Following further consideration the Board noted the Report.

**17. OVERVIEW OF NEW GP CONTRACT**

A Report by the Clinical Director, copies of which had previously been circulated, updated the Board on the local impact of the new Scottish GP contract, as a draft was agreed between Scottish Government and the BMA and published on 13 November 2017. This contract is in response to the significant pressures being experienced across GP Practices and proposes a refocusing of the GP role as the expert medical generalist, building on the core strengths and values of general practice whilst enabling the GP to do the job they trained to do and thereby improve patient care.

The Board heard from the Clinical Director who confirmed that the results of the ballot of GPs was not concluded as yet. She confirmed that if approved this would be a 3 year contract with staging of key phases - Phase 1(commencing 1 April 2018) and following a further vote Phase 2 (2019). She commented on the challenges and opportunities for GPs, the pros and cons arising from the Inverclyde pilot and the perceived positive benefits for service users, while noting that the proposed level of funding was less than that of the pilot project.

Following further consideration the Board noted the potential impact on the delivery of HSCP services in East Dunbartonshire and thereafter noted the report.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD  
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It was noted that the Board would be updated with regard to the local arrangements to support implementation.

**18. ADULT MENTAL HEALTH SERVICES - TRANSFORMATION**

A Report by the Chief Social Officer / Head of Children and Criminal Justice, copies of which had previously been circulated, summarised the Draft 5 Year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde

The Board heard from the Joint Adult Services Manager who provided background details and outlined the strategy drivers designed to develop a whole system 5-year strategy for mental health. He emphasised the key principles of the whole-system approach and the 7 strands of work identified to address the challenges identified, these included:- unscheduled care, recovery-oriented care, productivity, prevention, bed-modelling and shifting the balance of Care.

It was noted that Dr Michael Smith the Clinical lead for the Strategy would be asked to attend the next HSCP Board to present the key themes.

Following discussion and questions, the Board noted the information.

**19. ED HSCP STRATEGIC PLANNING GROUP – MINUTES OF MEETING – 14 NOVEMBER 2017**

The Board noted the Minutes of the Strategic Planning Group meeting of 14 November 2017

**20. HSCP BUSINESS PLAN / SCHEDULE OF TOPICS 2017/18**

A Report by the Chief Officer, copies of which had previously been circulated, outlined the operational management and governance arrangements, which were in place for all the functions delegated to the Integration Joint Board. The assurance that these were in place was required to be provided by the Chief Officer as outlined in the HSCP Integration Scheme.

Following discussion the Board noted the updated management arrangements.

**21. DATE OF NEXT MEETING – 11 JANUARY 2018**

The HSCP Board noted that the next meeting would be held on Thursday 15 March 2018 in the Council Chambers.

Future dates were also provided as under:-

10th May 2018

28th June 2018

The Board noted that Seminars would be held on 10 May18 - commencing at 9am before the main agenda business.



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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Financial Performance Period 10
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221

<b>Purpose of Report</b>	To update the Board on the financial performance of the partnership as at period 10 of 2017/18.
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<b>Recommendations</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the performance of the budget which is reporting a projected overspend for the year as at period 10 of 2017/18.</li> <li>b. Note the position in relation to the achievement of savings identified to as part of the budget settlement to the partnership for 2017/18.</li> <li>c. Note the updated reserves position for the partnership as detailed in 1.27.</li> <li>d. Note the risks associated with the delivery of a balanced budget as detailed in 2.0.</li> </ol>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of key priorities within the plan.
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**Implications for Health & Social Care Partnership**

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

## MAIN REPORT

- 1.1 The financial performance for the Health & Social Care Partnership is based on the period 10 reporting cycle for the period to the 31<sup>st</sup> January 2018. The position is unlikely to vary significantly between now and the year end.
- 1.2 The position as at Period 10 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Projected Out-turn Variance £000
NHS Community Budgets	22,008	17,310	17,274	36	419
ED Social Care Fund (£250m +£100m)	6,000	5,000	5,000	0	0
Oral Health	10,094	8,256	7,915	341	400
FHS & Prescribing	43,556	36,297	36,297	0	0
Adult Social Care	39,385	29,390	26,273	3,117	(1,656)
Children & CJ Services	11,296	9,260	9,651	(391)	(1,057)
Care of Gardens	78	65	65	0	0
Adaptations (PSHG)	450	375	375	0	0
Care and Repair	214	178	178	0	0
Fleet	452	377	377	0	0
<b>SUB-TOTAL</b>	<b>133,533</b>	<b>106,508</b>	<b>103,405</b>	<b>3,103</b>	<b>(1,894)</b>
Acute Set Aside	17,381	14,484	14,484	0	0
<b>TOTAL</b>	<b>150,914</b>	<b>120,992</b>	<b>117,889</b>	<b>3,103</b>	<b>(1,894)</b>

### HSCP Budget Outturn

- 1.3 The current position indicates a projected overspend of £1.9m for the Health & Social Care Partnership (HSCP) for the year to 31<sup>st</sup> March 2018. This represents an improvement of £600k on the last reported position as at period 8 and includes a projected under-spend in relation to the Oral Health Directorate of £400k which accounts for the majority of the positive movement.
- 1.4 The year to date position is showing a positive variance on budget of £3.1m due primarily to the phasing of funding for the Social Care Fund passing over to the local authority in its entirety during period 10. There continues to be some capacity in community health payroll budgets and Oral Health Services in relation to vacancies from retrials and maternity leave within dental nursing which is consistent with the final year end reported position.

- 1.5** The projected pressures for the partnership relate to Social Work services, primarily in relation to residential and fostering placements for Children. This is due to a combination of additional demands and restrictions on placements within our in-house residential provision being held in the expectation that a number of Asylum Seeking children will be placed within East Dunbartonshire. This is being offset to some extent through vacancy management within Children's SW Services.
- 1.6** In addition projected overspends continue on Adult Social work budgets as a result of demand pressures from children transitioning into adult learning disability and mental health services and challenging savings targets for these areas as part of the budget process for 2017/18.
- 1.7** There continues to be a small underspend position in relation to NHS Community budgets as a result of capacity within delayed discharge funding, additional savings identified to mitigate pressure on prescribing which look unlikely to be required in year. There is emerging pressure across a number of areas in relation to challenging turnover savings applied at the time of setting the budgets which will require to be closely monitored as the year progresses but are being managed within the overall allocation to the partnership for health services.
- 1.8** In the event that the overspend position is realised to this extent at the year end, this will result in a call on the general reserves held by the partnership. General reserves are currently £2.7m for the partnership and provide some resilience to manage in year pressures, however once these are utilised there will be limited scope to create further reserves for future years.
- 1.9** NHS Budget Outturn  
**Appendix 1** provides a detailed breakdown of the partnership NHS budgets for the 10 month period to the 31<sup>st</sup> January 2018.
- 1.10** The projected out turn for the health element of the partnership budget is that of £819k under-spend at this point in the financial year. This represents an increase in the projected under-spend of £379k and relates to the Oral Health Directorate where the impact of vacancies throughout the year have delivered a positive variance. Oral health primary care is a service hosted within East Dunbartonshire on behalf of the other partnerships across NHS GG&C and the year-end balance on this budget will be taken to reserves.
- 1.11** The current year to date position shows an under-spend of £377k which relates in the main to Oral Health Services as a result of vacancies within the non-consultant and dental nursing areas following a number of retirements as well as better stock control and ordering of instruments and sundries contributing to a favourable variance.
- 1.12** There are some emerging payroll pressures in relation to Adult Community and Mental Health Services for the elderly as a result of challenging turnover savings as part of the savings programme for 2017/18.
- 1.13** There is some in year capacity in relation to delayed discharge monies to be fully allocated to key priority areas as part of service redesign initiatives and additional savings which were identified toward prescribing pressure which will not be required in year which contribute to the forecast position for NHS Community services.



- 1.14** GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means expenditure is available for April – December 2017 (9 months). This was showing that prescribing expenditure, for East Dunbartonshire, was running ahead of budget at that point to the tune of £448k of which £349k relates to cost pressures associated with the short supply of certain drugs and off patent drugs where assumptions were made around cost reductions which have not materialised as expected. If this continues then East Dunbartonshire would expect a year end variance of £600k, of which £465k relates to short supply and off patent pressures.
- 1.15** The overall GP prescribing expenditure position for NHS GG&C is showing significant pressure on budget of £4.9m with worst case scenario projections for the NHS Board of a year-end overspend of £7.5m. This is a consequence of continued short supply of certain drugs across Scotland. There continues to be a risk sharing arrangement in place for 2017/18 across the GG&C board area and this will be managed within the NHS GG&C board budgets.
- 1.16** Social Work Budget Out turn  
**Appendix 2** provides a detailed breakdown of the partnership's Social Work budgets for the 10 month period to the 31<sup>st</sup> January 2018.
- 1.17** The projected outturn for the Social Work element of the partnership budget is that of an over-spend of £2.7m at this point in the financial year, an improvement of £300k on the last reported position. The concerns regarding the delay in processing payments to care providers has been largely resolved and this is reflected in the financial information system and informs the latest expenditure projections.
- 1.18** *The current* year to date position shows an under-spend of £2.7m and this relates to the phasing of the funding drawn down from the health board in respect of the Social Care Fund. There continues to be pressures in relation to residential and fostering placements for children and pressures on Adult Social Work placements and daycare provision.
- 1.19** In relation to Children's SW Services, there are a number of vacancies across Children's services which are mitigating, to some extent, pressures in relation to residential placements for Children. There was no additional funding to meet commitments at the budget setting process for 2017/18, therefore measures to manage this budget through vacancy management will continue until the volume of placements can be safely reduced. However this is proving problematic given the significant continuing pressures on Childcare budgets and the position has worsened by as further £190k pressure since the last report.
- 1.20** The budget position was impacted by the holding of placements within our in house residential unit to accommodate children seeking asylum, however only one placement has been taken up to date and therefore these places have now been relinquished which should see an improvement on budget moving into 2018/19.
- 1.21** In relation to Adult Social Work services, there continue to be pressures within adult learning disability and mental health services as a result of children transitioning and seeking support to access daycare and supported living services in place of education. In addition there were a number of challenging savings in learning disability where delays in implementation are impacting on achieving a balanced budget. There has been an improvement since the last report (£500k), largely as a result of the application

of Social Care funding drawn down from the healthboard to meet Social Work pressures.

**1.22** The other budgets delegated to the partnership include Care of Gardens, Adaptations to private sector housing, care & repair services and fleet. Expenditure tends to match budget albeit there is historically some pressure in relation to care of Gardens which will be monitored as the year progresses.

**1.23** 2017/18 Partnership Savings

In relation to the partnership savings approved as part of the 2017/18 budget settlement, there are a number of areas where there has been a delay in progressing initiatives or where assumptions made in respect of vacancy management being sufficient to cover demand pressures in Children's Services have not been realised. This provides a projected gap and savings shortfall of £2.3m This is currently contributing to partnership pressures as reported above. A detailed breakdown is attached as **Appendix 3**.

**1.24** Partnership Reserves

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

**1.25** A Reserves policy was approved by the ED HSCP Audit Committee on the 20th June 2016. This provides for a minimum of 2% of net expenditure to be held in reserves which equates to approximately £3.004m for the partnership. The level of general reserves carried forward in 2017/18 was £2.7m. In addition a level of reserves was earmarked for specific Scottish Government initiatives and to support service redesign in line with the strategic priorities set out in the Strategic Plan totalling £2.6m.

**1.26** The reserves arose from a number of areas of under spend across health expenditure budgets during 2015/16 (Integrated care fund, delayed discharge funding and payroll variances) and also from Scottish Government monies allocated to deliver on specific initiatives within the local authority (£1.1m and £0.2m respectively) This was supplemented by positive budget variations during 2016/17 in relation to surpluses on health expenditure (£1.4m), a one off benefit in relation to the Social Care Fund (£1.7m) and positive variances in year on payroll budgets within local authority expenditure (£0.9m) . A breakdown of the movement in reserves as disclosed in the Final Accounts for 2017/18 is provided in **Appendix 4**.

**1.27** The current position with regard to partnership reserves is set out below:-

Partnership Reserves	Balance @ 1 <sup>st</sup> April 2017	Spend / Committed 2017/18	Balance @ 15 <sup>th</sup> March 2018	Committed 2018/19	Committed 2019/20
General (Usable)	2,708,000	(2,708,000)*	0	0	0
Earmarked	2,571,000	(232,000)**	2,339,000	(1,900,000)	(439,000)
<b>Balance of Reserves</b>	<b>5,279,000</b>	<b>(2,940,000)</b>	<b>2,339,000</b>	<b>439,000</b>	<b>0</b>

\* This is based on the projected overspend on SW services of £2.7m assuming the Council will underwrite anything beyond this level in the event the final outturn exceeds the current projection.

\*\*There are a number of areas earmarked within reserves which are already spending during 2017/18 (£232k), an

*element committed to service redesign due to start in 18/19 (£1.9m) and areas committed into future years to deliver on the strategic planning priorities (£390k).*

- 1.28** The partnership is currently reporting a projected over-spend on the 2017/18 budget position of £1.9m, comprising £2.7m overspend on local authority expenditure and a projected under-spend of £819k on health expenditure. The level of general reserve is £2.7m which will be used in its entirety to meet the pressure on Social Work budgets for 2017/18, leaving no general reserve to manage future year financial pressures and exposing the partnership to significant financial risk.
- 1.29** The level of prudent reserve for the partnership to maintain has been determined to be 2%, therefore the partnership needs to develop a strategy to build up general reserves consistent with good practice for mitigating future year financial pressures.
- 1.30** The need to hold general reserves will be particularly significant for next year and beyond given the termination of the risk sharing arrangement for prescribing. Prescribing is singularly the largest budget held within the partnership (£18.7m) and in previous years any pressures on budget were the subject of a risk sharing arrangement with GG&C who consumed the risk across the other partnership areas and ultimately within the overall health budget. The risks moving forward will now be for individual partnerships to consider and the volatility on this budget can be significant in relation to demand and cost pressures associated with short supply of drugs resulting in sharp increases in the cost of certain drugs without prior notice. This has resulted in a NHS GG&C board wide pressure for 2017/18 of £7.5m, which equates to £600k for East Dunbartonshire.
- 1.31** At the time of agreeing the financial settlement for 2017/18, the Council committed to under write any significant budget pressures in relation to Social Work demand. The partnership would therefore be relying on the Council's commitment to underwrite SW pressures and looking for the Council to fund any pressure over and above that which can be covered through the general reserves. This would provide the partnership with the ability to re-instate some level of general reserve in respect of the projected under spend on the health element of the partnership budget (£819k).
- 1.32** In addition, the partnership will review the extent of the ear marked reserves with a view to re designating an element of these as general reserves, where possible, which will seriously impact on the partnership's ability to deliver on the priorities set out with the Strategic Plan.

## **2.0 Financial Risks**

The most significant risks that will require to be managed during 2017/18 are:

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. For 2017/18 this is mitigated through the risk sharing arrangement in place across GG&C, however this will terminate from the 1<sup>st</sup> April 2018. The pressure in relation to the short supply of certain drugs has presented a significant risk to this budget.
- Achievement of Savings Targets – there are elements of the savings targets which have yet to be identified and where there are significant dependencies and complexities to be considered in order to effectively deliver on these.
- Demographic Pressures - Increasing numbers of older people is placing additional demand on a range of services including Home Care. In addition, achieving the required reductions in delayed discharges and hospital bed usage is creating

increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.

- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in recognition of this failure to deliver.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which may have recurring cost implications.
- Independent / Private Providers – the sustainability of independent and private providers to effectively support the provision of a range of social care services presents risks to the delivery of services for the partnership. There are a range of contracts that are due for renewal over the short term where there is an expectation of increases in the rates paid for services to align with neighbouring local authority areas.

East Dunbartonshire Hscop: HSCP Summary Report as at Month 10, Financial Year 2017.  
Chief Officer - Susan Manion

Code	Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Bud £'000	Period Actuals £'000	Period Variance £'000
GLB	Alcohol + Drugs - Community	690.1	575.1	591.7	(16.6)	61.5	64.0	(2.5)
GLC	Adult Community Services	4,318.7	3,597.3	3,640.6	(43.3)	360.5	352.4	8.1
GLD	Integrated Care Fund	684.2	53.3	53.3	0.0	38.7	38.7	0.0
GLF	Child Services - Community	1,439.6	1,201.3	1,151.7	49.7	120.1	119.1	1.1
GLL	Learn Dis - Community	611.8	509.6	407.3	102.3	50.6	41.8	8.8
GLN	Men Health - Adult Community	1,356.0	1,129.8	1,147.1	(17.2)	112.7	111.0	1.7
GLO	Men Health - Elderly Services	1,010.3	841.6	862.2	(20.6)	83.7	77.6	6.1
GLR	Other Services	2,760.9	1,774.3	1,793.0	(18.7)	156.6	171.9	(15.3)
GLS	Planning & Health Improvement	719.4	586.9	586.9	0.0	48.8	48.8	0.0
GLT	Resource Transfer - Local Auth	15,345.8	12,810.1	12,810.1	0.0	1,286.3	1,286.3	0.0
	<b>Expenditure</b>	<b>28,936.8</b>	<b>23,079.3</b>	<b>23,043.9</b>	<b>35.6</b>	<b>2,319.5</b>	<b>2,311.6</b>	<b>8.0</b>
GLC	Adult Community Services	(0.2)	(0.2)	(0.2)	0.0	0.0	0.0	0.0
GLN	Men Health - Adult Community	(218.7)	(188.4)	(188.4)	0.0	(18.3)	(18.3)	0.0
GLO	Men Health - Elderly Services	(161.8)	(113.8)	(113.8)	0.0	(11.0)	(11.0)	0.0
GLR	Other Services	(213.1)	(182.7)	(182.7)	0.0	(3.0)	(3.0)	0.0
GLS	Planning & Health Improvement	(28.2)	(28.2)	(28.2)	0.0	0.0	0.0	0.0
GLT	Resource Transfer - Local Auth	(307.0)	(255.8)	(255.8)	0.0	(25.6)	(25.6)	0.0
	<b>Income</b>	<b>(929.0)</b>	<b>(769.1)</b>	<b>(769.1)</b>	<b>0.0</b>	<b>(57.9)</b>	<b>(57.9)</b>	<b>0.0</b>
<b>GL</b>	<b>East Dunbartonshire Hscop</b>	<b>28,007.8</b>	<b>22,310.2</b>	<b>22,274.8</b>	<b>35.6</b>	<b>2,261.6</b>	<b>2,253.7</b>	<b>8.0</b>

GENERAL FUND REVENUE MONITORING 2018/19 SUMMARY FINANCIAL POSITION
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As at : 28 January 2018 Accounting Period 10	BUDGET		ACTUAL		VARIANCE	
	Annual Budget	Budget Period 10	Expenditure Period 10	Projected Annual	At Period 10	Projected Period 12
	£000	£000	£000	£000	£000	£000
<b>Integrated Health &amp; Social Care Partnership</b>						
Adult Social Care	39,385	29,390	26,273	41,041	(3,117)	1,656
Children's Health, Children's Social Work & Criminal Justice	11,296	9,260	9,651	12,353	391	1,057
<b>Total</b>	<b>50,681</b>	<b>38,650</b>	<b>35,924</b>	<b>53,394</b>	<b>(2,726)</b>	<b>2,713</b>

GENERAL FUND REVENUE MONITORING 2017/18	Annual	Budget	Expenditure	Projected	Variation	Projected Year
SUMMARY FINANCIAL POSITION as at Period 10: 28 January 2018	Budget	Period 10	Period 10	Annual	at period 10	End Variation
	£000	£000	£000	£000	£000	£000

**INTEGRATED HEALTH AND SOCIAL CARE**

**ADULT SOCIAL CARE**

<b>1</b>	<b>Employee Costs</b>	<b>13,680</b>	<b>11,055</b>	<b>11,851</b>	<b>13,796</b>	<b>796</b>	<b>116</b>
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Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. At this stage projections show that there will be a small variation to budget. There is an overspend as a result of bringing the Pineview service in house which is being offset with reserves in the current year, a number of posts in older people services supported through NHS income. Overtime within homecare will continue to be monitored as an area of recurring pressure, however the filling of vacancies in this area has alleviated pressure in year.

<b>2</b>	<b>Property Costs</b>	<b>108</b>	<b>93</b>	<b>122</b>	<b>130</b>	<b>29</b>	<b>22</b>
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Underspends in utilities are anticipated to underspend this year. Unbudgeted rates charges in respect of Pineview and Milan have been partly offset by those for Sheltered Housing. Unbudgeted security costs for the KHCC have resulted in a further variance against Property costs.

<b>3</b>	<b>Supplies and Services</b>	<b>944</b>	<b>784</b>	<b>620</b>	<b>938</b>	<b>-164</b>	<b>-6</b>
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Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The underspend is in relation to timing of partnership invoices for Period 10 and employee protective clothing expenditure. There will be an assumed saving within Physical Disability other supplies and services budget.

<b>4</b>	<b>Agencies and Other Bodies</b>	<b>41,853</b>	<b>31,756</b>	<b>32,251</b>	<b>43,630</b>	<b>495</b>	<b>1,777</b>
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At this stage there is increased commitment against Daycare, Homecare, Supported Accommodation and Supported Living. There is pressure in learning disability services as a consequence of challenging savings targets and the impact of children transitioning into Adult Services from Childcare. This, however, is being offset by a lower than anticipated cost of Residential Care homes. These commitments include an estimation of all uplifts in respect of the introduction of the Scottish Government's Living Wage and the backlog in data entry into the Carefirst system. This also includes costs associated with previous financial years. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.

<b>5</b>	<b>Budget Savings</b>	<b>-502</b>	<b>-417</b>	<b>0</b>	<b>0</b>	<b>417</b>	<b>502</b>
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The gap in the savings programme to be addressed through total resourcing and other transformational savings is expected to be taken as a one off in year recharge with plans for recurring delivery to be identified going forward into future years.

<b>6</b>	<b>Transport and Plant</b>	<b>416</b>	<b>312</b>	<b>320</b>	<b>427</b>	<b>8</b>	<b>11</b>
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Transport costs are currently overspending and it is now anticipated to overspend by £0.011m

<b>7</b>	<b>Admin and Other Costs</b>	<b>146</b>	<b>121</b>	<b>-70</b>	<b>124</b>	<b>-191</b>	<b>-22</b>
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Underspends are due to profiling. Additional expenditure for the recovery café can now be reported, however administrative expenditure has been monitored and in year savings have now been identified in stationery, independent living fund, conferences and courses and other admin.

GENERAL FUND REVENUE MONITORING 2017/18						
SUMMARY FINANCIAL POSITION as at Period 10: 28 January 2018						
	Annual	Budget	Expenditure	Projected	Variation	Projected Year
	Budget	Period 10	Period 10	Annual	at period 10	End Variation
	£000	£000	£000	£000	£000	£000
<b>8 Health Board Resource Transfer Income</b>	<b>-10,795</b>	<b>-8,996</b>	<b>-8,996</b>	<b>-10,795</b>	<b>-0</b>	<b>0</b>
Resource transfer income is on schedule at period 10.						
<b>9 Other Income</b>	<b>-6,465</b>	<b>-5,318</b>	<b>-9,825</b>	<b>-7,209</b>	<b>-4,507</b>	<b>-744</b>
Social Care Funding has been invoiced and so is included within the actuals at Period 10. An under recovery in service user and other local authority recharges is anticipated for homecare, Kelvinbank and older peoples services. This, however is partly offset by additional income receipts for telecare. The actual income figure includes £2.8m of reserves.						
<b>Total - Adult Social Care</b>	<b>39,385</b>	<b>29,390</b>	<b>26,273</b>	<b>41,041</b>	<b>-3,117</b>	<b>1,656</b>



GENERAL FUND REVENUE MONITORING 2017/18	Annual	Budget	Expenditure	Projected	Variation	Projected Year
SUMMARY FINANCIAL POSITION as at Period 10: 28 January 2018	Budget	Period 10	Period 10	Annual	at period 10	End Variation
	£000	£000	£000	£000	£000	£000

**CHILDREN'S SOCIAL WORK & CRIMINAL JUSTICE**

<b>1</b>	<b>Employee Costs</b>	5,587	4,515	4,324	5,407	-191	-180
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There has been a high number of vacancies to date during 2017/18. Detailed analysis of costs to date continue. This involves comparison of actual posts to budgeted and liaison with service managers in order to ascertain when vacancies will be filled. Any savings realised through vacancies will cover any committed overspend in agencies and other bodies.

<b>3</b>	<b>Property Costs</b>	92	82	38	77	-44	-15
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A reduction in assumed rates charges for Ferndale and other property costs have materialised this financial year.

<b>4</b>	<b>Supplies and Services</b>	116	96	58	88	-38	-28
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A review of costs to date have identified in year savings in other supplies & services and furniture and fittings.

<b>5</b>	<b>Agencies and Other Bodies</b>	6,222	5,149	5,870	7,610	721	1,388
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There is currently pressure on Voluntary Organisations payments, Homecare and Kinship, Adoption and Foster Carers' Allowances. A review of projections have also identified pressures within flexible support and supported living.

This is partly offset with a higher than anticipated underspend against Payments to Link Carers, Custody Allowances, Residential respite, Payment to other local authorities and Community Care development.

Additional costs which are fully funded and included within the income line are anticipated within Criminal Justice.

This budget includes £0.137m funding for the delivery of a new service which would provide additional flats for young people. This project will no longer go ahead.

<b>6</b>	<b>Transport and Plant</b>	84	63	82	100	19	16
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To date there has been pressure on transport costs for children. This has been forecast as an overspend for the current financial year.

<b>7</b>	<b>Admin and Other Costs</b>	134	111	94	158	-17	24
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Higher than anticipated spend is projected in relation to pathways payments (leaving care), Section 17 payments and membership fees and subscriptions. Savings in legal fees and hospitality will partly offset this pressure.

<b>8</b>	<b>Income</b>	-939	-756	-815	-1,087	-59	-148
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GENERAL FUND REVENUE MONITORING 2017/18	Annual	Budget	Expenditure	Projected	Variation	Projected Year
SUMMARY FINANCIAL POSITION as at Period 10: 28 January 2018	Budget	Period 10	Period 10	Annual	at period 10	End Variation
	£000	£000	£000	£000	£000	£000

Increased income in respect of Scottish Government grant funding for Criminal Justice and also recharges to Strathclyde University for an external secondment are expected to over recover within this financial year.

Total - Children's Social Work & Criminal Justice	11,296	9,260	9,651	12,353	391	1,057
<b>Total Integrated Health and Social Care</b>	<b>-50,681</b>	<b>-38,650</b>	<b>-35,924</b>	<b>-53,394</b>	2,726	-2,713

**East Dunbartonshire HSCP**  
**Budget 2017/18**  
**Savings Proposals Approved**

Proposal	2017/18 Saving (£000)	Saving Achieved	Shortfall	Note
Savings on Social Work Budgets				
Review of Social Care Funding (£107m)	700	700	-	Achieved - uplift of 2.5% offered to Social Care providers to meet living wage requirements.
Re-commissioning for Complex Autism Service	400	-	400	Project Group established to progress commissioning process - period of stability in place to ensure sustainability of service to accommodate 3 individuals per original plan.
Review of Complex Needs Support	100	100	-	Achieved
Review of Commissioning Priorities	95	95	-	Achieved
Review of External Homecare Provision	181	-	181	Project Team established, however a number of key dependencies identified within the Council which will delay the progression of these savings. Currently exploring viability of interim arrangements, however do not expect this to be fully implemented in 2017/18.
Review of Social Work Budget Pressures	1,370	270	1,100	The current position within Children's SW services is projecting pressures of £1.4m on residential and fostering placements and this is only partially being covered through vacancy management measures. The net effect is being reported as a projected year end overspend through the budget monitoring reports.
Review of Learning Disability	100	-	100	Project Team established to review sleepover arrangements across care at home services - capacity required to review current caseload with a view to identify alternative options.
Review of Mental Health	50	50	-	Process of engagement with provider underway.
Review of Older People Daycare	50	-	50	Daycare strategy agreed - implementation progressing, require a robust engagement process as expect significant representation from service user and carers.
Review of Intermediate Care Model	100	100	-	Achieved
Unidentified Savings	500	-	500	Budget savings assumed as part of the financial plan in relation to transformation and total resourcing savings within the Council did not materialise as expected and were taken as an in year charge over and above the savings agreed for the HSCP as part of the agreed settlement from the Council.
Savings on NHS Community Services				
Introduce staff turnover saving of 4% across all pay budgets	590	590	-	This has been taken from the budget and will be monitored as the year progresses.
Management Re-structuring	165	165	-	Achieved

Proposal	2017/18 Saving (£000)	Saving Achieved	Shortfall	Note
Integrated Care Fund	300	300	-	Achieved
Development Monies	65	65	-	Achieved
School Nursing	17	17	-	Review of School nursing delayed - currently being met from vacancies.
Review of Contractual Uplifts	201	201	-	Achieved
Review of Health Improvement Budgets	89	89	-	Achieved
Review of Woodlands Service	28	28	-	Achieved
	5,101	2,770	2,331	

**East Dunbartonshire HSCP**  
**Movement in Reserves**

**Appendix 4**

<b>2015/16</b>				<b>2016/17</b>			
Balance at 1 April 2015 £000	Transfers Out 2015/16 £000	Transfers In 2015/16 £000	Balance at 31 March 2016 £000		Transfers Out 2016/17 £000	Transfers In 2016/17 £000	Balance at 31 March 2017 £000
0	0	(86)	(86)	Scottish Govt. Funding - SDS	86	(106)	(106)
		(36)	(36)	Mental Health project	0		(36)
		(29)	(29)	Delayed Discharge			(29)
		(60)	(60)	Communications Post	60		0
				Social Care Fund		(1,704)	(1,704)
0	0	0	0	Keys to Life Funding		(11)	(11)
0	0	0	0	Autism Funding		(19)	(19)
				Police Scotland – CPC Funding		(5)	(5)
				Integrated Care / Delayed Discharge Funding		(523)	(523)
0				Oral Health Funding		(138)	(138)
	0	(211)	(211)	<b>Total Earmarked</b>	<b>146</b>	<b>(2,506)</b>	<b>(2,571)</b>
0	0	(1,177)	(1,177)	Contingency	7	(1,538)	(2,708)
<b>0</b>	<b>0</b>	<b>(1,388)</b>	<b>(1,388)</b>	<b>General Fund</b>	<b>153</b>	<b>(4,044)</b>	<b>(5,279)</b>



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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Ministerial Improvement Objectives
<b>Report By</b>	Susan Manion, Chief Officer
<b>Contact Officer</b>	Fiona McCulloch Planning, Performance and Quality Manager

<b>Purpose of Report</b>	This report provides the HSCP's Improvement Objectives that will demonstrate the progress made under integration to the Ministerial Strategic Group for Health & Social Care (MSG). HSCPs were invited to prepare and share their 2018-19 local objectives around the six indicators agreed with the MSG. The objectives have been developed in collaboration with the other HSCPs within the NHSGG&C area, and have been used to produce local trajectories.
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<b>Recommendations</b>	It is recommended that the HSCP Board: <ul style="list-style-type: none"> <li>• Note the content of this report</li> <li>• Agree the objectives set for 2018-19</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The priorities set out in the Draft Strategic Plan 2018-2021 include the high level actions that will contribute to achieving the objectives set out in this paper.
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**Implications for Health & Social Care Partnership**

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

<b>1.0 MAIN REPORT</b>
<p>1.1 On 22 November 2017 the Scottish Government issued a letter and template on behalf of the Ministerial Strategic Group (MSG), asking partnerships to provide an update on their progress and future intentions with regard to six key performance areas. These areas are:</p> <ul style="list-style-type: none"> <li>i. Number of emergency admissions into Acute (SMR01) specialties.</li> <li>ii. Number of unscheduled hospital bed days, with separate objectives for Acute (SMR01), Geriatric Long Stay (SMR01E) and Mental Health (SMR04) specialities.</li> <li>iii. Number of A&amp;E attendances and the percentage of patients seen within 4 hours.</li> <li>iv. Number of delayed discharge bed days. An objective can be provided to cover all reasons for delay or separate objectives for each reason type i.e. Health and Social Care, Patient/Carer/Family-related, Code 9.</li> <li>v. Percentage of last 6 months of life spent in the community.</li> <li>vi. Percentage of population residing in non-hospital setting for all adults and 75+. A suggested further breakdown would be: care home, at home (supported) and at home (unsupported).</li> </ul> <p>1.2 The template was completed in collaboration with the five HSCPs within the NHS Greater Glasgow and Clyde boundary in a bid to achieve consistency of approach.</p>



Going forward, once the full data has been received from ISD and the objectives reviewed in light of that, it is expected that the Integration Joint Board, the Scottish Government, and the NHS Board will seek updates against the objectives within the attached template.

- 1.3 A draft submission providing the trajectory objectives, prepared with assistance from the local LIST analysts, was shared with the Scottish Government on 31<sup>st</sup> January in accordance with their request. A final version will be submitted following approval from the Board.
- 1.4 The following narrative articulates the joint working between all six HSCPs across to meet the planned objectives.

#### **Reducing Accident and Emergency Attendance**

- All HSCPS are working with primary care to encourage people to attend the correct service for meeting their needs through promoting 'Know Who To Turn To' along with details of local services and supports. The development of the Primary Care Improvement Plan will provide further opportunities to deliver new ways of working and strengthen the contribution of other health and care professionals in supporting frequent attenders.
- A pathway has been developed between Scottish Ambulance Service (SAS), the National Falls Team, and HSCP Falls Leads. The pathway provides SAS crews with an alternative to hospital by providing a clear process to directly refer a patient to community services. Since 'Falls' calls make up the biggest presentation to SAS in the over 65 age group, it is anticipated that there will be a reduction in unnecessary conveyance rates to hospital and more utilisation of appropriate integrated community support.

#### **Reducing Emergency Admissions and Bed Days**

- All HSCPs and Acute hospitals in Greater Glasgow and Clyde will undertake enhanced care pathways work for areas identified as having potential to avoid admissions and reduce lengths of stay. During 2018/19 this will focus on COPD; Chest Pain; Cellulitis; Deliberate Self-Harm; Falls, and Abdominal Pain. This will support teams across better care at the right time, and where possible, in settings other than hospital. East Dunbartonshire HSCP will have a leading role in the Falls Prevention Pathway Group.
- HSCPs are working with care homes and primary care to reduce avoidable admissions from care homes & residential homes, where residents do require admission a consistent approach to transferring residents information, medication and personal belongings will be tested.

#### **Reducing Delayed Discharge**

- All HSCPs continue to prioritise hospital discharge activity, with a focus on anticipatory planning for discharge. Early assessment and engagement with patients and their families will ensure that the next stage of care is in place prior to being fit for discharge whenever possible. By supporting people to be discharged promptly bed days lost to delayed discharge will reduce.

### **Reducing Admissions at End of Life**

- Through more effective use of palliative care pathway and local resources all HSCPs will work in collaboration with local hospices to strengthen our supports to people in the community , minimising hospital admission, accelerating discharge and provide effective community support

East Dunbartonshire MSG Improvement Objectives – summary of objectives for Adults and Children January 2018

East Dunbartonshire	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
<p><b>Baseline</b></p>	<p><u>2016/17 change:</u> 3.6% decrease in overall total compared to 2015/16</p>	<p><u>2016/17 change:</u> 6.9% decrease in overall total compared to 2015/16</p>	<p><u>2016/17 change:</u> 0.6% increase in overall total compared to 2015/16</p>	<p>All reasons, <u>2016/17:</u> 35.5% decrease in total compared to 2015/16</p>	<p><u>2016/17 change:</u> Percentage of time spent in community in L6M increased from 85.7% in 2015/16 to 87.6% in 2016/17.</p>	<p>Proportion of people (all ages) living at home has decreased ever so slightly from 97.8% in 2013/14 to 97.7% in 2015/16. For the same time period for 75+, there has been a slight decrease from 84.5% to 84.3%</p>
<p><b>Objective</b></p>	<p><u>2018/19 change:</u> 4% reduction in overall total compared to 2015/16 <u>Expected 2018/19 total:</u> 11,272 admissions</p>	<p><u>2018/19 acute change:</u> 4% reduction in acute total compared to 2015/16 <u>Expected 2018/19 acute total:</u> 79,806 bed days</p> <p>Maintain number of bed days seen in GLS and Mental Health specialties in 2015/16 during 2017/18 and 2018/19</p>	<p><u>2018/19 change:</u> 4% reduction in overall total compared to 2015/16 <u>Expected 2018/19 total:</u> 26,037 attendances</p> <p>Maintain average A&amp;E % seen within 4 hours (93.1%) in 2015/16 during 2017/18 and 2018/19</p>	<p>All reasons, <u>2018/19:</u> 20% reduction in total compared to 2015/16 <u>Expected 2018/19 total:</u> 323 bed days</p> <p>*NOTE: Targets currently been met in 2016/17</p>	<p><u>2018/19 change percentage of time spent in community in L6M</u> Reduction by 0.5% compared to 2015/16. <u>Expected 2018/19 percentage:</u> 85.3%.</p>	<p>Expect to maintain 2015/16 proportion of people living at home until 2018/19.</p>

		<p><u>Expected 2018/19</u> GLS total: 11,364 bed days</p> <p><u>Expected 2018/19</u> MH total: 93,351 bed days</p>				
<b>How will it be achieved</b>	<p>Through anticipatory approaches that, ensuring the right care and support in place at an early stage, and help avoid crises that can lead to unplanned admissions to hospital. Liaison nurses are supporting Care Homes to reduce admissions. We are reviewing and optimising admissions pathways to reduce inappropriate variation.</p>	<p>This is a challenging target to maintain continue to prioritise work that avoids or reduces delayed hospital discharge, and also reduces the number of unplanned hospital bed days. Through engaging with NHSGG&amp;C's Enhanced Care Pathways work around COPD; Chest Pain; Cellulitis; Deliberate Self-Harm; Falls, and Abdominal Pain to reduce length of stay..</p>	<p>The challenging target will relate to adult A&amp;E attendees only in the timeframe agreed. It will not apply to MIU or children as we intend to gain a better understanding of these attendances prior to setting a target. We will continue to encourage people to attend the correct service for meeting their needs through promoting 'Know Who To Turn To' . WE are working towards identifying frequent attendees so that specific, targeted actions can be put in place to ensure more appropriate support..</p>	<p>We will continue with our weekly multidisciplinary meeting to expedite discharges. This will be enhanced by our 2hr response for Homecare to be restarted following hospital discharge. We have improved early referrals to social work for those who are unable to return to their own homes, ensuring that the next stage of care is in place promptly.</p>	<p>We will engage with the NHS Board around Realising Realistic Medicine. We will continue to develop our anticipatory care plan approach that supports people to die where they so choose.</p>	<p>WE are working with our partner agencies, including Acute services, to identify ways of better supporting people in their own communities.</p>

<p><b>Progress (updated by ISD)</b></p>	<p><u>April to September 2017 update:</u>9.6% reduction in overall total compared to same period in 2015/16</p>	<p><u>April to September 2017 update:</u> 4.8% reduction in acute total compared to same period in 2015/16</p> <p>35.6% reduction in Mental Health total compared to same period in 2015/16</p> <p>*GLS April-Sep17 data incomplete so comparison could not be made</p>	<p><u>April to September 2017 update:</u> 2.4% increase in overall total compared to same period in 2015/16.</p> <p>1.1% reduction in Average A&amp;E % seen within 4 hours compared to same quarter in 2015/16.</p>	<p><u>April to September 2017 update:</u> 47.5% reduction in all delayed bed days, compared to same period in 2015/16</p>	<p>Information presented annually – update will be included once data for this period becomes available.</p>	<p>Information presented annually – update will be included once data for this period becomes available.</p>
<p><b>Notes</b></p>	<p>The above targets will be challenging to achieve with the increasing elderly population in East Dunbartonshire and the financial pressures on maintaining the delivery of quality services. There are unknown additional pressures such as the impact of the Carers Act coming into force in April 2018, the implementation of the national Dementia Strategy, and the upgrade of telecare from analogue to digital.</p>					



### EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Fairer Scotland Duty
<b>Report By</b>	Sandra Cairney – Head of Strategy, Planning & Health improvement
<b>Contact Officer</b>	Kelly Gainty – Adult & Community Care Support Worker

<b>Purpose of Report</b>	To inform the HSCP Board about the introduction of ‘The Fairer Scotland Duty’
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<b>Recommendations</b>	<p>The HSCP Board is asked to:</p> <ul style="list-style-type: none"> <li>▪ note the emerging legal duties; and</li> <li>▪ instruct the Chief Officer to establish mechanisms to evidence actions which will be outlined in forthcoming Interim Guidance.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan 2018-21 acknowledges the new legal Duties and outlines key strategic actions to address inequalities of outcomes for the East Dunbartonshire population.
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#### Implications for Health & Social Care Partnership

<b>Human Resources</b>	Nil
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<b>Equalities:</b>	The Strategic Plan will be subject to an Equality Impact Assessment (including assessment relating to the new Fairer Scotland Duty which comes into force in April 2018).
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<b>Financial:</b>	Nil
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<b>Legal:</b>	Nil
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<b>Economic Impact:</b>	Nil
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<b>Sustainability:</b>	Nil
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<b>Risk Implications:</b>	Nil
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<b>Implications for East Dunbartonshire Council:</b>	The delivery of social care services will be required to reflect The Fairer Scotland Duties
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The delivery of community health services will be required to reflect The Fairer Scotland Duties
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>No Direction Required</b>	<input type="checkbox"/>
	<b>East Dunbartonshire Council</b>	<b>X</b>
	<b>NHS Greater Glasgow &amp; Clyde</b>	<b>X</b>
	<b>East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<p><b>1.1</b> The Fairer Scotland Duty, which is an uncommenced section of the Equality Act 2010, comes into force in Scotland from April 2018. It places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage.</p> <p><b>1.2</b> The Duty applies at strategic level and will include decisions regarding the setting of priorities and targets, allocating resources, and commissioning services. In particular, it aims to bring the voices of people with direct experience of poverty more directly in strategic thinking.</p> <p><b>1.3</b> Interim guidance will be published providing clarity in relation to the implementation of the Duty.</p> <p><b>1.4</b> The HSCP Strategic Plan (2018/21), Equality Plan (2016/19) and Equality &amp; diversity Mainstream Report (2017/21) have already taken account of 'inequality of outcomes, prioritising this alongside other Equality objectives. It is anticipated that the Interim Guidance will build on this existing practice.</p> <p><b>1.5</b> A report will come back confirming</p>



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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Final Draft Eligibility Criteria for Adult and Young Carers Support
<b>Report By</b>	Paolo Mazzoncini Head of Children & Criminal Justice Services / Chief Social Work Officer
<b>Contact Officer</b>	Fiona McCulloch Planning, Performance and Quality Manager

<b>Purpose of Report</b>	This report presents the final draft of the Eligibility Criteria for Adult and Young Carer Support for approval by the Board. This is in accordance with a Scottish Government amendment made through the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017, which places a duty on Integrated Authorities to set local eligibility criteria for carer support in relation to adult services and where appropriate the delegated functions relating to children's services.
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<b>Recommendations</b>	It is recommended that the HSCP Board: <ul style="list-style-type: none"> <li>• Note the content of this report</li> <li>• Approve the Eligibility Criteria for Adult and Young Carers Support</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The implementation requirements of the Carers (Scotland) Act 2016 are included in the draft Strategic Plan 2018-21, and the Carer Strategy will further detail the implementation of the Eligibility Criteria for Adult and Young Carer Support.
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**Implications for Health & Social Care Partnership**

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

<b>1.0 MAIN REPORT</b>
1.1 An amendment was made to through the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017, which covers Section 21 of the Carers (Scotland) Act 2016, and places a duty on integrated authorities to set local eligibility criteria for carer support in relation to adult services and where appropriate the delegated functions relating to children’s services.
1.2 Whilst the Scottish Government decided against setting national eligibility criteria, it is desirable for local eligibility criteria to reflect nationally agreed definitions of levels of need/risk, in order to promote consistency of response across Scotland.
1.3 The key provisions relating to setting local eligibility criteria are: <ul style="list-style-type: none"> <li>• Duty to provide support for eligible carers and deem what needs are eligible.</li> <li>• Power for establishing and maintaining the information and advice services for those not eligible.</li> <li>• Where a carer is deemed eligible for support, this may take the form of a personal budget and offer of self-directed support options.</li> <li>• The local authority must deem eligible needs according to local eligibility criteria</li> <li>• Provision and levels of support to carers through breaks from caring.</li> <li>• Waiving of Charging for support provided to carers.</li> </ul>
1.4 There are three aspects to setting an eligibility framework:

- the criteria that determine it;
- the thresholds that must be passed to trigger it; and
- the services that follow it.

1.5 A consultation was undertaken on the first draft Eligibility Criteria. The consultation was supported by Carers Link and included an electronic survey, and two events with local carers. A total 26 responses were received, and appropriate amendments were made to the draft criteria in response to comments received.

1.6 In line with Scottish Government guidance, the East Dunbartonshire Carers Eligibility Criteria will be published by 1 April 2018, and will be reviewed every three years.



**Eligibility Criteria  
for  
Adults and Young Carers Support**

**(To be published) April 2018**

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## **PART A – Criteria and Background**

### **Section 1: Purpose**

The Carers (Scotland) Act 2016, which is due to be enacted on 1st April 2018, places legal duties on each local authority to set local eligibility criteria. It defines this as *“local eligibility criteria are the criteria by which the local authority must determine whether it is required to provide support to carers to meet carers’ identified needs”*. The legislation also sets out a duty on each local authority to publish its local eligibility criteria.

The purpose of these criteria is to set out clear guidelines that aim to ensure the equitable allocation of social care resources to the adult and young carers of service users living in East Dunbartonshire. The criteria aim to serve as a procedure for staff and as a reference document for elected members, carers, service users, members of the public and other stakeholders.

### **Section 2: Scope and Aims of the Eligibility Criteria**

East Dunbartonshire HSCP has a statutory responsibility to assess for and where eligible provide support to adult and young carers to meet those needs.

The support that is required to meet carers’ needs can vary enormously; from information and advice services; to advocacy services; income maximisation services; technology enabled care; local community assets; through to home based social care support; to centred-based support; short breaks and equipment and adaptations. Through the use of self directed support options, some support can be provided by the HSCP directly, either provided by in-house or externally commissioned services; some support can be provided from the independent sector and some support services may be organised directly by the carer, depending on the self directed support option chosen.

Eligibility criteria recognise ‘urgency’ and ‘risk’ as factors in the determination of eligibility for social care support services. Where a carer is eligible, the urgency of that individual’s needs should be kept in focus in determining how to respond to their support needs.

Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are targeted to those in greatest need, while also recognising the types of low-level intervention that can be made to halt the deterioration of people in less urgent need of support. This must be applied strictly in line with risk and need and cannot be simply based against wishes, preferences or quality of life elements.

The criteria set out below considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks. Some levels of risk will

call for the provision of support as a high priority whilst others may call for some support provision, not as a high priority but managed and prioritised on an on-going basis. Some may not call for any paid social care support at all as resources using other assets or universal services may be the most appropriate way of addressing the need. In other circumstances, the identification of need may indicate a potential requirement for support provision in the longer term, which requires regular review. As part of the process for assessment and considering whether a carer's needs call for the provision of support, practitioners will consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention.

### **Section 3: To Whom Does the Eligibility Criteria Apply?**

The criteria apply to all carers including young people identified as carers

The identification of the carer's needs is clearly distinguished from any consideration of available resources for the implementation of the support plan. After the application of eligibility criteria, full account should be taken of the Partnership's cost limitations when developing the Support Plan. Consideration should be given to best value and other assets i.e. Personal Assets (personal finances, skills and experiences); Community Assets (clubs, groups, forums); and Carer Assets (family, friends and peer support) when support planning to ensure that we consider the most economic way of meeting eligible needs.

Practitioners, as well as following the priority/risk matrix when applying eligibility criteria, also need to follow this policy in relation to cost limitations.

The need to consider whether a limitation will apply on the cost of a carer's support package will include consideration of:

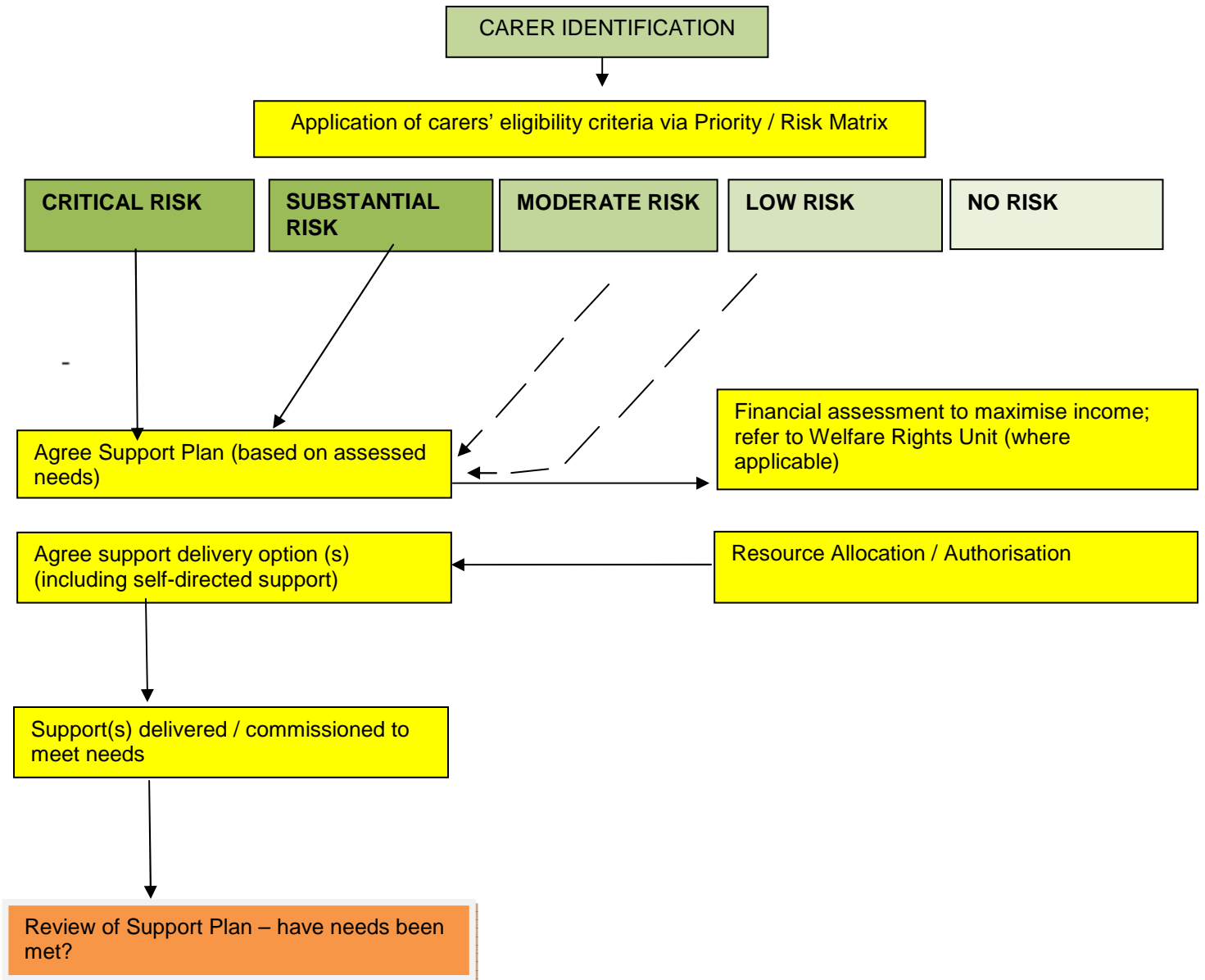
- An identification of need via the Adult Carer's Support Plan/Young Carer's Statement;
- Determining whether the Carer is eligible for support, with reference to the eligibility criteria outlined in this document;
- Prioritisation of need;
- Identification and costing of support packages to meet assessed needs;
- Calculation on an on-going basis as to whether the total cost of the support package provided exceeds the cost limitations based on equivalency model.



**PART B – Eligibility Criteria**

**Section 4: Carer Identification Progression Flow Chart**

The following chart indicates the progression from carer identification to the potential provision of support. It illustrates the process of determining eligibility and how the intensity of risk and potential access to support services is determined using this criteria.



## Section 5: Priority Risk Matrix

These criteria make use of the four categories of risk within the Scottish Government's National Eligibility Framework and in line with East Dunbartonshire HSCP's '*Eligibility Criteria Policy for Adults and Community Care Services*'.

- Critical risk:** Indicates that there are critical risks to the carer's ability to continue in the caring role and likely to call for immediate or imminent intervention and/or provision of social care support for example: health breakdown requiring hospital admission, risks to the health and safety of the carer and/or cared for person.
- Substantial risk:** Indicates there are significant risks to the carer's ability to continue in the caring role with a likely call for immediate or imminent intervention and/or provision of social care support for example: relationship between carer and cared for person at serious risk of breakdown.
- Moderate risk:** Indicates there are moderate risks to the carer's ability to continue in the caring role, which may call upon the legal power for the provision of some social care support (in exceptional circumstances), or the provision of and signposting to other universal services.
- Low risk:** Some quality of life issues but low risks to the carer's ability to continue in the caring role. There may be some need for alternative support, advice or referral to other services (e.g. Health, Voluntary Organisations, and Community Groups).
- No risk:** No risks identified to carer's ability to continue in the caring role. No further action or advice, information, simple services arranged or facilitated; referral to other services (e.g. Health, Voluntary Organisations, Community Groups).

The framework acknowledges that, in managing access to finite resources, local authorities; health and social care partnerships and their partners focus first on those carers assessed as having the most significant risks to their continued ability to undertake the caring role and impact on the carer's own health and wellbeing. Where carers are assessed as being in the 'critical' or 'substantial' risk categories their needs will generally call for the provision of support although this may not always equate to paid social care support depending upon the assessed need and outcome.

## Section 6: Table of Domains and Indicators

The following table provides definitions of risk factors for each of the domains in the national eligibility framework adopted by the Partnership.

### Health and Wellbeing:

Critical Risk	Substantial Risk	Moderate Risk	Low Risk
Carer's health is breaking/has broken down.	Carer has health need that requires attention.	Carer's health at risk without intervention.	Carer's health beginning to be affected.
Carer's emotional wellbeing is breaking/has broken down.	Significant impact on carer's emotional wellbeing.	Some impact on carer's emotional wellbeing.	Caring role beginning to have an impact on emotional wellbeing.

### Relationships:

Critical	Substantial	Moderate	Low
The carer's relationship with the person they care for has broken down and their caring role is no longer sustainable and/or they have lost touch with other key people in their life.	The carer's relationship with the person they care for is in danger of breaking down and/or they no longer are able to maintain relationships with other key people in their life.	Carer has identified issues with their relationship with the person they care for that need to be addressed and/or they find it difficult to maintain relationships with other key people in their life.	Carer has some concerns about their relationship with the person they care for and/or their ability to maintain relationships with other key people in their life.

### Living Environment:

Critical	Substantial	Moderate	Low
Carer's living environment is unsuitable and there are immediate and critical risks to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable and poses an immediate risk to the health and safety of the carer and/or cared for person.	Carer's living environment is unsuitable but poses no immediate risk.	Carer's living environment is mostly suitable but could pose a risk to the health and safety of the carer and cared for person in the longer term.

### Finance

Critical	Substantial	Moderate	Low
Caring is causing severe financial hardship e.g., carer cannot afford household essentials and utilities, not meeting housing payments.	Caring is having a significant impact on finances e.g. difficulty meeting housing costs AND utilities.	Caring is causing some detrimental impact on finances e.g. difficulty meeting either housing costs OR utilities.	Caring is causing a risk of financial hardship e.g. some difficulty meeting housing costs and utilities.

**Access to Breaks/Life Balance:**

<b>Critical</b>	<b>Substantial</b>	<b>Moderate</b>	<b>Low</b>
They have no access to breaks and activities, which promote physical, mental, emotional wellbeing or life balance, without which there will be a critical risk to the carer's physical, emotional and wellbeing	They have little access to breaks and activities, which promote physical, mental and emotional wellbeing or life balance, without which there will be a substantial risk to the carer's physical, emotional and wellbeing	They have access to a few breaks and activities, which promote physical, mental and emotional wellbeing.	They have access to a choice of breaks and activities, which promote physical, mental, and emotional wellbeing.

**Future Planning:**

<b>Critical</b>	<b>Substantial</b>	<b>Moderate</b>	<b>Low</b>
Carer is very anxious about planning and has severe concerns about managing caring.	Carer is anxious about planning and has significant concerns about managing caring.	Carer is not confident about planning and has some concerns about managing caring.	Carer is largely confident about planning but has minor concerns about managing caring.

**Section 7: 'No Risk' Definitions**

Where a carer has been identified as having 'No Risks' in any of the domains this will result in no further action being taken or the carer will be provided with advice, information, or referral to other universal services (e.g. Health, Voluntary Organisations, Community Groups).

<b>DOMAIN:</b>	<b>NO RISK:</b>
<b>Health and Wellbeing</b>	Carer is in good health; Carer has good emotional wellbeing.
<b>Relationships</b>	Carer has a good relationship with the person they care for and is able to maintain relationships with other key people in their life.
<b>Living Environment</b>	Carer's living environment is suitable posing no risk to the physical health and safety of the carer and cared for person.
<b>Finance</b>	Caring is not causing financial hardship e.g., carer can afford housing cost and utilities.
<b>Access to Breaks/Life Balance</b>	Carer has regular opportunities to achieve the balance they want in their life; they have a broad choice of breaks and activities, which promote physical, mental and emotional wellbeing.
<b>Future Planning</b>	Carer is confident about planning and has no concerns about managing caring.

## **Section 8: Review of Circumstances**

A process of monitoring and review will be undertaken as required in response to changing circumstances e.g. changing needs as a carer's circumstances change or the cared for person's circumstances change which impact on the carer's role. During the process of review, the eligibility criteria will still apply to identified needs: new and current.

## **Section 9: Ineligible Needs**

The eligibility criteria set out within this document seek to ensure that existing resources are allocated on a fairer and more equitable basis. It is equally important to recognise that certain needs will continue to be ineligible. All needs for support services should be recorded following identification and reviews, and a proper note kept of needs which are ineligible in line with the criteria outlined above and the level of current resources. The information gathered from recording ineligible needs will inform future planning and development activities.

## **Section 10: Personalisation and Self Directed Support**

"Personalisation enables the individual alone, or in groups, to find the right solution for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the service they receive" (Scottish Government, 2009).

Self Directed Support is about making sure that people (carers and cared for persons) with health or social care needs are helped to find support to live the way they wish to lead their lives. Carers, cared for persons and their families can make informed choices. Most people who have social care needs will be able to receive an 'Individual Budget' so that they know what the cost of their support package is and can make the appropriate arrangements to purchase their support depending on the Self Directed Support option(s) chosen by the carer. Carers will have control over the way the money is spent and will receive as much or as little support to manage their budget, as they need.

The support is person centred and works towards the achievement of the carer's individual outcomes. While the supports considered and agreed within the carer's support plan/young carer's statement will be personalised to them as an individual, the service descriptors below provide information on the most commonly used support services. The majority of these support services can be arranged using any of the self-directed support options (with the exception of re-ablement, intermediate care, long term residential or nursing home care and continuing in-patient health care).

## Section 11: Young Carers

All of the indicators set out in the eligibility criteria applies to young carers although some of the descriptions would change from those provided. The domains and indicators are linked to the eight wellbeing indicators of **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included** as shown in the table below.

The use of the local eligibility criteria for young carers is in relation to the impact of the caring role on the young carer. The young carer might have other needs unrelated to the impact of the caring role. In these circumstances, they could be eligible for other services.

### Local Eligibility Criteria Indicators and Comparison with Wellbeing Indicators:

Carer Indicator	Wellbeing Indicator	Comment
Health and Wellbeing	Healthy, Safe, Active and Included	This applies to young carers as caring can impact on their physical, mental, social and emotional health.
Relationships	Healthy, Nurtured, Safe, Respected and Included	The relationships young carers have with their family and friends can be affected by caring and impact on the young carer's health as a result. A young carer might not be safe in the home due to their age. A young carer might not be nurtured in the family setting due to caring for a very ill parent.
Living Environment	Safe, Healthy and Responsible	This is relevant to young carers where the living environment poses a risk to the young carer's safety e.g. because young carer is using a hoist for moving and assistance, or the living environment might include lots of medication and drugs lying around. In most circumstances the living environment is an issue for the whole family.
Education, training and employment	Achieving, Responsible and Included	This is relevant to all young carers aged up to the age of 19. For school age young carers support can be provided by education along with other support services such as social work, health and the Young Carers Service in East Dunbartonshire.  The young carer's planning for leaving school might be supported through a skills development course (careers), education or support from the Young Carers Service in East Dunbartonshire.

Finance	Included, Healthy, Active and Safe	Mostly relevant to young carers aged 16-18 if they are spending money on e.g. utilities. However, also relevant to the younger age group who require support. This support is to help deal with economic inequalities in particular.
Access to Breaks / Life Balance	Active, Achieving, Included, Health and Nurturing	Young carers require a good life balance in order to have time for activities, school and friendships. Young carers can also access respite, breaks, groups and activities through East Dunbartonshire's Young Carers Service.
Future Planning	Achieving, Respected, Included, Safe and Responsible	This is relevant to transition planning and for the future care of the cared for person if the young carer moves away from home. This support and planning may be provided by education, social work services or East Dunbartonshire's Young Carers Service.





## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Public, Service User & Carer Representative Support Group
<b>Report By</b>	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)
<b>Contact Officer</b>	David Radford Health Improvement & Inequalities Manager <a href="mailto:David.radford@ggc.scot.nhs.uk">David.radford@ggc.scot.nhs.uk</a> 0141 355 2391

<b>Purpose of Report</b>	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG)
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<b>Recommendations</b>	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.
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<b>Relevance to HSCP Board Strategic Plan</b>	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.
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### Implications for Health & Social Care Partnership

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

<b>1.0 Main Report</b>
1.1 The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in <b>Appendix 1</b> .
<b>2.0 SUMMARY</b>
2.1 In total 10 meetings have taken place, the most recent was on 5 February 2018. Where members received a presentation from the Clinical Lead for Pharmacy and Prescribing.
2.2 The group received an overview to the Adult Learning Disability Strategy 2018 – 2023 and agreed their involvement and support the wider consultation
2.3 The members noted the HSCP Stakeholder Consultation Report and the HSCP Draft Strategic Plan.
2.4 The members received an overview of their own 2018/19 ‘action plan’ for consideration, including an ‘easy read’ version and this will be discussed at the next PSUC meeting.
2.5 The members received a copy their own ‘working agreement’ for comment and will be discussed further at the next PSUC meeting.
2.6 Members have collated a number of hospital discharge case histories, which will now be compiled into a final report for future discussion with the HSCP managers.
2.7 Members were informed to early discussions in lieu of shared space options for Primary Care and other relevant services within the West locality.
2.8 At their next meeting, the PSUC will welcome a speaker from NHS GGC to discuss the ‘Moving Forward Together’ transformational programme

**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 - 5 February 2018 – Room F33a, KHCC.

Attending: Gordon Cox, David Bain, Martin Brickley, Sandra Docherty, Avril Jamieson, Linda Jolly, Marion Menzies, Fiona McManus, Jenny Proctor, Isobel Twaddle

Apologies: Susan Manion, Sandra Cairney,

HSCP Staff in attendance; Alan Cairns, Carolyn Fitzpatrick, David Radford and Anthony Craig

Action points agreed at meeting;

Action	By who	When	G	A	R
Feedback from SMT on options paper to PSUC group by next meeting.	DR	Before next meeting 17/03/18			
PSUC group will collate hospital discharge case studies/stories.	PSUC members	By next meeting 17/03/18			
PSUC group will collate Dementia review meetings with service users attending Woodlands.	PSUC members	By next meeting 17/03/18			
PSUC group (easy read) action plan for 2018/19, distributed to members for comment.	AC	By next meeting 17/03/18			
Presentation(s) from meeting (05/02/18) to be distributed to members.	AC	By 09/02/18			
Invite to be extended to primary care (manager / lead) to present to the PSUC on the 2018 GMS Contract in Scotland (New GP Contract) and PDF of contract to be distributed to members.	DR / AC	By next meeting 17/03/18			
AC to provide 20 min presentation on the 'Knowledge Hub' and produce a 'step-by-step' guide.	AC	By next meeting 17/03/18			

PSUC to receive induction to the Moving Forward Together consultation at next meeting	DR	By next meeting 17/03/18			
PSUC 'Working Agreement' (Draft) to be forwarded to group	AC	By next meeting 17/03/18			



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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Clinical & Care Governance Minutes
<b>Report By</b>	Lisa Williams, Clinical Director, Tel: 0141 304 7425
<b>Contact Officer</b>	Lisa Williams, Clinical Director, Tel: 0141 304 7425

<b>Purpose of Report</b>	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.
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<b>Recommendations</b>	The Integration Joint Board is asked to:  a. Note the contents of the minute of the Clinical & Care Governance Sub Group held on the 7 <sup>th</sup> February 2018 (draft)

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

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

<b>MAIN REPORT</b>



**Chief Officer: Susan Manion**

**Clinical & Care Governance Sub Group  
7<sup>th</sup> February 2018, 2.30pm  
F33A, Kirkintilloch Health & Care Centre**

**Members Present**

<b>Name</b>	<b>Designation</b>
Lisa Williams	Clinical Director
Leanne Connell	Senior Nurse, Adult Nursing
Wilma Hepburn	Professional Nurse Advisor
Claire Carthy	Fieldwork Manager
Andrew Millar	Clinical Effectiveness Co-ordinator
Lorraine Currie	Operations Manager, Mental Health
Fiona Munro	Manager, Rehab & Older Peoples Services
Fraser Sloan	Clinical Risk Analysis
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing

**In Attendance**

<b>Name</b>	<b>Designation</b>
Dianne Rice	Clinical Governance Support Officer
Lorraine Millington	Nurse Team Leader, Joint Learning Disabilities Team
Derrick Pearce	Inverclyde HSCP

**Apologies**

<b>Name</b>	<b>Designation</b>
Susan Manion	Chief Officer
Paolo Mazzoncini	Head of Children's Services / Chief Social Work Officer
David Aitken	Joint Adult Services Manager
Alex O'Donnell	Criminal Justice Service Manager
Michael McGrady	Consultant in Dental Public Health Clinical Effectiveness Co-ordinator
Lorna Hood	Senior Nurse, Children & Families

No.	Topic	Action
1.	<b>Apologies and attendance</b>	
	<p><b>Apologies and attendance are detailed on page 1</b></p> <p>Lisa Williams welcomed all attendees to the group. A special introduction was given to Derrick Pearce. Derrick has been appointed as the Head of Community Health &amp; Care Services within East Dunbartonshire HSCP and will commence employment in March 2018. Lisa also welcomed Leanne Connell to East Dunbartonshire HSCP. Leanne was successful in gaining the position as Senior Nurse, Adult Nursing Service.</p>	
2.	<b>Minutes of Previous Meeting – 5<sup>th</sup> September 2017</b>	
	The minutes of the 22 <sup>nd</sup> November 2018 were agreed as correct.	
3.	<b>Matters Arising</b>	
	<p><b><u>Health &amp; Safety Report on Falls</u></b></p> <p>Dianne Rice to contact Elaine Marsh, Team Leader, Community Rehab Team to obtain the above document and will then circulate the report to the members of the group.</p> <p><b><u>Duty of Candour</u></b></p> <p>Wilma Hepburn advised that a draft policy is currently out for consultation. Wilma requested that the group can send any comments they may have to her. Wilma will collate all comments received and submit them to NHSGGC Board.</p>	<b>All / WH</b>
4.	<b>Governance Leads Update / Reports</b>	
(a)	<p><b><u>Core Audit Reports</u></b></p> <p>Core Audit Report for Community Mental Health Team (CMHT) was included within the agenda as the results did not show 100%. Lorraine Currie, Operations Manager, CMHT explained that this was due to a communication issue and has been managed through an action plan.</p> <p>There had been previous concerns and discussions in relation to the medication and record keeping audits for Community Nursing. Action plans for both were circulated previously with the agenda for the information of the group.</p>	
(b)	<p><b><u>Safety Cross Report</u></b></p> <p>Leanne Connell advised the group that there had been no avoidable Pressure Ulcers and that East Dunbartonshire HSCP's compliance rate is within the high 90's. There were no other concerns to note.</p>	
(c)	<p><b><u>LD Governance</u></b></p> <p>Lorraine Millington, Nurse Team Leader, Joint Learning Disabilities Team attended the group today on behalf of David Aitken, Joint Adult Service Manager and advised that there were no concerns or updates to note at this time.</p>	

(d)	<p><b><u>Mental Health Governance</u></b></p> <p>Lorraine Currie advised that group that although she couldn't attend the recent Mental Health Governance Group that had viewed the agenda and papers from this and there was no items relevant updates for this group. Lorraine will keep the group updated.</p>	
(e)	<p><b><u>Primary Care &amp; Community Partnerships Governance Group update (PCCPG) – February 2018</u></b></p> <p>An update for this meeting was circulation previously with the agenda. Lisa Williams highlighted the following points from the update.</p> <ul style="list-style-type: none"> <li>• Pressure Ulcer Incident – District Nursing outlined a case of a deteriorating spinal pressure ulcer where delays occurred in reporting, referral to Tissue Viability Service (TVS) and ordering of pressure relieving equipment. A thematic review and sharing of learning summaries of this and other cases involving pressure area care in the community will be developed and shared across all HSCPs to ensure key recommendations and actions are completed.</li> <li>• Implant Contraception – Sandyford provided learning involving the risks of inadvertent extraction of contraceptive implants were wounds had become infected as well as the need to update patient information and remind practitioners of the procedure for investigating a 'missing implant'. Additional learning for radiology teams and practitioners regarding the small risk of migration to lung. Learning to be shared with all GPs via a weekly mailing.</li> </ul> <p>Lisa also informed the group that there will be an extension of the current sexual forensic service, which will provide access until midnight with a focus on female clinicians for victims of rape and sexual assault. Funding has been agreed for one year in the first instance from Glasgow City HSCP.</p>	
(f)	<p><b><u>Board Clinical Governance Forum update</u></b></p> <p>Lisa Williams advised that there was no update available at present.</p>	
5.	<p><b>Risk Management</b></p>	
(a)	<p><b><u>Care Home Update</u></b></p> <p>Leanne Connell advised that the Care Home Liaison service staff level is now at capacity. A business case for a further Care Home Liaison Nurse for both District Nursing and Older Peoples Mental Health has been put forward. Leanne will keep the group informed with the progress.</p> <p>Lisa Williams highlighted a concern discussed at previous meetings in relation to new care homes within the area which will not receive General Medical Services as they are not covered by the Local Enhanced Scheme (LES). Leanne advised that if the service received further resource then the HSCP could look at the current model used and redesign this to cover these care homes. Carolyn Fitzpatrick, Lead Prescriber also informed that group that a Prescribing Technician has been employed and that part of this role is to look at medication wastage within care homes.</p> <p>Wilma Hepburn advised that she had raised a concern in relation to turnover of staff at the Chief Officers meeting. She informed the group that after staff have been trained they tend to pick up posts in other areas. Wilma suggested that the HSCP needs to look at how we utilise and retain staff.</p>	

(b)	<p><b><u>Clinical Risk Update</u></b> Fraser Sloan ran through the update with the group. Fraser noted that during the period of the report there were 33 incident reports, one SCI commissioned and 1 SCI closed.</p> <p>Fraser also noted some outstanding actions from SCIs and that since Leanne Connell had taken up post of Senior Nurse, that he would allocate these actions now to Leanne.</p>	FS
(c)	<p><b><u>Incident Report – 09/11/17 – 31/01/18</u></b> The group reviewed the incident report. Lisa noted that there had been an increase of Violence &amp; Aggression incidents reported after it was noted at the previous meeting that there had been a significant reduction. Lisa advised that although this is not the ideal situation that she was glad that staff were reporting these incidents and not feeling as though this was acceptable behaviours.</p>	
(d)	<p><b><u>Outstanding Incident Report as at 22/01/18</u></b> The group reviewed the report. Dianne Rice had advised that there had been a few incidents which were categorised wrongly which meant that service leads / managers would not get to see, investigate or close of the incident. All services to look at their outstanding incidents and close off if appropriate.</p>	All
(e)	<p><b><u>SCI Update – Mental Health Incident</u></b> Lorraine Currie, Operations Manager Mental Health attended the group today to update the group on current SCIs within the services. Within the agreed template that the Mental Health Team used detailed progress was noted.</p>	
6.	<p><b>Public Health Reports / Prescribing Updates</b></p>	
	<p>There were no reports to note however, Carolyn Fitzpatrick advised that there had been some vaccine incidents. This was due to electric failures and note human error. No vaccines were destroyed in these incidents and were able to be used.</p>	
7.	<p><b>Clinical Effectiveness / Quality Improvement</b></p>	
(a)	<p><b><u>Quality Improvement Workplan</u></b> Andrew Millar updated the group on the new projects, progress against current pilots and completed projects made within the QI Workplan. Andrew advised that quality improvement training calendar had been developed. Dianne Rice will circulate these dates to the group.</p>	DR
8.	<p><b>Scottish Patient Safety Programme</b></p>	
(a)	<p><b><u>Scottish Patient Safety Programme (SPSP)</u></b> Lisa advised that there are discussions currently taking place of proposed workstreams. Lisa will keep the group updated.</p>	
(b)	<p><b><u>Clinical Governance Related Guidance Newsletter</u></b> This meeting took place outwith the reporting period for the newsletter.</p>	
(c)	<p><b><u>SPSO Update – January 2018</u></b> For noting</p>	

<b>9.</b>	<b>Enabled to Deliver Person Centred Care</b>	
<b>(a)</b>	<p><b><u>Complaints Report</u></b> There were no Health complaints to note.</p> <p>A new system is in the process of being implemented to allow a report showing all Social Care complaints received. Unfortunately since it has not been fully implemented a report was not available for this meeting.</p>	
<b>(b)</b>	<p><b><u>GP Complaints Report</u></b> A summary of GP complaints was circulated previously with the agenda for information.</p>	
<b>(d)</b>	<p><b><u>Pharmacy Complaints Report</u></b> Complaint reports for Pharmacy are now available on an annual basis but will remain on the agenda.</p>	
<b>(e)</b>	<p><b><u>Optometry Complaints Report</u></b> A summary of GP complaints was circulated previously with the agenda for information.</p>	
<b>10.</b>	<b>Vulnerable Children and Adults</b>	
<b>(a)</b>	<p><b><u>Child Protection</u></b> Claire Carthy, Fieldwork Manager, Children &amp; Families informed the group that at present there are 39 children on the Child Protection register.</p> <p>Claire advised the group that a multi-agency training calendar has been developed. The calendar has been designed with a tiered approach to ensure that appropriate training is delivered to the differing levels of staff. All relevant staff are encouraged to attend this training.</p>	
<b>(b)</b>	<p><b><u>Child Protection Case Conference Attendance – Q1</u></b> An update Q2 was presented to the group for information. It was noted that GP attendance remains low, however, an increase in reports being submitted has increased.</p>	
<b>(c)</b>	<p><b><u>Looked After &amp; Accommodated Children</u></b> Claire informed the group that there are 130 children currently in the care of East Dunbartonshire Council. The majority of these children are within placements outwith East Dunbartonshire.</p> <p>Claire stated that East Dunbartonshire Council have a small amount of foster carers within the area and that there needs to be an investment made into recruiting foster carers and community education around foster caring.</p>	
<b>(d)</b>	<p><b><u>Child protection Forum Minutes – 01/08/17</u></b> The minutes were unavailable at the time of this meeting.</p>	

(e)	<p><b><u>Adult Protection</u></b> David Aitken was unavailable to attend the meeting, however, provided an update of current adult protection cases within East Dunbartonshire. All cases will be dealt with in line with Adult Protection policies and standards.</p> <p>The group were informed that the report from the recent Adult Protection audit should be available from March 2018.</p>	
11.	<b>Infection Control Minutes</b>	
	There were no minutes available for this meeting.	
	<b>General Business</b>	
12.	<p><b><u>Terms of Reference / Reporting Structure – 6 month update</u></b> <b><u>Terms of reference</u></b> It was agreed that the Head of Specialist Children's Services should be added to the membership. The head of Primary Care &amp; Community Services should be removed and replaced with Head of Community Health &amp; Care Services.</p> <p><b><u>Reporting Structure</u></b> It was agreed that there were the following gaps missing from the structure.</p> <ul style="list-style-type: none"> <li>• Link to Older Peoples Planning Group</li> <li>• Link to Specialist Children's Services</li> </ul> <p>Dianne Rice will make the agreed amendments. The documents will be reviewed again in 6 months time.</p>	DR
13.	<p><b><u>Exception Report for Primary Care &amp; Community Clinical Governance Forum</u></b> This report was circulated previously with the agenda for information.</p>	
14.	<p><b><u>Duty of Candour</u></b> Wilma Hepburn advised that the final regulations have not yet been published, however, there will be local actions to complete and embed.</p> <p>Fraser Sloan also advised that there is now a LearnPro module been created and that staff should complete this module.</p>	
15.	<p><b><u>Clinical &amp; Care Governance Annual Report 2017</u></b> Lisa advised that the above report is due to be submitted to the NHSGG&amp;C Board by May 2018. All members were asked to provide Dianne with updates and examples of good practice for inclusion within the report. Dianne will send an email to request items for the report.</p>	DR / All
16.	<p><b><u>Any other business</u></b> There was no other competent business to note</p>	
17.	<p><b>Date and time of next meeting</b> <b>Wednesday 28<sup>th</sup> March 2018, 2pm, F33A, KHCC</b></p>	

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

<b>Date of Meeting</b>	15 March 2018
<b>Subject Title</b>	Minutes of Staff Partnership Forum - 22 January 2018 (Draft)
<b>Report By</b>	Tom Quinn
<b>Contact Officer</b>	Tom Quinn

<b>Purpose of Report</b>	<p>To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP.</p> <p>Key topics covered within the minute include:</p> <ul style="list-style-type: none"> <li>- The meeting received re-assurance that our Staff Governance Plan was on target and that work was beginning to take us through to revising the plan for 2018-19</li> <li>- A detailed review of the Chief Social Workers Annual Report was undertaken with opportunities for questions to Paolo Mazzancini (CSWO)</li> <li>- Alan Cairns gave a detailed update on work to date on the learning disability Strategy and the consultation process, Alan has been invited back to keep the forum update</li> </ul>
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<b>Recommendations</b>	Note for information
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<b>Relevance to HSCP Board Strategic Plan</b>	
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Information is cascaded to staff through the partnership via Our News
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<b>Equalities:</b>	N/A
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<b>Financial:</b>	N/A
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<b>Legal:</b>	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance
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<b>Economic Impact:</b>	N/A
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<b>Sustainability:</b>	N/A
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<b>Risk Implications:</b>	N/A
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<b>Implications for East Dunbartonshire Council:</b>	N/A
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Included within the overall Staff Governance Framework
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<b>1.1 Minute of meeting of 22 January 2018 attached.</b>



**Minutes of East Dunbartonshire Staff Forum Meeting  
Monday 22 January 2018 at 2pm in F33A&B, Kirkintilloch Health & Care Centre**

**PRESENT**

Susan Manion (SM)	Chief Officer (Chair)
Margaret Hopkirk (MK)	People & Change Manager
Lyndsay Ovenstone (LO)	British Dental Association Area Representative
Alan Cairns (AC)	
Jean Campbell (JCa)	Chief Finance & Resource Officer
Tom Quinn (TQ)	Head of People & Change
Simon McFarlane (SMc)	Unison
Frances Mclinden (FMc)	General Manager Oral Health (from item 7 only)
Louise Martin (LM)	Head of Administration
Caroline Smith (CS)	HR Business Partner
Linda Tindall (LT)	Senior Organisational Development Advisor
Paolo Mazzoncini (PM)	Head of Children's Services
Lisa Johnstone (LJ)	CSM Oral Health
Marie Lowe (ML)	RCN Rep
Anne McDaid (AMc)	RCN SPF Joint Secretary
Fiona McCulloch (FM)	Planning & Performance Manager
Karen Gillespie (KG)	HSCP Administrator – Minute Taker
Sarah Hogg (SH)	Clerical Officer (Shadowing KG)

ITEM	SUBJECT	ACTION
1.	<p><b><u>Welcome &amp; Apologies</u></b></p> <p>Apologies were submitted on behalf of Andrew McCreadie and Robert McIlreavy</p>	
2.	<p><b><u>Minutes of previous meeting</u></b></p> <p>Minutes of meeting held on 27 November 2017 were agreed as an accurate reflection of discussions.</p>	
3.	<p><b><u>Matters Arising</u></b></p> <p><u>iMatter</u> – LT advised that Oral health have reported a 100% return for both action plans and updates. Further training has been arranged to support managers within the HSCP in preparation for the anniversary run due mid February 2018.</p> <p><u>Care Charter</u> – JC clarified that EDC have not signed the ethical care charter, as it does not dovetail with EDC care framework but will consider elements of stage one when the framework is being reviewed in 2018. SMc thanked JC for the clarification and expressed his disappointment that EDC hadn't in fact signed the charter.</p>	

	<p><u>Management Structure</u> – SM informed those present that following the recruitment and interview process for the post vacated by Andy Martin, she was pleased to announce that Derrick Pearce will take up post of Head of Community Health and Care from 12 March 2018 and Caroline Sinclair will join the SMT as Head of Adult Mental Health, Learning Disabilities and Addictions from April, although a confirmed start date has still to be agreed. SM took the opportunity to thank everyone who had provided support during the period the post was vacant.</p>	
<p>4.</p>	<p><u>Finance Update</u></p> <p>JC spoke to the paper that had been submitted to the IJB on 11 January 2018 providing and updated on the financial performance of the Board as at period 8, 2017/18. The paper reported on the projected overspend for this period and also the management actions being taken to mitigate pressures around the use of reserves to achieve a balanced budget for 2017/18.</p> <p>JC advised that the 1.5% uplift from the Scottish Government to NHS Boards would be passed onto the Partnerships and that by March 2018 a formalised budget for 2018/19 should be available.</p> <p>AMC enquired if the figures would include the 1.5% pay uplift, JC responded that that the uplift would be included but may have to be amended to 1.9% within budget to reflect employer’s costs.</p> <p>SMc asked if the HSCP undertakes any public consultation on its budgets. SM confirmed that as both the NHS &amp; EDC budgets are delegated from the NHS and Local Authority, the obligation for consultation on delegated budget sits with the parent bodies. However the HSCP consults on the Strategic Plan which includes the financial plan to support delivery.</p>	
<p>5.</p>	<p><u>Strategic Plan update</u></p> <p>FM gave an overview of the plan that was previously circulated with the agenda. FM advised that a number of consultation events had taken place with staff and members of the public prior to the paper being public for formal consultation. A summary of the feedback from the events is included at the beginning of each priority detailing what is happening just now, what partners expect and how success will be measured.</p> <p>FM advised that the formal consultation period is now underway and would closed on 9 February 2018, comments should be submitted to Sandra Cairney Head of Planning and Performance. Plan will be taken before the IJB for approval before publishing.</p> <p>SM highlighted that the Strategic Plan would be supported with an annual action plan that will relate to how priorities are delivered at a local level.</p>	

<p><b>6.</b></p>	<p><u>Staff Governance Group</u></p> <p>Although the Staff Governance Action Plan covers the period of 2018/2019 it also reflects on the previous year. The group will encourage the use of Our News to promote good practice and draw attention to staff who have gone above and beyond their role e.g. during recent extreme weather conditions.</p> <p>LO took opportunity to request clarification from staff who had finished their visits on Friday, when severe weather warning was in place from 3pm, who had requested to leave early but were advised they would have to use annual leave. LJ advised that the line she was adhering to was that anyone who wanted to leave prior to 4pm would have to use annual leave. SM stated their needed to be a clear and consistent approach across all staff within the HSCP when events like this occur.</p>	
<p><b>7.</b></p>	<p><u>Oral Health Workforce Plan update</u></p> <p>LJ gave a brief overview of the paper that had been previously circulated with the agenda. SM spoke about the need to ensure the workforce are in place and supported to carry out the detail of the strategic plan. TQ advised that the figures are reviewed on a six monthly basis and the need to ensure that the workforce have the necessary qualifications without having an overqualified workforce.</p>	
<p><b>8.</b></p>	<p><u>HR Update</u></p> <p>MH advised that the paper provides an overview of the HR activity during December 2018 for NHS only as EDC figures have not been produced as yet. CS gave a brief verbal update from EDC perspective and advised this information would be brought in paper to the next meeting.</p> <p>MH spoke about the need for managers to ensure they are completing the reason for sickness on SSTS and if not available at that time they should be going back to review as soon as information is available. LO spoke about the list of options available for sickness reasons as she knows of at least one members of Oral health staff who is currently off with work related stress but this is not an option on SSTS. TQ advised that due to confidentiality a number of staff absences are recorded as reason unknown; HR are aware of these staff and have access to the reason without it being recorded on SSTS.</p>	
<p><b>9.</b></p>	<p><u>Chief Social Workers Annual Report</u></p> <p>The report focuses on the period 1 April 2016 to 31 March 2017 and covers the range of activities undertaken by social care and social work services within East Dunbartonshire Council. The report provides the IJB, staff, stakeholders and public with a summary of information regarding social work services, their achievements, their challenges and the plans for the future service delivery.</p>	

	<p>PM advised the Paper had been presented to EDC and IJB Board and the Chief Social Worker for Scotland collates the reports and submits to the Scottish Government.</p> <p>SMc asked if there was a strategy in place within the HSCP to ensure staffing levels are maintained and how staffing retention is encouraged. PM spoke about the excellent terms and conditions that are on offer and with the exception of MHO there is no issue recruiting or retaining staff. The MHO issue is not an issue just for EDC.</p> <p>SMc enquired if the promotion of formal qualifications is given to untrained staff to encourage them to trained positions. PM stated there is a support structure in place for staff who feel ready to undertake formal qualifications.</p>	
10.	<p><u>Workforce Plan Update</u></p> <p>TQ spoke to the paper that had been previously circulated with the agenda, advising that that plan focuses on staff within the HSCP and that both Oral Health and Children's Services will produce a separate plan. TQ highlighted the high % of staff who will reach retirement age within the next 10 years and also the full-time/part-time ration of staff within the HSCP with the majority of Homecare staff holding a part-time contract of 30 hours per week.</p>	
11.	<p><u>Programme Management Approach</u></p> <p>SM gave a verbal overview of this approach and confirmed she would bring a formal paper to future meeting. The focus of the approach will be, what we are doing, who is doing it, timescale and who is doing it. PIDS will need to be developed for any significant work that is being undertaken. We will come back to this in more detail at a future meeting.</p>	
12.	<p><u>Update on learning Disability Strategy and implementation Plan</u></p> <p>AC spoke to the report that had been submitted to the IJB on 11 January 2018. AC advised the strategy would be issued this week for comment and updated would be brought to the SPF when available.</p> <p>AMc asked if NHS staffside representative had been identified to participate in this group, AC advised not at present but invite would be extended in near future.</p>	
13.	<p><u>Health &amp; Safety Minutes (HSCP)</u></p> <p>Minutes had been circulated with agenda for information. LM advised that the Terms of Reference would be circulated following meeting and any comments should be sent to her. Nominations for EDC reps to attend this meeting are currently being agreed with David Aitken and Stephen McDonald.</p>	

14.	<p><u>Health &amp; Safety (Oral Health)</u></p> <p>Minutes had been circulated with agenda for information. FMc advised that the fit face testing of masks had been completed and outcome was satisfactory.</p>	
15.	<p><u>A.O.C.B.</u></p> <p><u>Healthy Working Lives &amp; Health &amp; Safety</u> – Staff well being survey will be out for March 2018 to all HSCP staff, although decision still needs to be made around Oral health and if they will sit within HSCP or report as standalone.</p> <p><u>KHCC Refurb</u> – JC gave updated on potential for Childrens Social Work Services to move into the KHCC and advised a feasibility study will take place to look at available options.</p> <p>An option appraisal of the car park surrounding KHCC has also taken place and a number of options have been made available on how best to manage. No decision has been made as yet and a final paper will be produced by EDC prior to staff being advised.</p> <p>Gillian Notman has held preliminary discussions with GPs and stakeholders to look at accommodation for the west of the catchment area.</p> <p><u>GP Contract</u> –In line with the new GP Contract, a plan will have to be in place by July 2018 to show how we can encourage the change in this relation for the benefit of the patient.</p> <p><u>Joint working</u> – SM formally thanked all staff for their commitment to the high level of care within all services during the festive period and the extreme weather conditions.</p> <p><u>Management Structure</u> – SM took opportunity to advise SPF that Sandra Cairney has accepted a promoted post outwith the HSCP and will be leaving mid March. SM expressed thanks on behalf of the HSCP for Sandra’s dedication and commitment to the HSCP over the last ten years.</p>	
	<p><u>DATE &amp; TIME OF NEXT MEETING</u></p> <p>26 March 2018 @ 2pm, F33A&amp;B Kirkintilloch Health &amp; Care Centre</p>	



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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Final Draft Strategic Plan 2018-21
<b>Report By</b>	Sandra Cairney, Head of Strategy, Planning & Health Improvement
<b>Contact Officer</b>	Fiona McCulloch, Planning Performance & Quality Manager

<b>Purpose of Report</b>	To present the Final Draft Strategic Plan 2018-21 for approval. The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life.
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<b>Recommendations</b>	The Partnership Board is asked to: a) Approve the final draft of the Strategic Plan 2018-21 b) Approve the Housing Contribution Statement Annex Paper
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<b>Relevance to HSCP Board Strategic Plan</b>	Following approval, this document will replace the HSCP Board Strategic Plan 2015-18 on 1 April 2018.
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**Implications for Health & Social Care Partnership**

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

<b>1.0 MAIN REPORT</b>
1.1 This is the second Strategic Plan for East Dunbartonshire Health & Social Care Partnership. Building on the significant improvements made during the last three years, this Plan outlines the HSCP's ambition to further improve the opportunities for people to live a long and healthy life. This is a high level Plan that sets out the priorities for 2018-21. The underpinning Business Plans will provide the detailed actions that will support the delivery of these priorities.
1.2 The Plan relates to adult health and social care services, child health and social care services and criminal justice services.
1.3 A formal consultation process has been completed and the comments received informed this final draft.
1.4 The Housing Contribution Statement 2018 is provided to support the arrangements for integration in accordance with secondary legislation under the Public Bodies (Joint Working)(Scotland) Act 2014. The Statement has been provided by the East Dunbartonshire Housing Department. It describes how housing providers will help achieve the shared outcomes for health and social care, and compliments the outcomes set out in the Local Housing Strategy.
1.5 The Strategic Plan will be published following approval.





# Health and Social Care Partnership Draft Strategic Plan 2018 – 2021

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# FOREWORD

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This is the second Strategic Plan for East Dunbartonshire Health & Social Care Partnership (HSCP). This outlines our ambition to further improve the opportunities for people to live a long and healthy life. We aim to provide early support to families and young children. We also want to focus on those most vulnerable in our communities.

There have been significant improvements in many of our services in the last three years but there is still much to do. In this draft plan for 2018/21 we will outline the next steps.

The previous plan related only to adult services. This draft outlines our plans for child health and social care services as well as criminal justice. These services are now part of the Health and Social Care Partnership. This enables us to consider the needs of, and plan for, services through a life span. It allows us to plan for the needs of children in the context of their families and, particularly for more vulnerable children, helping the transition to adulthood. It is even more crucial we work together in East Dunbartonshire in the increasingly challenging and uncertain financial environment.

In the preparation of our draft Plan we have engaged with our staff, service users, local communities and our partners in the Council, NHS and third sector. We want to hear your views at the next stage of formal consultation so we can truly reflect the views of our staff, stakeholder organisations and local communities.

A handwritten signature in black ink, appearing to read "Susan Jamieson". The signature is fluid and cursive.

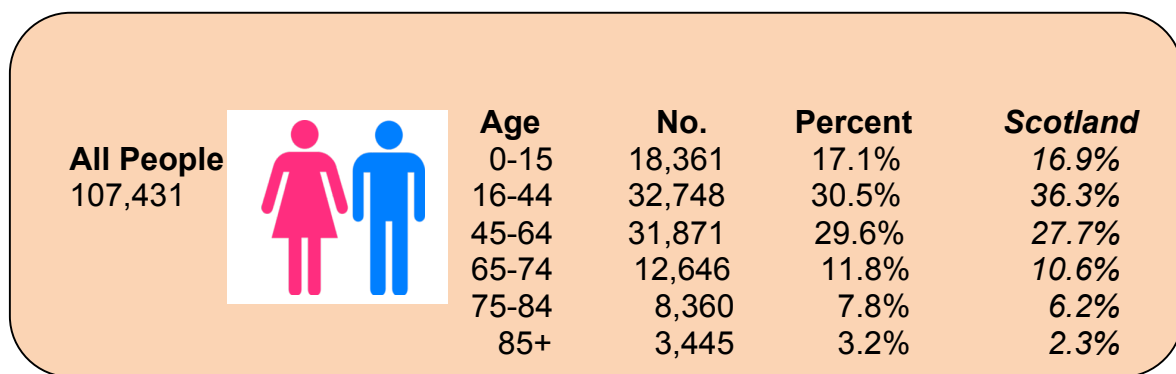
**Chief Officer  
East Dunbartonshire HSCP**

# EAST DUNBARTONSHIRE PROFILE

An understanding of communities and people across the HSCP population is vital in the planning and provision of health and social care services. This section provides a summary of the population structure, age profile, characteristics and potential impact on health and social care services and highlights the challenges to be addressed. Detailed and more extensive information is provided in the East Dunbartonshire HSCP Joint Strategic Needs Assessment (2016).

The estimated population of East Dunbartonshire in 2018 predicts a higher proportion of older people than the Scottish average.

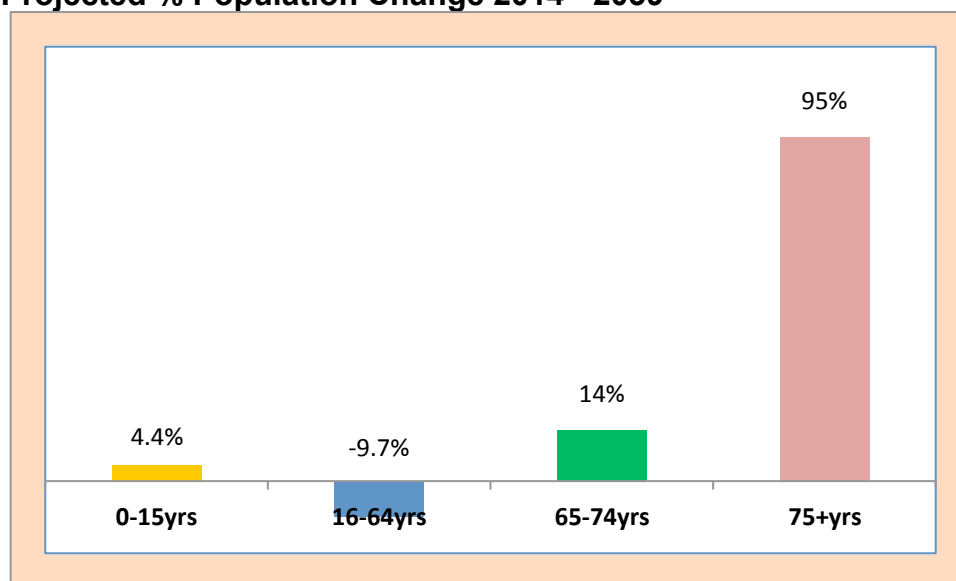
**Figure 1 - Estimated Population in 2018**



Source NRS

Over the 25 years 2014-2039, there is a projected increase of 95% in the number of people aged 75+yrs. During the same period, the number of children aged 0-15yrs is projected to increase by 4.4%.

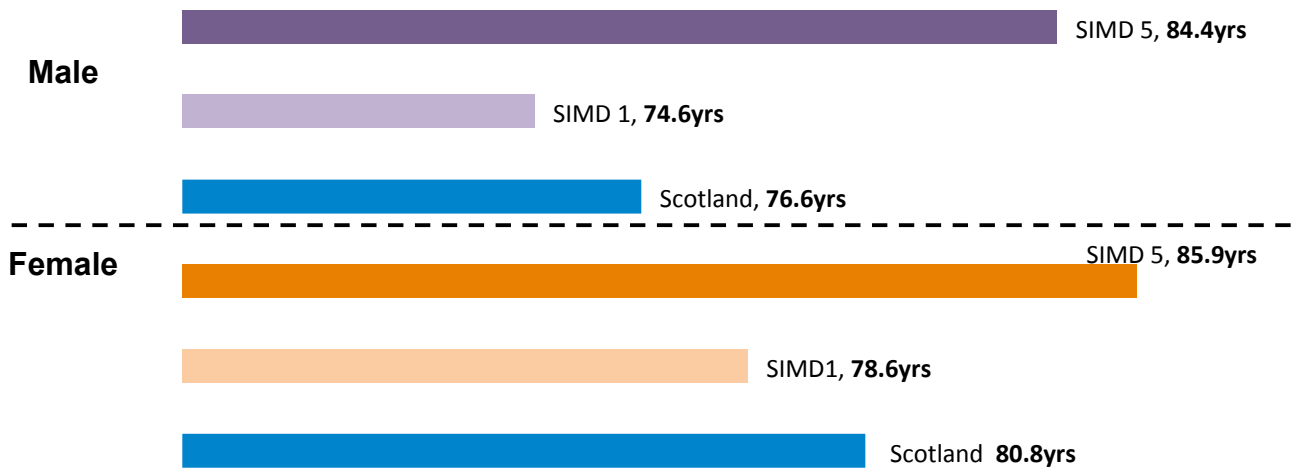
**Figure 2 - Projected % Population Change 2014 - 2039**



Source NRS

Whilst East Dunbartonshire has the highest life expectancy in Scotland at 83.5yrs for females and 80.5yrs for males (Scotland: 81.1yrs and 77.1yrs respectively), there is a demonstrable variance in life expectancy between the most deprived communities (SIMD 1) and the least deprived communities (SIMD 5)

**Figure 3 - Life Expectancy for our most deprived (SIMD 1) and least deprived (SIMD 5) populations in comparison to Scotland**

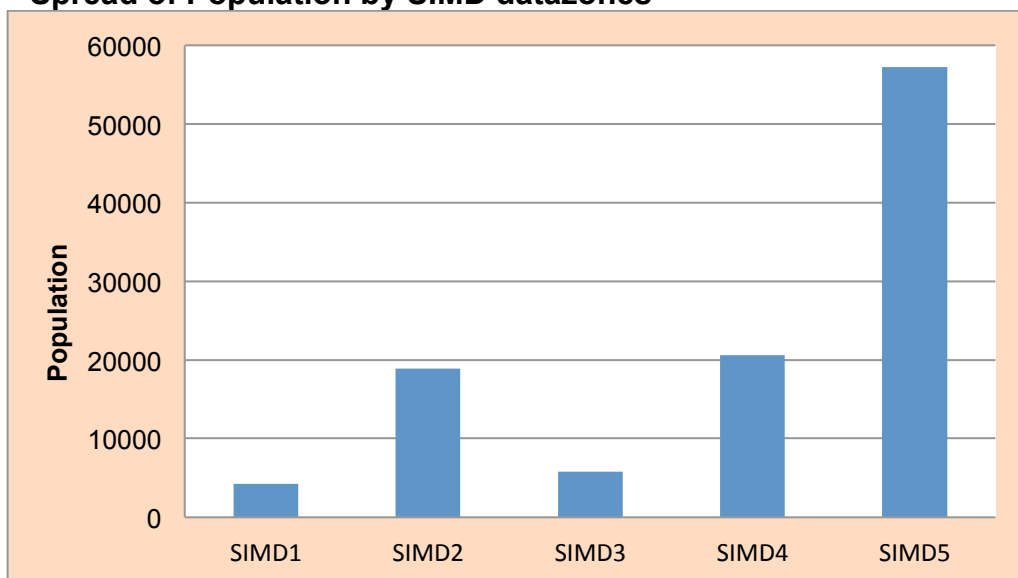


Source ScotPho

### Deprivation

There are five datazones within the 20% *most* deprived in Scotland: Two are in Hillhead, while Auchinairn, Kirkintilloch West, and Lennoxton each have one most deprived datazone. The majority of East Dunbartonshire’s residents live within the 20% *least* deprived datazones.

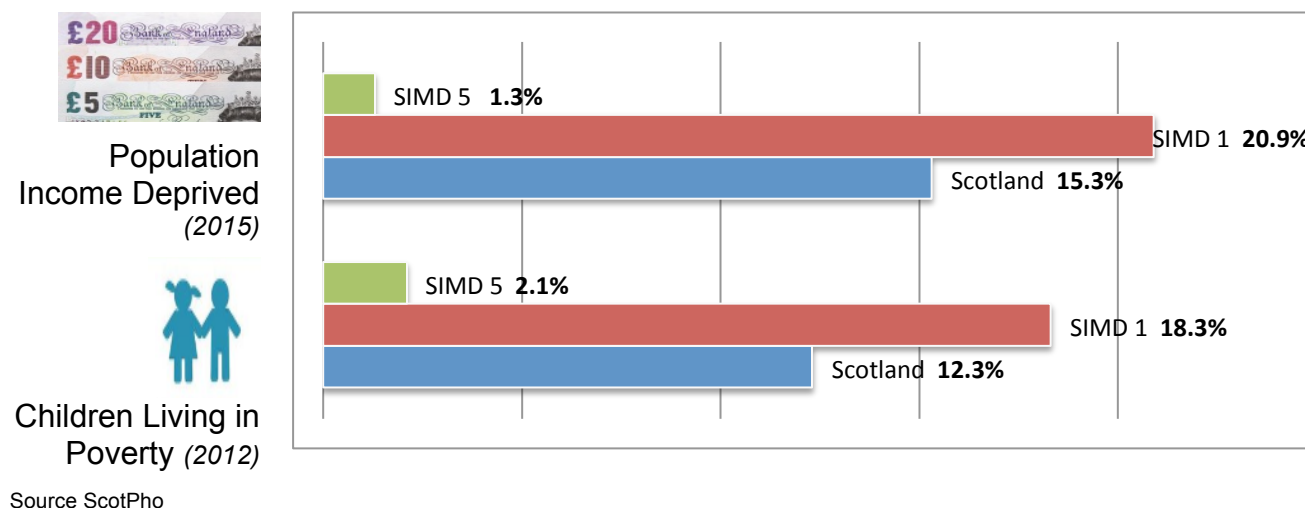
**Figure 4 - Spread of Population by SIMD datazones**



Source ScotPho

Almost 18% of children in East Dunbartonshire are living in the three most deprived datazones which are areas of multiple deprivation with poor health outcomes and reduced life expectancy.

**Figure 5 - Comparison of Poverty in East Dunbartonshire SIMD 5 and SIMD 1 datazones compared to national average**



**WHAT THIS MEANS** Focussing on closing the gap between the most deprived and least deprived populations, reducing income deprivation and enabling people to keep well as long as possible.

### Healthy Lifestyles

The 2014 Health & Wellbeing Survey showed that in general, the population is healthy with 84.9% of residents describing their health as good or very good. Between 2011-2014, there has been a significant shift towards adopting more of the five positive health behaviours (physical activity, not smoking, not binge drinking, meeting fruit and vegetable target and BMI less than 25).

The Secondary Schools Health and Wellbeing Survey (2014/15) found that, overall, young people are adopting positive behaviours: 87% clean their teeth at least twice a day; 52% walk or cycle to school; 48% eat five portions of fruit or vegetables a day; 92% don't currently smoke.

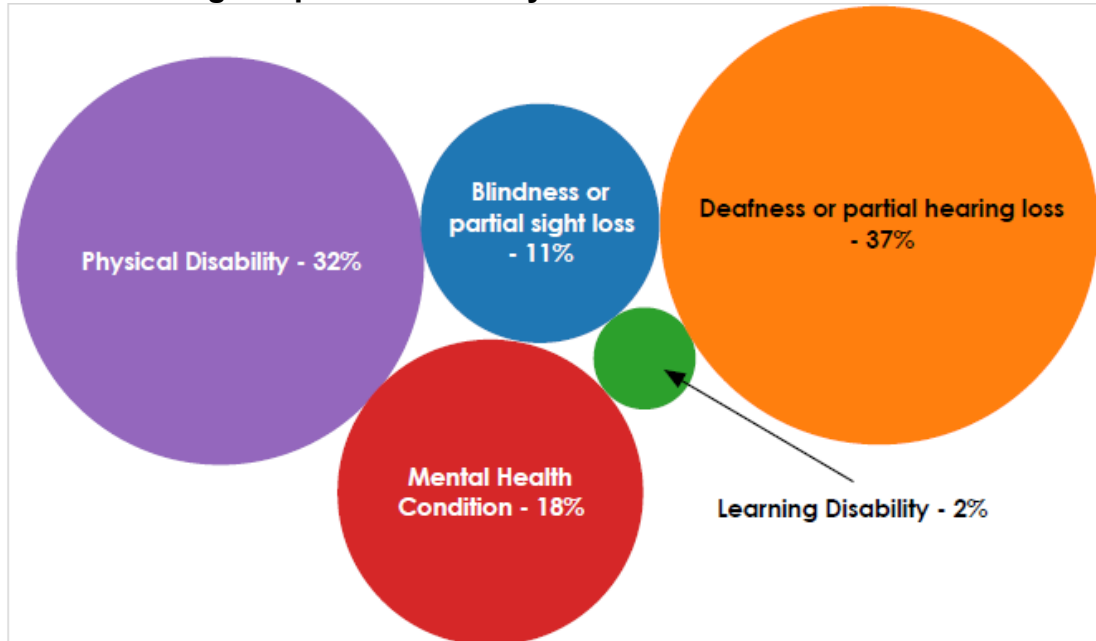
### WHAT THIS MEANS

Services need to encourage and support more of the population, particularly children and young people, to adopt healthy lifestyles.

## Disability

In the 2011 Census, 5.6% of the adult population in East Dunbartonshire reported a disability, with hearing impairments and/or physical disability being the main disabilities reported.

**Figure 6 – Percentage Reported Disability in East Dunbartonshire**

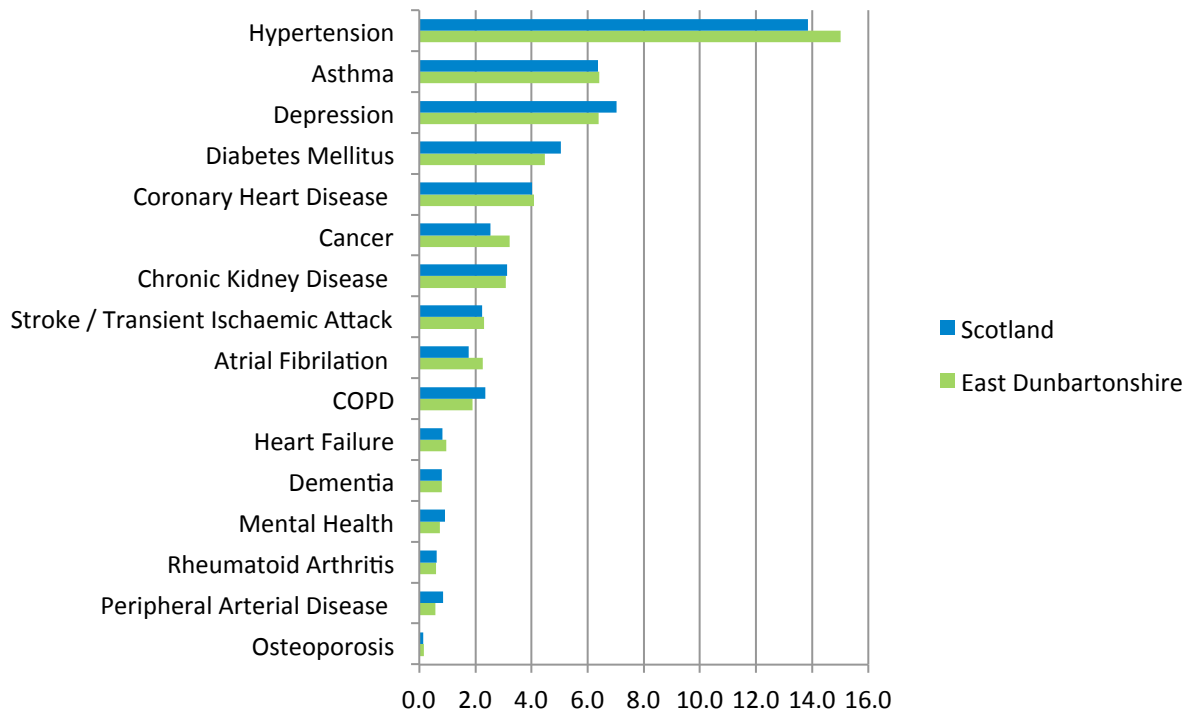


Source: Scotland Census 2011 (N.B. data does not indicate if people reported more than one disability).

## Long Term Conditions

Many people live with one or more long term condition. The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atrial fibrillation, are all notably higher than the rate for Scotland.

**Figure 7 - Disease Prevalence**



Source ISD

Between 2015 -17 there was an estimated 11% rise on the number of people with dementia. This number will continue to rise with the growing older population.



**WHAT THIS MEANS**

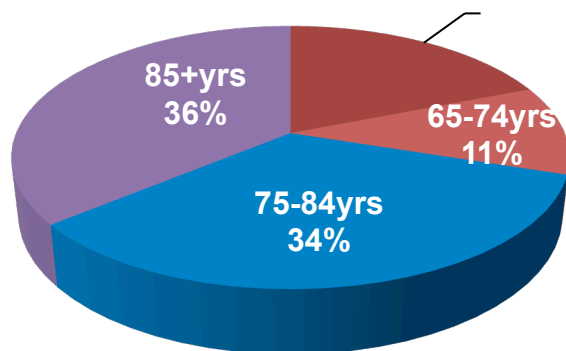
Prioritising the early detection of disease, supporting people to recover or manage their own conditions, and providing a range of supports, particularly for those with dementia and their carers.

**Home Care**

In 2016, there were 1,325 people in receipt of home care in East Dunbartonshire, 70% of whom were aged 75yrs and over.



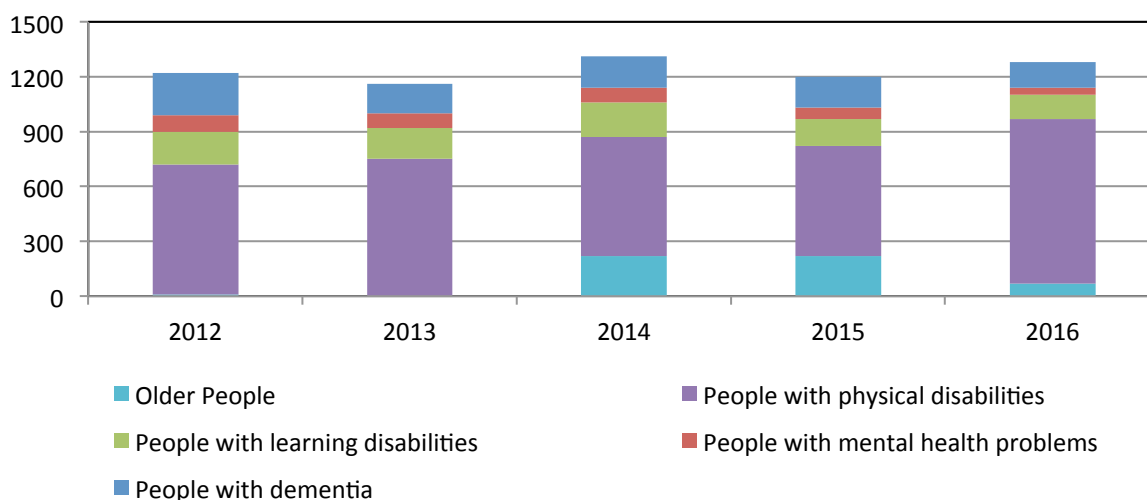
**Figure 8 - Age Breakdown of HSCP Home Care Clients**



Source Social Care Survey

Home care supports people to remain in their own homes across a range of client groups, particularly those with a physical disability.

**Figure 9 - Home Care Client Breakdown 2012-16**



Source Social Care Survey

**Unpaid Carers**

The 2011 Census identified 11,164 carers in East Dunbartonshire. There are 572 carers known to social work. Health and Social Care services work in partnership with carers, and are dependent on the care they provide. Easily accessible information and appropriate support help to ensure the wellbeing of carers and enable them to feel supported in continuing their caring role.

**Child Protection**

East Dunbartonshire mirrors the national trend of identifying more vulnerable children who may be at risk of harm and therefore in need of statutory interventions in order to keep them safe. In November 2017 there were 203 children on the Child Protection Register or Looked After and accommodated in safe places.

**Figure 10 - Placement of Children Looked After and Accommodated (Nov 2017)**









Looked after at home	Child Protection Register	Looked after & accommodated
14%	23%	63%

**Unscheduled Hospital Care**

People should only remain in hospital for as long as necessary and receive more appropriate care at home or in a homely setting. There has been significant progress in reducing delayed discharges and unscheduled bed days over the last three years but we need to ensure more people are getting the right care in the right place and at the right time. The aim is to reduce unplanned hospital care by 10% by the year 2021.

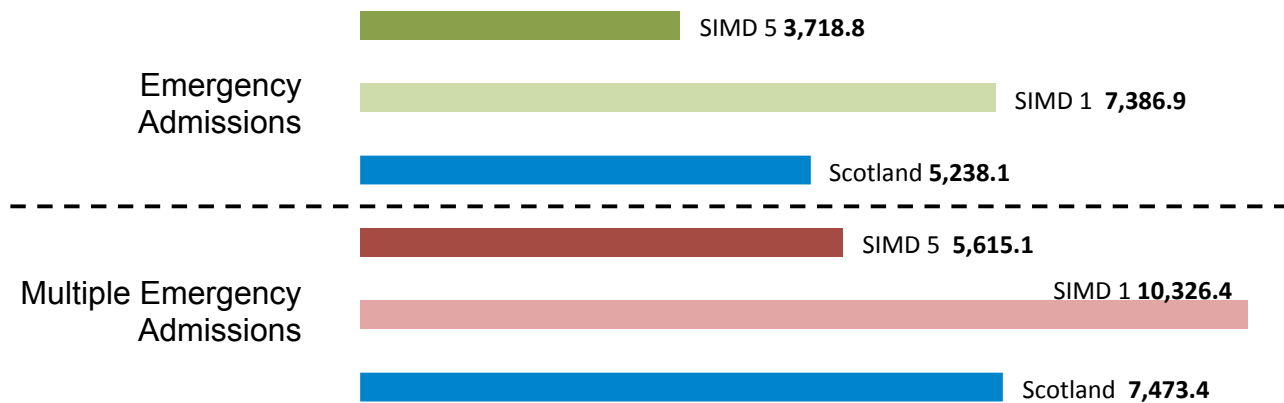
The HSCP has made significant progress in reducing delayed discharges and unscheduled bed days over the last three years, but further improvements are required to ensure people are getting the right care in the right place and at the right time. Therefore the HSCP aims to reduce unplanned hospital care by 10% from 2016/17 to 2021, and the current status demonstrates a downward trend towards achieving this goal.

**Figure 11 - Projected Unplanned Hospital Episodes 2016/17 to 2020/21**

	2016/17	2020/21	Current Status
 <b>A&amp;E attendance</b>	27289	24409	
 <b>Unscheduled Admissions</b>	11308	10177	
 <b>Unscheduled Bed Days</b>	78260	70434	
 <b>Delayed Discharges</b>	3119	2807	

There is a significant variance in unplanned hospital care between the most deprived population (SIMD 1) and the least deprived population (SIMD 5) in East Dunbartonshire. The rate of emergency admissions is greater amongst our more deprived populations.

**Figure 12 Emergency Admissions for our most deprived and least deprived populations**



SR4 2014 standardised rate per 100,000

**WHAT THIS MEANS**

Prioritising the prevention of unplanned hospital admission through supporting people to remain in their own home, supporting timeous discharge, and providing specifically targeted, alternative, models of care.



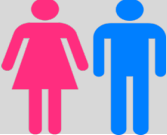
# Locality Planning

# LOCALITY PLANNING

The HSCP established two Locality Planning groups during 2015/16 to support the understanding, planning and delivery of services around communities within these localities. These locality areas related to natural communities. They consisted of:-

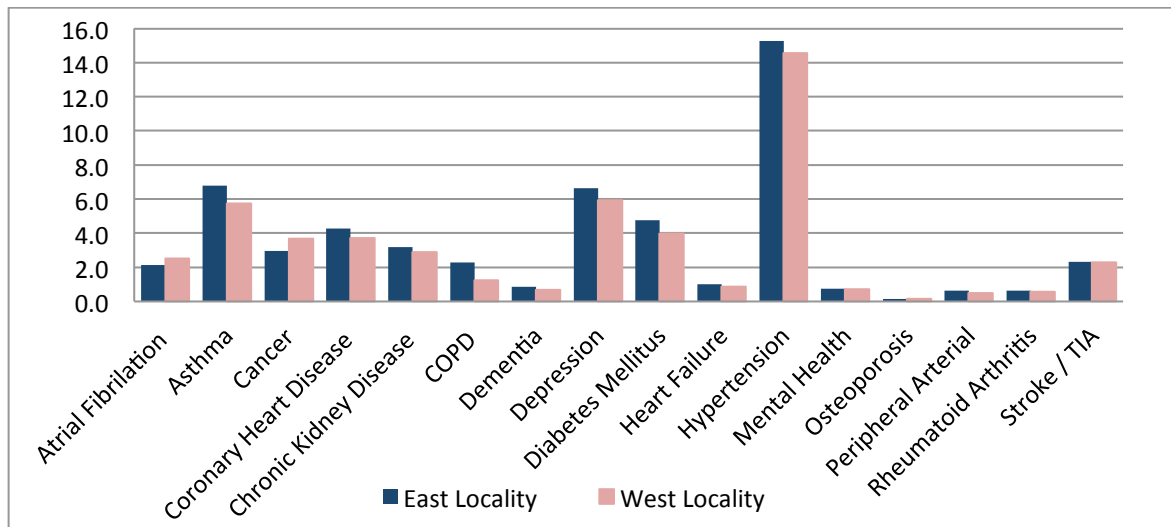
- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxton, and Kirkintilloch).
- The west of East Dunbartonshire ( Bearsden and Milngavie)

**Figure 13 - Percentage Population by age group within each Locality.**

	East Locality	West Locality
0-15 years	17%	18%
16-49 years	40%	36%
50-64 years	22%	22%
65-74 years	11%	12%
75-84 years	7%	8%
85+ years	2%	4%
% of all East Dunbartonshire residents aged 75+yrs	55.5%	44.5%

The Locality Groups have brought together a range of stakeholders including GPs, acute clinicians, social workers, carers and service users to facilitate an active role in, and to provide leadership for local planning of service provision. The groups commenced by undertaking an assessment of need which explored service and community strengths, potential gaps in service delivery and issues of inequality. Disease prevalence assisted in the identification of health conditions which affected people living in each locality.

**Figure 14 - Disease Prevalence by Locality**



This information formed the baseline for discussions within each locality group to help prioritise the areas they wanted to focus on and help make a difference within their community. Each group will develop a locality plan for their area involving key local groups and communities, linking to local services. These plans will align with priorities outlined in the Community Planning Partnership Local Outcomes Improvement Plan.

Each group has agreed the following priorities for 2018-19:

**East Locality Group**

- Cancer screening - Care after cancer treatment has been a theme with emphases on using social prescribing as a means of supporting wider rehabilitation. Establishing links with the local cancer prevention group are underway.
- Housebound – This has raised some inequalities and is an ongoing theme. Examples on how some voluntary services have dealt with isolation and loneliness have been circulated to the group.
- Acute/primary care interface - Developing positive dialogue with acute consultants has begun with our shared experiences of intermediate and continuing care.

**West Locality Group**

- Dementia - The emphases on linking in with current services, particularly those who have a strong self management approach has been highlighted as a useful model to help support clients and their carers.
- Day care services - Moving away from the traditional model towards day care services that focus on matching individuals to a wider range of HSCP and other third and independent sector services
- Housing - Tentative links with housing to have active dialogue with planners, particularly around local developments of care homes. Influencing their local development plan would be welcomed.



# Health & Social Care spending

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# HEALTH & SOCIAL CARE SPENDING

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## **The Long Term Financial Landscape**

In December 2016, the Scottish Government published the Health & Social Care Delivery Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to support individuals at home where appropriate. This furthers the Scottish Government's wider goal, to shift the balance of care from the acute hospital sector to community care by 2021.

It is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. Looking forward to 2018/19 and beyond, it is important that this context is understood and planned for in support of the delivery of the HSCP Strategic Plan, and adjusted on a year on year basis dependant on the allocation available.

In addition, subsequent Audit Scotland Reports on both NHS and Social Work in Scotland set out the real delivery challenges facing IJBs. These include:

- Social care faces growing demographic demand pressures which are unsustainable within existing service models and resources; and
- The NHS is facing a combination of increasing costs, staffing pressures which challenge how NHS boards balance demand for hospital care with investing in community-based services to meet future need.

Currently the Scottish Government is carrying out a number of consultations which may have a direct impact on the 2018/19 budget allocations for IJB's. These include:

- Living wage and sleepover costs and implications;
- Impact of the carers legislation; and
- Impact of the proposal to extend free personal care to the under 65's.

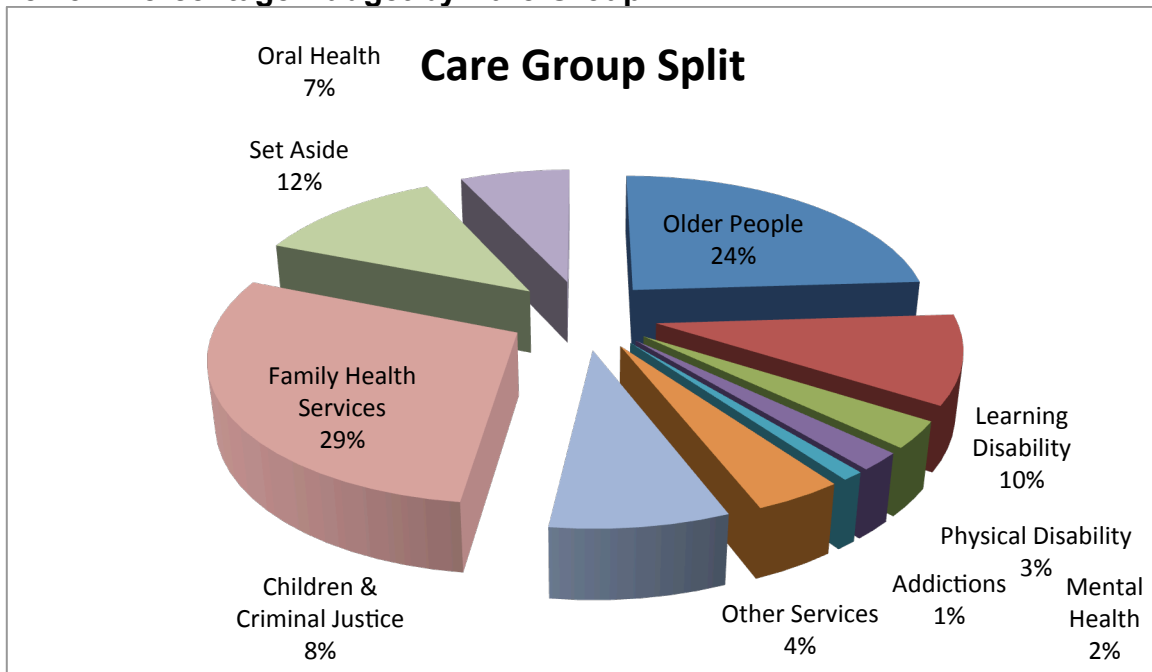
## **East Dunbartonshire Financial Landscape**

The total budget for East Dunbartonshire HSCP for 2017/18 was £150.4m which includes £17.4m set aside (an allocation reflecting the usage of certain prescribed acute services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine).



This is split across a range of services and care groups as follows:-

**Figure 15 – Percentage Budget by Care Group**



The current financial position (as at December 2017) for East Dunbartonshire HSCP is indicating significant cost pressures in the areas of care at home services for older people, day care supports/supported living for young people transitioning through to learning disability and mental health services and residential placements for Children.

In terms of medium term financial planning, a detailed analysis of costs and demands has been undertaken for the partnership and assuming nothing else changes an additional £11.4m would be required to meet current and anticipated costs for the three years of the Strategic Plan, therefore significant change is required to ensure the sustainability of services and development required within this Strategic Plan.

The areas of key uncertainty for the HSCP include:-

- Impact of future Scottish Government funding levels on both the NHS and Local Authority;
- Pay Settlements and the impact of the decision to lift the pay cap on public sector pay;
- Demand led pressures particularly in the area of older people services but also for learning disability and children's Services;
- Prescribing costs as a consequence of rising costs and short supply of drugs.

The main areas of cost pressure relate to:

- **Pay Inflation**  
It is expected that pay increases will remain a recurring pressure for partnerships and current assumptions provide for 1.5% - 2% increase each year for both health and social work staff. This may be subject to a degree of variation given the decision to lift the pay cap for public sector pay. Assumptions also reflect the costs associated with the apprenticeship levy and increments for staff moving through the salary grades.
- **Demographic and Volume**  
This reflects increases anticipated across older people care at home services (assumed 6% increase year on year based on previous year trends), transitions from children's services to adult learning disability and mental health (assumed 10 – 15

cases transferring each year) and demands on residential school placements for children.

- **Prescribing Costs**  
Costs reflect current demand and cost pressures based on previous years' experience and analysis.
- **Inflationary Pressures**  
These reflect anticipated annual increases in payments to third parties and in the main reflect expected increases to the National Care Home Contract, fees for fostering, adoption and kinship care.
- **Living Wage**  
There were increases to the living wage in 2016/17 and then again in 2017/18 with an expectation that this will increase further to meet the Government's commitment to reach a national living wage of £9 by 2020. As in previous years it is expected that any increase will be funded by the Scottish Government through additional social care funding.

One of the Scottish Government's key policy commitments over the course of the parliament is to increase health spending by £500m above real term growth. Given the limited growth prospects for the Scottish Government budget, this commitment is likely to continue to have a challenging impact on respective partner agency budgets which are anticipated to be subject to sustained reductions over the coming years.

In addition to the delivery of key strategic priorities, it is expected that the HSCP will deliver significant year on year savings to address the financial challenges of reducing resources set against increasing cost and demand pressures. The partnership is therefore planning for the period 2018/19 to 2021/22 for a potential funding gap of £11.4m to £18.8m.

### **Medium Term Financial Strategy**

In order to address the financial challenges over the medium term, the HSCP will need to develop plans to bridge the financial gap and focus spending on the areas which will deliver our strategic priorities. A medium term strategy will focus on a number of themes:-

- **Maximise Efficiencies**  
The HSCP will maximise opportunities to deliver services in the most efficient manner which seeks to protect frontline service delivery as much as possible.
- **Strategic Planning and Commissioning**  
The HSCP has strong links with the Third and Independent Sector and engage with them in a range of forums and we will work with them to ensure we are collectively agreeing plans for services and workforce. These arrangements inform service development and advise on direction of travel in progressing HSCP priorities. The Strategic Needs Assessment will inform the needs of the population and where resources should to be targeted, supplemented by a workforce strategy aligned to service redesign and commissioning intentions.
- **Service Redesign and Transformation**  
The underlying principle of integration is to shift the balance of care to enable individuals to live within their own home for as long as possible. To achieve this a shift in funding will also be required. This will require us to match service delivery with financial plans and consider responsibility in relation to acute / set budgets.
- **Prevention and Early Intervention**  
This is an essential element of service changes and will have an impact on our financial position. We will need to consider the thresholds as part of our planning to

ensure those on low incomes or minimum benefit levels are protected and there is equity of entitlement.

- **Review of Eligibility and Charging**

The threshold for access to services is currently for those at critical or substantial risk and this is applied fairly and consistently across the HSCP. Equally there are opportunities for the HSCP to maximise income generation for the services it provides which ensures that those on low incomes or minimum benefit levels are protected from any charging as much as possible. This is set in the context of financial inclusion and ensuring that individuals are in receipt of all the benefits to which they are entitled through an income maximisation assessment.

- **Service Reduction/Cessation**

As part of service redesign there will be a review of the range of services delivered across the HSCP which will inform not just areas which require expansion and investment but also areas where the HSCP will disinvest in line with the Strategic Plan.



## What we plan to do

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# WHAT WE PLAN TO DO

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The Strategic Plan emphasises the need to plan and deliver services that contribute to the health and wellbeing throughout people's lives. This approach focuses on a healthy start to life and targets the needs of people at critical periods throughout their lifetime. It promotes timely effective interventions that address the causes, not just the consequences, of ill health, deprivation and a range of other life circumstances.



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 (a full report is available):

- Theme 1 : Keeping people healthy;
- Theme 2 : Improving access to services;
- Theme 3 : Reducing unnecessary hospital admissions and supporting people to live at home or in a homely setting; and
- Theme 4 : Supporting carers.

Service user and carer feedback and involvement will be a continuous process to ensure views from all sectors of the community are captured and shared to influence decisions made. Mechanisms for capturing this include:

- proactive feedback from service user and carers via face to face contact with practitioners; real-time independent patient surveys; national patient experience surveys;
- reactive feedback in the form of complaints, comments and reported safety incidents;
- support the Service User & Carer Representative Group to ensure that service user experience is at the centre of everything the HSCP does; and
- regular stakeholder/community engagement events.



The Strategic Plan outlines eight key priorities to be delivered over the next three years. Examples are given on what is already being delivered, what still needs to be delivered

and what measures are in place to monitor performance. The eight priorities are:

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

The development of commissioning priorities is an ongoing process and progress will be captured within HSCP Business Plans and reported through the Annual Performance Report.

### Equality Duties

Health and Social Care Partnerships, as Public Sector Organisations, have specific legal duties applied to them under the Equality Act (2010) which are to:

<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.</p>
<p>Advance equality of opportunity between people who share a relevant protected characteristic that is protected under the Act, and those who do not.</p>
<p>Foster good relations between people who share a characteristic and those who do not.</p>

East Dunbartonshire HSCP's Equality Outcomes and Performance Measures were intimated in the Equality and Diversity Mainstream Report 2017–2021. Some of the identified activities that will take place during that period include:

- Engage with HSCP service users and particularly those with a disability to assess accessibility and work with East Dunbartonshire Council (EDC) and NHS Greater Glasgow & Clyde (NHSGG&C) to make all reasonable adjustments to Health and Social Care Services.
- Review services to ensure that they are based on biological rather than chronological access unless objectively justified.
- EDC and NHSGG&C employees are trained to use homelessness risk assessment tools and address need effectively.

- Engage service users and carers to implement the engagement model as approved by East Dunbartonshire HSCP Board.
- Equality Impact Assessment is further developed as an online tool; training delivered to managers/lead reviewers and the process is embedded in practice.
- Set out mechanisms that enable service users and carers to have a voice in service planning and development.
- Develop and deliver health & wellbeing interventions through PLACE approach.
- Monitor participation levels for people with different characteristics through commissioned services.

The protected characteristics under the Equality Act 2010 are:

<b>AGE</b> all ages	<b>DISABILITY</b> all disabilities and health conditions	<b>GENDER</b> male, female and transgender
<b>MARRIAGE and CIVIL PARTNERSHIP</b> single, divorced, married, separated and civil partnership	<b>PREGNANCY and MATERNITY</b> work, services, education, breastfeeding, premises etc	<b>RACE</b> colour, nationality, ethnic, and national origins
<b>RELIGION or BELIEF</b> All religions including no religious beliefs	<b>SEXUAL ORIENTATION</b> bisexual, gay, heterosexual and lesbian	<b>CARERS</b> All carers including formal and informal carers



## Strategic Priorities



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# STRATEGIC PRIORITIES

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## STRATEGIC PRIORITY 1.

Promote positive health and wellbeing, preventing ill-health, and building strong communities

### What are we already doing?

- Continuing to implement a successful 'WALK East Dunbartonshire' programme in partnership with the Leisure Trust that delivers appropriately graded supported walks for all ages.
- Supporting efforts to identify and increase employability opportunities, in particular, working with local employers and higher educational establishments to develop more opportunities for people with Autism/Aspergers.
- Developing the Community Assets map to help people to identify services and supports available to them.
- Improving child health through the delivery of breastfeeding support; promoting good oral health and family registration with a dentist; delivering parenting programmes, and delivering childhood and school immunisation programmes.
- Implementing the Community Justice Local Outcome Plan and continuing to take forward the new Community Justice priorities.
- Criminal Justice Unpaid Work Service delivering community benefit activity for older and vulnerable people.
- Increasing access to leisure and culture services for children through the Corporate Parenting support.

### What matters to our residents, partners and staff?

- The HSCP should help people to improve their health through activities such as walking, gardening and other social activities.
- Working with communities and partners to help people access the services they need whether or not it is a Council, Health or third sector service.
- Working with other organisations to promote and deliver a wide range of services that promote positive health, such as help to stop smoking; physical activity opportunities; healthy weight support; and promoting positive mental health.
- Social isolation has been highlighted as a significant issue for many in our communities. Loneliness can have an adverse impact on our health and well being should be addressed.

### **What do we intend to do?**

- Address issues relating to loneliness including facilitating the development of befriending services; promoting social activities; developing intergenerational activities; and volunteering opportunities.
- Further develop our successful model of Local area coordination in partnership with third sector organisations which improves access to services and decreases social isolation for vulnerable groups.
- Revise and improve our services to those suffering harm through alcohol and substance abuse.
- Revise and update our Stop Smoking Services.
- Support people to better connect to their communities, for example development of the Community Asset Map, and utilising Self Directed Support to access a range of services provided by the community.
- Deliver a core programme of visits to all children from birth to 5yrs, to assess need, monitor development, promote positive health and support parenting (the Universal Pathway).
- Support free access to leisure facilities for looked after and accommodated children (LAAC) and care leavers.
- Improve access to welfare, health and wellbeing, housing and employability for people with convictions.
- Develop pathways within community payback orders to increase the use of specific alcohol, drug and mental health requirements and interventions to promote healthy living and risk reduction.
- Revise and update our Child Protection arrangement in line with national recommendation. Develop and implement the national child protection improvement programme.

### **How we will measure our success?**

The HSCP aims to:

- 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 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, particularly for those with long-term conditions

### What are we already doing?

- Implementing the learning from the 'Wellbeing Workers' pilot programme, that supports people to access a range of social and community groups.
- Supporting people in recovery from alcohol and substance misuse by adopting a Peer Support approach.
- Ensuring full utilisation of the Intermediate Care facilities for service users being discharged from hospital.
- Providing demonstration visits to the Assisted Living Show Flat ensuring stakeholders are familiar with available technology.
- Delivering activities aimed at young people with learning disabilities via the Local Area Co-ordination Programme, for example, Music Group and Tennis Aces.
- Providing community payback orders with multi agency and third sector involvement.

### What matters to our residents, partners and staff?

- Health and social care staff should be equipped to signpost people to services through routes into communities that have not been traditionally considered.
- Self management should be a partnership between people and the services that support them.
- Peer support approaches can play an important role in supporting people to self manage their health, providing information, support and sharing experiences.
- There needs to be care pathways to address relapse, ensuring people whose condition worsens find their way to the right service when they most need them.
- A range of effective early intervention services need to be in place to support more vulnerable people.

### What do we intend to do?

- Re-orientate health services toward prevention of illness and promotion of health for our older and more vulnerable population so that they are supported by effective care and support services that enable them to maintain their independence and enjoy a high quality of life. This includes developing social prescribing approaches within all primary care settings.
- Develop and promote a range of sustainable approaches to self-management, early intervention and anticipatory care for people with long term conditions, including building on the learning from our 'House of Care' and 'Transforming Cancer After Treatment' (TCAT) pilot programmes.
- Identify and develop evidence based approaches to support people to better manage their long term health conditions including providing information to help

people connect people to a wide range of services in their community.

- Review and update our Older People Day Care services to deliver early a variety of services helping people live an active life.
- Focus on improving our services for those people with dementia, and their carers, enhancing Dementia Post Diagnostic Support services, and further develop 'Dementia Friendly Communities'.
- Roll out our Recovery Orientated System of Care (ROSC) service model which establishes closer links to communities for individuals with Alcohol & Drugs and/or Mental Health issues.
- Promote independent living through the uptake of telecare and telehealth solutions through the implementation of the Assisted Living Technology Strategy 2018-2023, and the development of E-frailty project and advancement of e-self solutions.
- Review and redesign service provision of both Learning Disability and Mental Health services to create modernised, sustainable and flexible service delivery models for service users, including developing community supports with the third sector.
- Review complex and non-complex care requirements and redesign Care at Home Services to ensure a balanced provision of in house/external services.
- Promote effective and efficient prescribing to minimise medicines waste, reduce prescribing costs and achieve a more consistent prescribing service across all GP practices.
- Review and improve services and interventions to support children who have long term conditions.
- Review and improve transition pathways for children and young people moving into adult services across all care groups.
- Improve access to health service interventions for the ageing population in custody.
- Implement an alcohol intervention and education programme, establishing closer links to partners and communities to raise awareness and reduce alcohol related harm.

### **How we will measure our success?**

The HSCP aims to:

- 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.

### What are we already doing?

- Providing a seven day community nursing service including evening and overnight access to respond to unplanned care requirements in a timely manner through direct contact and single point of access at weekends.
- Reduced admissions through the Rapid Response service and established pathway between A&E and Community Rehabilitation Team to provide next day response.
- Working with care homes to introduce a falls pathway, reduce pressure ulcers and provide '*Stress and Distress*' training.
- Established pathways with Scottish Ambulance service to provide an alternative to hospital admission for non-injured people who fall.
- Reduced delayed discharges through the provision of intermediate care providing opportunity for full assessment and return home to the community.

### What matters to our residents, partners and staff?

- Services should move beyond operating in a Monday to Friday, nine to five culture.
- Need to maximise the potential of telecare and access to services to support people in their own homes.
- Community rehabilitation is vital in returning people to independence.
- Services should incorporate different approaches to prevent people going into hospital and help them to be discharged quicker.
- Support needs to be in place before peoples' conditions reach crisis, meaning hospital admission becomes the last resort.
- Need to promote 'Advanced Statements' and 'power of attorney' to plan for future care needs.
- Care homes should integrate more with the local community for example encouraging intergenerational and befriending activities.
- Care home residents should be able to contribute to aspects of the care home life based on their skills and interests such as baking and organising activities.

### What do we intend to do?

- Develop and commission recovery orientated care service provision for adults with complex mental health needs to provide alternative to long term hospital care. This will consider future models of care and support ensuring that the third sector is a key partner in our approach.
- Reshape and redesign community based rehabilitation services to avoid admission to hospital and facilitate discharge.

- Contribute to NHS Greater Glasgow & Clyde Out of Hours (OOH) service review to support better access to services at different times and settings.
- Reduce unplanned hospital admission through the development of models to support people to receive the necessary care within their community, including the introduction of a Single Point of Access across health and social care services.
- Develop a joint approach with GP's and stakeholders to anticipate and respond to changes in those with life limiting conditions that require palliative care so that support can be provided at an early stage to enable people to remain at home.
- Develop the Care Home Liaison Nurse service to provide support and advice to care homes to enable them to care for residents with complex needs and prevent unplanned hospital admission.
- Support people who require end of life care in a homely setting to ensure their preferred place of death is met.
- Facilitate prompt discharge from hospital through working with hospital services to identify the needs of patients at an earlier stage.
- Utilise the opportunities which will come from the new GP Contract to improve local services and increase access to treatment and care in a local setting.

#### **How we will measure our success?**

The HSCP aims to:

- Reduce unplanned hospital admissions.
- Reduce occupied bed days for unscheduled care.
- Reduce A&E attendances.
- Reduce bed days lost to discharges delayed.
- Increase the percentage of last 6 months of life spent in the community.

## **STRATEGIC PRIORITY 4.**

**Address inequalities and support people to have more choice and control.**

### **What are we already doing?**

- Increasing the number of early intervention/prevention and community assets available to all service user groups in partnership with the third sector.
- Delivering self directed support options to all service user groups and reviewing of local independent Self Directed Support information, advice and support.
- Increase accessibility; and support vulnerable and hard-to-reach individuals and groups access appropriate financial support services.
- Promoting and supporting the uptake of income maximisation services to increase financial benefit for children and their families and our older populations.
- Promoting and supporting the uptake of Healthy Start programme enabling families to access free vouchers every week to spend on milk, fruit, vegetables, infant formula milk and free vitamins.
- Work with families to enable them to appropriately access the Early Learning & Childcare entitlement.
- Deliver with Peer Volunteers, the Baby Café breastfeeding support within Hillhead PLACE community.
- Supporting people living in Hillhead & Harestanes, Lennoxton and Auchinairn (PLACE communities) to establish or create new activities and strengthen community capacity through co-production and involving local residents and partners.

### **What matters to our residents, partners and staff?**

- Remove barriers that prevent people taking action to maintain and improve their health and wellbeing, particularly for those people with mental health conditions; those fearing being a victim of crime; and children being bullied.
- The health and social care system is highly complex and is often difficult for people to understand and navigate easily.
- Waiting lists can create barriers to access and may prevent people getting the appropriate help when they most need it.
- Health and social care services should work with the voluntary sector to maximise financial advice and support advocacy for their service users in greatest need.
- Domestic violence has a negative impact on the physical and mental wellbeing of women and children.

### **What do we intend to do?**

- Focus on Identifying where hidden health inequalities and poverty exist outwith areas of deprivation, particularly employability, fuel poverty and family income.
- Promote choice and control across all care groups through the implementation of the Self Directed Support Strategy 2018-21.
- Tackle child poverty, its cause and effects through working with our community planning partners and in line with the emerging Child Poverty Act.
- Improve services for people with Autism by implementing a series of key community based actions.
- Improving the health and well being of people subject to community orders and those leaving custody and returning to the community by improving access to local health services.
- Deliver high quality health information, assessment and treatment to all prisoners.
- Provide health information, assessment and treatment for children who are looked after and accommodated.

### **How we will measure our success?**

The HSCP aims to:

- 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 who are:
  - registered with a GP
  - have suitable accommodation
  - have had a benefits eligibility check



## STRATEGIC PRIORITY 5.

### People have a positive experience of health and social care services

#### What are we already doing?

- Service users and carers inform key HSCP decisions through their active representative on the HSCP Board, Strategic Planning Group and Locality Planning Groups.
- Service user feedback is being captured and acted upon through service user satisfaction surveys; service comments, complaints; and engagement events.
- In partnership with Education, the HSCP has adopted an Alternative and Augmented Communication Protocol for young people with sensory impairment and provided AAC equipment.
- Regularly reviewing the views of service users, family and partner agencies regarding the delivery of Justice Services.

#### What matters to our residents, partners and staff?

- People should experience their journey through the health and social care system as holistic and seamless.
- There needs to be more information about the transition from children's to adult services.
- Effective links between hospital services and community support will improve the experience of people, particularly those with dementia.
- The quality of the care provided could be improved through preventing duplication of assessments that just cover the same ground, as well as continuity of care delivered by those providing care.
- There should be better use of local pharmacies and promotion of the minor ailments service.
- Joint working across health and social care teams and other organisations is more likely to enhance service provision.

#### What do we intend to do?

- Provide forums and opportunities for service users and carers to meet, discuss health and social care issues affecting local people and contribute to plans to reshape care locally.
- Establish more effective and consistent mechanisms to capture service user and carer feedback about the services they receive in order to inform service improvement.
- Improve transitional planning arrangements for young people, young carers and families who are approaching entry into adult health and social care services.
- Improve the effectiveness and efficiency of services by maximising opportunities for integrated service delivery including, reviewing referral pathways across care

groups; implementing an Information Technology plan to promote information sharing; and improving information systems.

- Develop a Community Justice Plan to improve supervision and services for people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community.
- Increase the accessibility and availability of public information regarding Children's resources and eligibility criteria, including transitional arrangements between children and adult services.

### **How we will measure our success?**

The HSCP aims to:

- 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.**

### **What are we already doing?**

- Building all new properties to meet the varying standards of need.
- Providing housing adaptations for residents in all tenures through the Care and Repair Scheme.
- Providing Telecare packages to existing residents.
- Utilise a 'Smart Flat' to demonstrate new technologies assisting older people to live in their home for longer.
- Providing a Care of Gardens scheme.

### **What matters to our residents, partners and staff?**

- Suitable accommodation is available for vulnerable people within the communities in which they live at present.
- Many older people occupy homes unsuitable for their needs in terms of size or adaptation.
- People should have a range of housing options available to them to help match needs; there is no 'one size fits all' model.
- Support should be available for people to help assess available housing options.

### **What do we intend to do?**

- Deliver the Affordable Housing Investment Programme, providing a percentage of amenity housing within larger development sites.
- Review our present older people's housing model and service provision to inform the development of a new generation of sheltered or extra care housing for rent that suits the needs of older tenants within their own communities.
- Actively pursue opportunities with the Registered Social Landlord sector to enable older people to continue as homeowners in accommodation more suitable to their needs.
- Establish the level and location of demand for housing for older people, particularly within the private sector, through a facilitated research study.
- Renew the commitment to the Care & Repair Scheme through new partnership working.
- Evaluate the Council's allocations policy to ensure that older people are being given an equitable opportunity to access the housing they need.

### **How we will measure our success?**

The HSCP aims to:

- 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.

## STRATEGIC PRIORITY 7.

Improve support for Carers enabling them to continue in their caring role.

### What are we already doing?

- Established a multi-disciplinary Carers Working group whose membership includes HSCP, Education, Carers Link, the third sector, and carers to inform the development of the new local Carers Strategy.
- Continue to involve carers in the planning of services at a strategic level through their representation on HSCP strategic groups.
- Eligibility criteria for carers published following consultation with carers.
- Identified Adult Support Plans and Young Carers Statements for identifying carers needs.
- Providing short breaks and respite for carers based on assessed need.
- Supporting raising the knowledge and awareness of carers about the Carers Act and the Adult Support Plans and Young Person Statement.

### What matters to our residents, partners and staff?

- People should be supported to identify themselves as carers so that their needs can be assessed and supported.
- Carers' knowledge and understanding of the cared for person's situation needs to be better taken into account.
- More information about the services available and flexible respite is critical for carers to support them in their caring role.
- Young carers require support so that they can study and socialise.

### What do we intend to do?

- Prepare and publish a local Carers Strategy with an accompanying action plan and performance framework which will embed the legislation into practice.
- Prepare and publish a Short Breaks Statement.
- Develop mechanisms to better identify adult carers and young carers in order to assess and monitor the impact of their caring role.
- Develop a system to harmonise the monitoring of carers identified and assessed carers across relevant disciplines and agencies.
- Work in partnership with carers organisations and other third sector organisations to raise awareness about the Act and carers rights, and develop services that support carers to continue in their caring role.
- Establish and maintain an accessible information and advice service for carers.

### **How we will measure our success?**

The HSCP aims to:

- Increase number of adult carers identified and completing an Adult 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

#### What are we already doing?

- Developing HSCP and service area business plans outlining priorities and progress measures.
- Developing a Market Facilitation Plan to ensure there is diverse appropriate and affordable provision of available service providers across sectors to meet local needs and deliver effective outcomes both now and in the future.
- Co-located health and social care staff to achieve effective integrated communication and joint working.
- Involving staff in the development of a workforce plan to ensure organisational skills and capacity is fit for the future.
- Established a suite of governance arrangements to ensure the provision of safe, effective and efficient services.
- Delivering Multi-Agency Protection Arrangements (MAPPA) bringing together the Police, Scottish Prison Service (SPS), Health and the Local Authorities, in partnership as the Responsible Authorities, to assess and manage the risk posed for certain categories of offender.

#### What matters to our residents, partners and staff?

- Local Hubs, libraries and community facilities should be better recognised and used as community resources.
- Build relationships with the third and voluntary sector who have critical knowledge, skills and capacity.
- Services should be redesigned to improve response to meet need.

#### What do we intend to do?

- Enhancing contract management arrangements to ensure services are compliant, outcomes focussed and deliver best value. Implement a Market Facilitation Plan to effect market change.
- Implement an Accommodation Plan to enable health and social care teams to work in an integrated way across both localities. This will mean completing our refurbishment of Kirkintilloch Health and Care Centre and review our accommodation arrangements in the Milngavie/Bearsden area.
- Review and assess the impact of private sector care home developments across geographical areas.
- Engage and action feedback from the workforce through further embedding of iMatter staff survey across health and social care.
- Agree an Adult Learning Disability Strategy and Improvement Plan to improve the sustainability and consistency of resource allocation processes, redesign day services and streamline access to the continuum of accommodation-based

support services.

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

### **How we will measure our success?**

The HSCP aims to:

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



# APPENDIX A

The National Health and Wellbeing Outcomes are high-level statements of what the HSCP aims to achieve through improving quality across integrated health and social care services

Outcome	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8
1 People are able to look after and improve their own health and wellbeing and live in good health for longer.	X			X	X	X	X	
2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		X	X			X		
3 People who use health and social care services have positive experiences of those services, and have their dignity respected.		X	X	X	X		X	
4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.			X	X			X	
5 Health and social care services contribute to reducing health inequalities.	X			X			X	
6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.							X	
7 People who use health and social care services are safe from harm.				X	X			X
8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.								X
9 Resources are used effectively and efficiently in the provision of health and social care services.								X

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EAST  
DUNBARTONSHIRE  
HOUSING  
CONTRIBUTION  
STATEMENT

January 2018

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## 1. Introduction

### Purpose of Housing Contribution Statement

The Housing Contribution Statement (HCS) provides a link between the strategic planning process in housing at a local level and that of health and social care. The HCS is now an integral part of the 'Strategic Commissioning Plan' and sets out the role and contribution of the housing sector in meeting the shared outcomes and priorities that contribute to health and wellbeing. The HCS reflects the emphasis on joint working with key stakeholders to deliver high quality services in our communities and provides the basis for measuring the contribution housing can make in meeting local and National priorities.

Core aims of integration are to improve quality and consistency of services providing streamlined and person centred Health and Social Care services. Services that are, locality based and provide care for people at home or wherever practicable in a homely setting within their community. The HCS therefore sets out the strategic value housing delivers in bringing about positive outcomes for people and is fundamental to some preventative measures that help reduce inequalities in our communities.

### Legal and Policy Background

The vision and ambition set out by the Scottish Government that by 2020 everyone is able to live longer healthier lives is fundamental to the Strategic Planning Process where the nine National Health and Wellbeing outcomes originate.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the framework for integrating Health and Social Care in Scotland and requires some functions to be delegated to an Integration Joint Board. East Dunbartonshire Council in partnership with NHS Greater Glasgow and Clyde produce the Strategic Plan that sets out the agreed delegated functions for Health and Social Care in two locality areas within East Dunbartonshire.

Since its establishment in 2015 the Health and Social Care Partnership (HSCP) has overall responsibility for providing and implementing the Strategic Plan. Of the nine Health and Wellbeing Outcomes, the housing sector has particular relevance to Outcome 2:

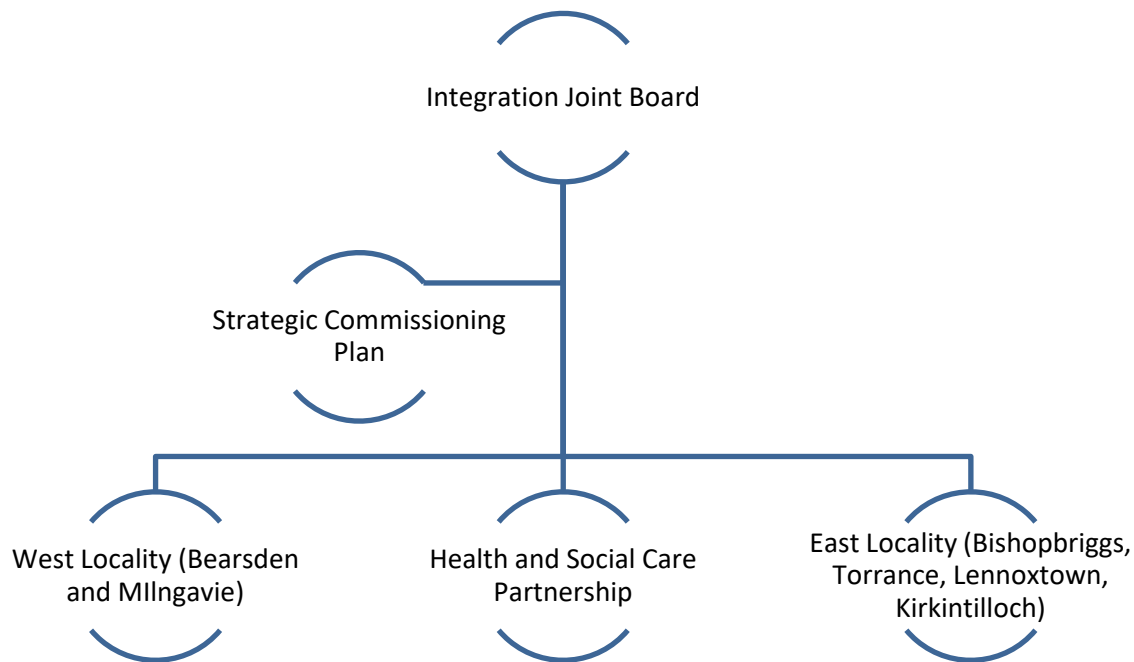
***"People, including those with disabilities or long term conditions, or who are frail, are able to live as far as reasonably practicable, independently and at home or in a homely setting in their community".***

East Dunbartonshire faces significant challenges in reducing inequalities and transforming the health and wellbeing of people and their communities. The Local Housing Strategy (LHS) aims to address imbalance in housing need and demand and the associated Strategic Housing Investment Plan (SHIP) will increase the supply of affordable housing across all tenures and includes specialist amenity or adapted housing. The Third Sector can add value to Health and Social Care Outcomes by increasing community engagement in the design and delivery of important services and links

directly to the overarching Strategic Plan. Inclusion of a HCS recognises the importance of people’s homes and the vital role played by Housing in improving people’s health and wellbeing.

### Role of the Local Housing Sector in Governance Arrangements

The Community Empowerment (Scotland) Bill enables Integrated Joint Boards to be full partners in Community Planning. In East Dunbartonshire this is set out in the Single Outcome Agreement 2014-17 that supports the delivery of services to reduce inequalities and disadvantage. Housing is a key stakeholder in this process as outlined in the Local Housing Strategy. The Strategic Commissioning Plan brings together all of the various strategies into one overarching document where these shared outcomes filter throughout the planning process. The Housing Sector is represented at every level of the Community Planning Process as Illustrated in the diagram below. The Health and Social Care Partnership split into two locality areas to carry out its functions.



## 2. Local Housing Strategy Priorities

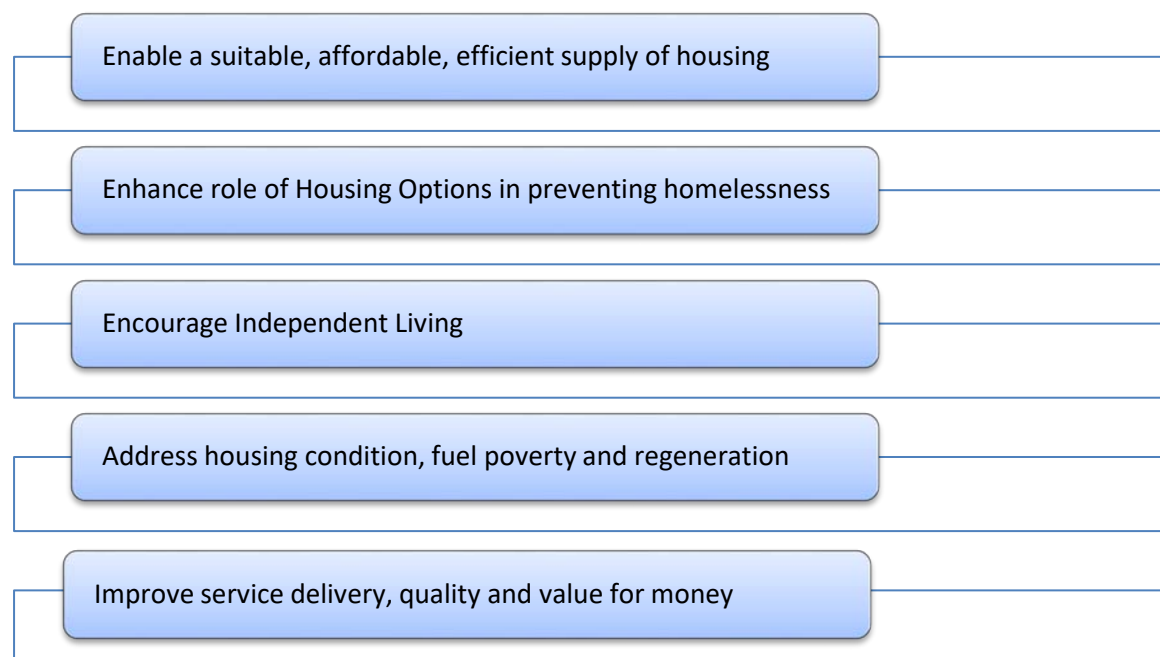
### Local Housing Strategy

The LHS details how the Council and its partners will tackle imbalances within the local housing system during its lifetime. The current LHS runs until 2022 and has a number of overall objectives to meet housing need in East Dunbartonshire. The LHS aims to tackle

disadvantage and promote sustainability, prevent homelessness and address disrepair as well as promoting quality and value for money. A range of actions within the LHS impact directly on Health and Social Care. Provision of an efficient aids and adaptations service for example assists older or disabled residents live independently in their own homes.

East Dunbartonshire as recorded in the 2011 Census had a population of 105, 026 including higher than National Average numbers of older people. The National Records of Scotland suggests that the number of older people 85years and above could rise by as much as 17.8% during 2012-2037. Research is ongoing that may help determine what future housing need for older people there may be in East Dunbartonshire and what resources may be required to ensure an appropriate response to this demand is progressed.

### LHS Priorities



### 3. Health and Social Care Partnership Strategic Commissioning Plan Outcomes

The HSCP Strategic Commissioning Plan outlines its vision to work with people in East Dunbartonshire to build stronger communities, promote wellbeing and provide access to care and support. The HSCP aims to achieve this by improved partnership working, streamlined processes and better engagement with communities putting the person at the centre of the decision making process.

Key priorities for the HSCP are to support independence, tackle inequalities and maximise healthy lifestyles for all residents of East Dunbartonshire. This will include engaging with staff to support them in their role by improving access to meaningful activity, training and employment. There is a view to see Carers as equal partners, to identify them and support continuation of their caring role.

In East Dunbartonshire the HSCP is a separate legal entity from either the Council or the Health Board and has responsibility for a range of health and social care functions including primary care, community health services, social work and social care and is accountable for the strategic planning and budgeting for these.

**The national health and wellbeing outcomes to be delivered through integration have been defined as:**

Outcome 1	<ul style="list-style-type: none"> <li>•People are able to look after and improve their own health and wellbeing and live in good health for longer</li> </ul>
Outcome 2	<ul style="list-style-type: none"> <li>•People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</li> </ul>
Outcome 3	<ul style="list-style-type: none"> <li>•people who use health and social care services have positive experiences of those services, and have their dignity respected.</li> </ul>
Outcome 4	<ul style="list-style-type: none"> <li>•Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.</li> </ul>
Outcome 5	<ul style="list-style-type: none"> <li>•Health and social care services contribute to reducing health inequalities.</li> </ul>
Outcome 6	<ul style="list-style-type: none"> <li>•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</li> </ul>
Outcome 7	<ul style="list-style-type: none"> <li>•People using health and social care services are safe from harm.</li> </ul>
Outcome 8	<ul style="list-style-type: none"> <li>•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</li> </ul>
Outcome 9	<ul style="list-style-type: none"> <li>•Resources are used effectively in the provision of health and social care</li> </ul>

**Housing Related Challenges**

Effective monitoring of how actions progress or new projects develop will help evaluate East Dunbartonshire Council’s housing contribution in a measurable way in order to effectively distribute resources and avoid duplication of services.

The HCS recognises the importance of other Housing Providers and Third Sector organisations in meeting the above objectives and links to the implementation of our interrelated strategies by helping each other develop achievable goals.



Supporting the above objectives will shape the response to housing related challenges of rising demand, rising expectations and ongoing budgetary constraints. There is an established practice of joint working in East Dunbartonshire to deliver front line services and to support our communities.




#### 4. Meeting the Objectives of the Housing Contribution Statement




Actions within the HCS strategically link to both the LHS priorities and the HSCP outcomes. The overarching Strategic Plan provides the vision and direction to steer related policies. The contribution from Housing and key partners in the Third Sector ranging from social enterprises, voluntary organisations and others is central to achieving both joint working practices and successful outcomes for people in East Dunbartonshire.

The table below sets out the strategic link between Housing Priorities, the Actions Housing are taking to tackle each priority area and the resources available to implement this. Finally, the Outcome that housing makes a direct contribution to and the added impact this contribution makes to Health and Social Care in East Dunbartonshire.

Priority →	Actions →	Outcome →
<p><b>Housing Supply</b></p> <p><i>LHS Priority 1: Enable a suitable, affordable, efficient supply of housing.</i></p>	<p><b>Service delivery</b></p> <p>Undertaking Research</p> <p>Investing in new build housing directly</p> <p>Supporting stakeholders in new build housing investment</p> <p>The Scottish Government are providing significant additional investment in new affordable housing over the next 3 years.</p> <p>East Dunbartonshire's SHIP (2018) confirms that, with this investment, 815 new homes will be provided over a three year period at an average of 217 per annum.</p> <p>This represents an annual target of new build affordable housing of approximately 120 homes.</p>	<p><b>Outcome 2</b> is achieved by:</p> <p>Supporting the design of new investment priorities</p> <p>Producing a new supply stream of social rented and shared equity</p> <p>Producing a new supply stream of other forms of affordable housing such as mid-market rent, shared ownership as well as a larger increase in social rented housing.</p>

	Housing Need and Demand for Older People Research is underway, that will give an indication of supply targets.	
<b>Priority</b> →	<b>Actions</b> →	<b>Outcomes</b> →
<b>Homelessness</b>  <i>LHS Priority 2: Enhance role of Housing Options in preventing Homelessness</i>	<p><b>Service delivery</b></p> <p>The <b>Housing Options</b> Service provides advice and assistance to people looking at their housing options in the widest possible sense.</p> <p>414 people approached East Dunbartonshire Council for a Housing Options service during 2016/17 with 4 households settling into permanent accommodation as a result.</p> <p>The Homelessness Team are currently developing a 'Local Pad' Website that will assist people access information, advice and view available properties in the private rented sector. This will also inform of Tenants and Landlords rights and responsibilities.</p> <p>The Homelessness Team has developed protocols with the Community Mental Health Team and also Drug and Alcohol services to assist these vulnerable households.</p> <p>A <b>First Stop</b> Project completed in 2016 provides low-level support and is reducing the requirement to use bed and breakfast establishments. Two supported accommodation projects</p>	<p><b>Outcome 2</b> is achieved through;</p> <p>Ongoing support for the Housing Options services as it is organic and continues to develop under guidance rather than legislation. This prevention activity is producing experimental statistics that show a picture of trends across Scotland.</p> <p>People will have greater choice in the location and accommodation they live in and will be able to access information on Registered Landlords operating within East Dunbartonshire.</p>

<p><b>Priorities</b></p> 	<p><b>Actions</b></p> 	<p><b>Outcomes</b></p> 
<p><b>Encourage Independent Living</b></p> <p><i>LHS Priority 3: Encourage Independent Living</i></p>	<p>are located in Kirkintilloch one of which targets youth homelessness.</p> <p>A <b>Housing First</b> service delivered by Turning Point Scotland in conjunction with East Dunbartonshire Council provides mainstream social housing and 24 hour support to individuals who are homeless, with addiction/ mental health issues. The service places people directly into housing with no requirement to progress through transitional housing programmes.</p> <p>East Dunbartonshire Council are at the forefront of developing this particular service to meet the needs of homeless households ending the cycle of repeat homelessness cases, saving resources and supporting tenancy sustainment.</p> <p>An <b>Aids and Adaptions</b> service is offered that provides vulnerable people with wet floor level access showers, lowering worktops, and installing ramps and grab rails were appropriate.</p> <p>A <b>Scheme of Assistance</b> sets out how private sector residents can access grant funding to carry out adaptations to their properties.</p> <p>A <b>Care and Repair</b> service</p>	<p>By sustaining a permanent tenancy <b>Housing First</b> supports service users to tackle recovery, access community support, employment and health and social care benefits.</p> <p><b>Outcomes 2 and 9</b> are achieved by;</p> <p>Assisting disabled residents to live independently, safely and in comfort in their own home.</p> <p>The Care and Repair</p>

<p><b>Priorities</b></p> 	<p>currently delivered by Antonine Housing Association assists older and disabled people living in private sector housing.</p> <p><b>Actions</b></p>  <p>Community alarm and <b>Telecare</b> Services provide a round the clock lifeline for older or disabled people that facilitates contact to a friend or relative, Mobile Officers or Emergency Services when in need.</p> <p><b>Care of Garden Scheme</b> provides garden works for older people. It is managed by Streetscene Locality Teams and runs from April to October.</p>	<p>service works closely with Occupational Therapy and Building Standards services promotes joint working and impacts directly on falls prevention work.</p> <p><b>Outcomes</b></p>  <p>Provides assisted living using technology to help people to continue to live safely, securely and independently in their home.</p>
<p><b>Address Housing Condition</b></p> <p><i>LHS Priority 4: Address housing condition, fuel poverty and regeneration</i></p>	<p><b>Energy Efficiency Standards for Social Housing (EESH)</b> aims to improve the energy efficiency of social housing in Scotland.</p> <p>Fuel poverty is tackled by improving the standard of homes in the area;</p> <p>A roof replacement programme is ongoing as are all major component renewals determined by the results of the Stock Condition Survey.</p> <p>An extensive rendering programme is underway in Waterside that will reduce heat loss and the likelihood of condensation build up.</p> <p>East Dunbartonshire Council will be commencing a three year rewiring programme in the near</p>	<p><b>Outcome 2</b> is achieved by;</p> <p>Making a significant contribution to reducing carbon emissions by 42 per cent by 2020 and 80 per cent by 2050</p>

	<p>future to upgrade 1500 properties. This will be extended to a smaller number of properties in following years but will have a major impact on energy consumption.</p> <p>Regeneration taking place in Twechar and Kirkintilloch Town Centre ensure that a physical, social and economic transformation takes place.</p> <p>East Dunbartonshire Council are looking to support further regeneration projects in targeted areas of deprivation.</p>	
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## 5. Contacts

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

<b>Date of Meeting</b>	15 March 2018
<b>Subject Title</b>	Draft version of the HSCP Workforce & Organisational Development Plan 2018-21
<b>Report By</b>	Tom Quinn
<b>Contact Officer</b>	Tom Quinn

<b>Purpose of Report</b>	<p>To provide the HSCP Board with an early version of the Workforce Plan as we await some further guidance from Scottish Government.</p> <p>The Workforce and Organisational development plan provides an overview of the key priorities and challenges for the workforce as we strive to achieve the commitments in the HSCP Strategic Plan. Within Section 6 of the plan we advise of the Governance arrangements for the on-going monitoring.</p>
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<b>Recommendations</b>	Note for information
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<b>Relevance to HSCP Board Strategic Plan</b>	The HSCP Workforce and Organisational Development Plan is an integral component of how the HSCP will achieve the outcomes of the Strategic Plan.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	The Workforce Plan is a critical component of our Human Resources Strategy for the HSCP, including our focus on learning and development, more integrated teams and on service developments.
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<b>Equalities:</b>	N/A
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<b>Financial:</b>	N/A
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<b>Legal:</b>	Meets the requirements set out by Scottish Government that all HSCPs will have a workforce plan in place for the 2018-21 Strategic Plan
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<b>Economic Impact:</b>	N/A
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<b>Sustainability:</b>	N/A
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<b>Risk Implications:</b>	N/A
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<b>Implications for East Dunbartonshire Council:</b>	EDC as an employer of staff within the partnership will need to review the on-going develop
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Included within the overall Staff Governance Framework
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<b>1.1 Draft Version of the Workforce &amp; Organisational Development Plan is attached</b>





# **Workforce and Organisation Development Plan 2018 - 2021**

## **Contents**

- 1. Introduction to the Workforce Plan & Organisational Development Plan**
- 2. Demand Drivers**
- 3. Future Workforce**
- 4. East Dunbartonshire HSCP Workforce**
- 5. Workforce Action Plan**
- 6. Governance and Monitoring**



**A message from our Chief Officer, Susan Manion**

This workforce and organisational development plan covers the same period as our Strategic Plan 2018-21. The plan highlights many of the key issues we face in ensuring that we have the right workforce in the right place at the right time to successfully achieve the challenging objectives set out in the strategic plan.

Workforce planning is a key challenge across health and social care services as was highlighted by Scottish Government in 2016, when it launched its conversation on the subject. It is likely that as we move forward in subsequent years the shape of the plan will change as we receive further Scottish Government guidance with regard to planning for the wider care sector workforce within the HSCP area.

This plan is based on the six step model for integrated health and social care services, which encourages us to identify the future workforce based around the identified service drivers. However it is important to ensure that we are clear about how we will develop our services which is why we have integrated our organisational development plan.

Also important is the robust governance framework which is designed to ensure that we are able to report on our action plan activity and were necessary make the appropriate action to achieve our objectives.

# **Section One**

## **Introduction to the Workforce and Organisational Development Plan 2018-21**

## 1.1 Introduction to the Plan

1.1.1 In December 2016 the Scottish Government published the Health and Social Care Delivery Plan<sup>1</sup>

1.1.2 The plan set out an aspiration for high quality health and social care services in Scotland which are focussed on prevention, early intervention and supported self-management. The plan set out a programme to further enhance health and social care services working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting;
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

1.1.3 The National Health and Social Care Delivery Plan is designed to support an evolution of the health and social care system building on the excellence of NHS Scotland, recognising the critical role that services beyond the health sector must play. It prioritises the actions which will have the greatest impact in support of this and outlines a focus on three areas ‘The Triple Aim’:

- Better Care** - improving the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all;
- Better Health** - improving everyone’s health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management;
- Better Value** - increasing the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery.

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<sup>1</sup> <https://beta.gov.scot/publications/health-social-care-delivery-plan/>

## **1.2 How will the HSCP support the delivery of “Better Care”**

1.2.1 The HSCP needs to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. That requires a change in our approach to how and where the services that support our health and social care are delivered. First, we need to move away from services ‘doing things’ to people to working with them on all aspects of their care and support. People should be regularly involved in, and responsible for, their own health and wellbeing.

1.2.2 Care planning should anticipate individuals’ health and care needs both by helping those with chronic and other complex conditions to manage their needs more proactively, and by focusing on a prevention and early intervention approach to supporting health throughout people’s lives. This is not always a question of ‘more’ medicine, but making sure that support fits with, and is informed by, individual needs.

1.2.3 The HSCP needs to support a service that has the capacity, focus and workforce to continue to address the increasing pressures of a changing society. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population.

1.2.4 For community based services, that will mean everyone should be able to see a wider range of professionals more quickly, working in teams if we are to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.

## **1.3 How will the HSCP support the delivery of “Better Health”**

1.3.1 The National Health and Social Care Delivery Plan suggests that to improve the health of Scotland, there needs to be a fundamental move away from a ‘fix and treat’ approach to our health and care to one based on anticipation, prevention and self-management.

1.3.2 The plan notes that the key causes of preventable ill health should be tackled at an early stage. There must be a more comprehensive, cross-sector approach to create a culture in which healthy behaviours are the norm, starting from the earliest years and persisting throughout our lives. The approach must acknowledge the equal importance of physical and mental health as well as the need to address the underlying conditions that affect health.

1.3.3 All services must be sensitive to individual health and care needs, with a clear focus on early intervention. Moreover, it will not just be what services can provide, but what individuals themselves want and what those around them – not least families and carers – can provide with support. Services need to be designed around how best to support individuals, families and their communities and promote and maintain health and healthy living.

1.3.4 The HSCP will deliver this by working closely with our key partners such as social care, primary care, education, housing and the third and voluntary care sector.

## **1.4 How will the HSCP support the delivery of “Better Value”**

1.4.1 For the HSCP “Better Value” means improving outcomes by delivering value from all our resources, not just increasing the efficiency of what we currently do, but doing the right things in different ways.

1.4.2 Achieving this will require integrated approach to the components of our strategic plan so that the whole approach and its constituent parts are understood and work seamlessly for patients and service users.

1.4.3 For better integrated care to become a reality, the Health and Social Care Partnership must plan and deliver well-coordinated care that is timely and appropriate to people’s needs. We are integrating health and social care in East Dunbartonshire to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible.

1.4.4 An important aspect of this will be ensuring that people’s care needs are better anticipated, so that fewer people are inappropriately admitted to hospital or long-term care. The HSCP along with its partner organisations are focussing on actions around three key areas:

- reducing inappropriate use of hospital services;
- shifting resources to primary and community care;
- supporting capacity of community care

1.4.5 Key to achieving these aims will be shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment.

1.4.6 Through our workforce planning processes the HSCP need to redesign those services around communities and ensure that they have the right capacity, resources and workforce.

1.4.7 Optimising and joining up balanced health and care services, whether provided by NHS, local government or the third and independent sectors, is critical to realising our ambitions.

1.4.8 Integration of health and social care has been introduced to change the way key services are delivered, with greater emphasis on supporting people in their own homes and communities and less inappropriate use of hospitals and care homes

1.4.9 The HSCPs service redesign activities must also support a culture of improvement. Sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.

1.4.10 The Health and Social Care Partnership is required by the Scottish Government to develop and publish a workforce plan for approval by the Integrated Joint Board, which sets

out the strategic direction for workforce development and the resulting changes to our workforce.

1.4.11 Specific guidance for the structure of workforce plans within integrated health and social care policy has not yet been formalised by The Scottish Government. In the absence of formal guidance this Workforce Plan has been developed using the Skills for Health “six steps methodology for integrated workforce planning”.

1.4.12 The Six Steps Methodology<sup>2</sup> is a workforce model which provides a framework which can be applied across both health and social care services and, as such, allows the HSCP to take a coherent view of the workforce across all job families and sub-group

1.4.13 It is recognised by all stakeholders that the redesign and service change plans set out in this workforce plan are at varying stages of development and implementation. In addition a number of the projects are still the subject of continuing discussion with staff side and therefore outcomes may change as consultations are completed. This flexibility is reflected in the narrative of the plan. Some of these plans will change in response to external influences and events and this may affect projected workforce change.

## **1.5. Actions arising from this Workforce Plan**

1.5.1 The 2018/2021 workforce actions are noted within this workforce plan under each relevant heading/topic.

1.5.2 These actions are summarised in an action plan in Chapter 5 of this document

1.5.3 Regular updates on progress against the aims and targets set out in the Workforce Plan will be provided to the HSCP Board, Senior Management Team (SMT), Staff Partnership Forum (SPF) and other stakeholder forums as set out in our governance framework (chapter 6)

## **1.6 An overview of East Dunbartonshire Health and Social Care Partnership**

1.6.1 The Public Bodies (Joint Working)(Scotland) Act 2014<sup>3</sup> requires local authorities and health boards to integrate the strategic planning of most social care functions, and a substantial number of health functions. As a minimum these functions must be integrated where they apply to services delivered to adults. This can be done by one party delegating to the other (also known as a ‘lead agency’ model) or by establishment of a new body to oversee this strategic planning and delivery of health and social care services (known as the ‘body corporate’ or ‘integration joint board’ model).

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<sup>2</sup> <http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning>

<sup>3</sup> <http://www.legislation.gov.uk/asp/2014/9/contents/enacted>



1.6.2 East Dunbartonshire Council and NHS Greater Glasgow and Clyde have agreed to adopt the integration joint board model of integration, and also to integrate children and families and criminal justice services as well as those functions required by the Act. The functions delegated from East Dunbartonshire Council to the Integration Joint Board represent almost all of the current social care and social work functions of the Council, along with the budget for these functions. A similar range of health functions, along with the budget for these, are also delegated to the Integration Joint Board by NHS Greater Glasgow and Clyde.

1.6.3 The East Dunbartonshire Integration Joint Board (HSCP Board) is a distinct legal entity created by the Scottish Ministers upon approval of the Integration Scheme.

1.6.4 As a separate legal entity, the HSCP Board is fully able to act on its own behalf and to make decisions about the exercise of its functions and responsibilities as it sees fit, without any need to refer to, seek the approval of, or take direction from, the Council or Health Board. The Council and Health Board may not change, ignore or veto any direction from the HSCP Board, and may not use delegated resources for any purpose apart from carrying out a direction from the HSCP Board. The East Dunbartonshire HSCP Board is therefore the primary body through which integrated health and social care services are strategically planned and monitored within East Dunbartonshire.

1.6.5 The East Dunbartonshire HSCP Board<sup>4</sup> is made up of 6 voting members (3 Councillors appointed by East Dunbartonshire Council and 3 Non-Executive Directors or other appropriate persons nominated by NHS Greater Glasgow and Clyde). There are also a number of non-voting members on the HSCP Board, including the Chief Officer, clinical professional advisors, the Chief Social Work Officer and stakeholder members representing the interests of staff, service users, patients, carers and the third and independent sectors.

1.6.6 The stakeholders which make up the voting and non-voting membership of the Integration Joint Board represent the 'partnership' within East Dunbartonshire Health and Social Care Partnership.

1.6.7 A full list of the functions delegated to the HSCP Board by the Council and Health Board is available in the Integration Scheme which is available on the East Dunbartonshire Health and Social Care Partnership website.<sup>5</sup>

1.6.8 This plan is a strategic document which sets out the vision and future direction of health and social care services in East Dunbartonshire and as such is aligned with the Strategic Plan for 2018-21. It is not a list of actions outlining everything that the East Dunbartonshire Health and Social Care Partnership are doing or plan to do over the coming years. The plan shows the objectives that we want and need to achieve in order to improve the health and wellbeing of the citizens of East Dunbartonshire, making best use of all the resources available to us. The detail about how we achieve those things will be developed

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<sup>4</sup> <https://www.eastdunbarton.gov.uk/health-and-social-care>

<sup>5</sup> <https://www.eastdunbarton.gov.uk/health-and-social-care>

through our local and area wide engagement structures in collaboration with all partners in the public, independent and voluntary sectors, and in local communities, over the lifetime of the plan. This will be how we ensure the joint commissioning of services.

## **1.7 Our Aspirations and Ambitions**

1.7.1 East Dunbartonshire HSCP Board is committed to ensuring that the people of East Dunbartonshire will get the health and social care services they need at the right time, the right place and from the right person.

1.7.2 We want to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention. We need to become less of a dependency based (and dependency creating) service, to one that delivers outcomes and is focussed on achieving the best possible outcomes for our population, service users and carers.

1.7.3 We believe that services should be person centred and enabling, should be evidence based and manage risk. We want our population to feel able to not only access and use health and social care services, but to participate fully as a key partner in the planning, review and design of services which support and enable people to lead the lives they want.

1.7.4 When we have achieved our ambitions, patients, service users and carers will see an improvement in the quality and connectedness of our services, and have smoother transitions between services and partner agencies. There will be clear points of access to health and social care services and clear routes through the system, and far less of a need to give the same information to multiple health and care professionals. People will live longer, healthier lives in their own homes and communities, with access to and use of health and social care services seen as a means to an end, rather than an end in itself.

## **1.8 Vision**

1.8.1 East Dunbartonshire Health & Social Care Partnership consider that by “working with people to build strong communities, promote well being and provide access to care and support” we enhance the life of people living within East Dunbartonshire. This will be done by transforming health and social care services for better lives. We believe that stronger communities make healthier lives”.

### **1.8.2 Our Principles**

- Focussing on being responsive to East Dunbartonshire's population and where health is poorest
- Supporting vulnerable people and promoting social wellbeing
- Working with others to improve health
- Services designed and delivered around the needs of individuals carers and communities

- Transparency, equity and fairness in the allocation of resources
- Competent, confident and valued workforce
- Strive for innovation
- Develop a strong identity
- Focus on continuous improvement

## **1.9 East Dunbartonshire HSCP Organisational Development Plan**

1.9.1 East Dunbartonshire HSCP has been formulating an organisational development plan for the period 2018-21 to support both the delivery of the strategic plan and the development of the workforce.

1.9.2 The plan builds on work already underway from 2017-18 and has a focus on continuous improvement through strong leadership.

1.9.3 The current plan has 4 main themes, which are

- Developing our Culture, Values and Behaviours
- Service Improvement
- Integration
- Leadership

1.9.4 The plan sets out what will be our “measures of success” to assist with monitoring and to enable better evaluation of the return on our investment as set out below.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP  
ORGANISATIONAL DEVELOPMENT PLAN – 2018/21**

<b>HSCP CULTURE</b>			
<b>Improvement Action</b>	<b>Required Processes</b>	<b>Desired Outcomes</b>	<b>Measures of Success</b>
<ul style="list-style-type: none"> <li>• Develop values and behaviours that support a healthy culture</li> <li>• Develop activities that support our workforce to feel valued and able to engage with the 2020 workforce vision and the Social Services in Scotland shared vision and strategy 2015-2020</li> <li>• Staff understand and are able to deliver the national health and wellbeing outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Staff engagement and communication</li> <li>• Organisational strategy is connected with individual goals and objectives</li> <li>• Integrated HSCP Board Development</li> <li>• Staff are encouraged to identify and celebrate success</li> </ul>	<ul style="list-style-type: none"> <li>• Within their roles people are able to demonstrate the values and behaviours that support the HSCP vision</li> <li>• Staff feel listened to and valued</li> <li>• Healthy, engaged and empowered workforce</li> <li>• Leaders role model the values and challenge these when required</li> <li>• Success is celebrated within the HSCP</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent scoring across the stress and iMatter surveys</li> <li>• Evidence that staff are putting nominations forward for award processes</li> <li>• 'Our News' shares HSCP success stories</li> </ul>
<b>QUALITY AND SERVICE IMPROVMENT</b>			
<b>Improvement Action</b>	<b>Required Processes</b>	<b>Desired Outcomes</b>	<b>Measures of Success</b>
<ul style="list-style-type: none"> <li>• Implement a programme management approach attached to the department improvement plans</li> </ul>	<ul style="list-style-type: none"> <li>• Programme management and improvement processes embedded in everyday practice by</li> </ul>	<ul style="list-style-type: none"> <li>• A culture of quality and service improvement that includes learning and innovation</li> <li>• Service</li> </ul>	<ul style="list-style-type: none"> <li>• Reports on the quality of our services and the improvement activities we take from scrutiny and</li> </ul>

<ul style="list-style-type: none"> <li>Map process and identify tools to enable staff to adopt this approach</li> </ul>	<p>equipping staff with the tools, knowledge and skills that will enable them to take forward identified changes</p> <ul style="list-style-type: none"> <li>Support managers to deliver change including the human dimensions of change</li> <li>Apply iMatter – ensuring ongoing action plans in place for teams</li> </ul>	<p>redesign is developed using a whole systems programme management approach</p>	<p>regulatory bodies</p> <ul style="list-style-type: none"> <li>Monitor the themes arising from complaints and compliments</li> <li>From the iMatter survey are able to demonstrate an increase in the number of staff who feel involved indecisions that affect them</li> </ul>
<p><b>ESTABLISHING AND DEVELOPING INTEGRATED TEAMS</b></p>			
Improvement Action	Required Processes	Desired Outcomes	Measures of Success
<ul style="list-style-type: none"> <li>Provide a framework for truly integrated care to become a reality</li> <li>Services are organised around the needs of the patient or service user</li> <li>Organisational design that describes decision making and communication processes</li> </ul>	<ul style="list-style-type: none"> <li>Effective team development process in place to support team development and measure impact of leader's involvement</li> <li>Shared individual, team and organisational objectives reviewed and reported and aligned to the HSCP's strategic plan</li> <li>Conversations to enable the review and development</li> </ul>	<ul style="list-style-type: none"> <li>Effective high performing teams and cross functional working – emphasis on person centeredness</li> <li>A set of team development plans that hold teams accountable for delivering in an integrated way Learning is automatically shared ensuring future-orientation and agreement of concrete changes</li> </ul>	<ul style="list-style-type: none"> <li>iMatter team results demonstrate yearly improvements in the strive and celebrate category</li> <li>All teams are able to demonstrate that they have a team plan linked to organisational goals</li> </ul>

	required – agreed coaching style with further development to support this process		
LEADERSHIP DEVELOPMENT			
Improvement Action	Required Processes	Desired Outcomes	Measures of Success
<ul style="list-style-type: none"> <li>• Consistent and fair approach to access learning</li> <li>• Leaders that can champion cultural change</li> <li>• Leaders are able to notice explicit or unspoken concerns of others with sufficient emotional resource and practical tools in their repertoire to proactively create a supportive climate</li> </ul>	<ul style="list-style-type: none"> <li>• Provide development opportunities for leaders to embed a style that has a coaching approach to conversations with a solutions or behavioural focus</li> <li>• Develop leaders to have the capability, confidence and tools to develop and support their individual staff and teams to improve service delivery, quality and performance</li> <li>• Identify, develop and source suitable opportunities for leaders to identify skills required and then to access appropriate interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders can demonstrate the adaptive leadership style and behaviours required to deliver an integrated approach – and the way that staff will be supported to develop this style</li> <li>• Leaders at all levels can demonstrate knowledge of multi organisational service delivery</li> <li>• Leaders lead and manage with vision and imagination</li> </ul>	<ul style="list-style-type: none"> <li>• All leaders are able to demonstrate that they have participate in a coaching conversations initiative</li> <li>• Leaders PDP's are aligned to organisational goals</li> <li>• Leaders are signposted to appropriate training to meet both their needs and the needs of the organisation</li> <li>• Local succession planning process is developed and in place to support the development of future leaders</li> </ul>

# **Section Two**

# **Demand Drivers**

## **2.1 East Dunbartonshire Population Demographics**

2.1.1 An understanding of communities and people across the HSCP population is vital in the planning and provision of health and social care services and therefore the workforce involved. This section provides a summary of the population structure, age profile, characteristics and potential impact on health and social care services. Detailed and more extensive information is provided in the East Dunbartonshire HSCP Joint Strategic Needs Assessment (2016).

2.1.2 The estimated population of East Dunbartonshire in 2018 predicts a higher proportion of older people than the Scottish average.

2.1.3 The current population of East Dunbartonshire is circa 107,430

2.1.4 Over the 25 years 2014-2037, there is a projected increase of 95% in the number of people aged 75+yrs. During the same period, the number of children aged 0-15yrs is projected to increase by 4.4%.

2.1.5 Whilst East Dunbartonshire has the highest life expectancy in Scotland at 83.5yrs for females and 80.5yrs for males (Scotland: 81.1yrs and 77.1yrs respectively), there is a demonstrable variance in life expectancy between the most deprived communities (SIMD 1) and the least deprived communities (SIMD 5)

2.1.6 There are five datazones in East Dunbartonshire within the 20% *most* deprived in Scotland: Two are in Hillhead, while Auchinairn, Kirkintilloch West, and Lennoxton each have one deprived datazone. The majority of East Dunbartonshire's residents live within the 20% *least* deprived datazones.

2.1.7 Almost 18% of children in East Dunbartonshire are living in the three most deprived datazones which are areas of multiple deprivations with poor health outcomes and reduced life expectancy

### **2.2.1 The Health of People in East Dunbartonshire**

2.2.2 The 2014 Health & Wellbeing Survey showed that in general, the population is healthy with 84.9% of residents describing their health as good or very good. Between 2011-2014, there has been a significant shift towards adopting more of the five positive health behaviours (physical activity, not smoking, not binge drinking, meeting fruit and vegetable target and BMI less than 25).

2.2.3 In the 2011 Census, 5.6% of the adult population in East Dunbartonshire reported a disability, with hearing impairments and/or physical disability being the main disabilities reported

2.2.4 Many people live with one or more long term condition. The number of long term conditions rises with age and we need to support those with complex needs so that they may manage their conditions and lead an active, healthy life. The most diagnosed long term



condition in East Dunbartonshire is hypertension. The prevalence for this condition, cancer and atrial fibrillation, are all notably higher than the rate for Scotland

### **2.3.1 The Social Care Needs of people in East Dunbartonshire**

2.3.2 In 2016, there were 1,325 people in receipt of home care in East Dunbartonshire, 70% of whom were aged 75yrs and over. Home care supports people to remain in their own homes across a range of client groups, particularly those with a physical disability.

2.3.3 East Dunbartonshire mirrors the national trend of identifying more vulnerable children who may be at risk of harm and therefore in need of statutory interventions in order to keep them safe. In November 2017 there were 203 children on either the Child Protection Register or Looked After or Looked After and accommodated in safe places.

2.3.4 People should only remain in hospital for as long as necessary and receive more appropriate care at home or in a homely setting. There has been significant progress in reducing delayed discharges and unscheduled bed days over the last three years but we need to ensure more people are getting the right care in the right place and at the right time. The aim is to reduce unplanned hospital care by 10% by the year 2021.

2.3.5 The HSCP has made significant progress in reducing delayed discharges and unscheduled bed days over the last three years, but further improvements are required to ensure people are getting the right care in the right place and at the right time. Therefore the HSCP aims to reduce unplanned hospital care by 10% from 2016/17 to 2021, and the current status demonstrates a downward trend towards achieving this goal.

### **2.4.1 Locality Planning in East Dunbartonshire**

2.4.2 The HSCP established two Locality Planning groups during 2015/16 to support the understanding, planning and delivery of services around communities within these localities. These locality areas related to natural communities. They consisted of:-

- The east of East Dunbartonshire (Bishopbriggs, Torrance, Lenzie, Lennoxton, and Kirkintilloch).
- The west of East Dunbartonshire ( Bearsden and Milngavie)

2.4.5 The Locality Groups have brought together a range of stakeholders including GPs, acute clinicians, social workers, carers and service users to facilitate an active role in, and to provide leadership for local planning of service provision. The groups commenced by undertaking an assessment of need which explored service and community strengths, potential gaps in service delivery and issues of inequality. Disease prevalence assisted in the identification of health conditions which affected people living in each locality.

2.4.6 The Locality group have identified the following priorities:

#### **East Locality Group**

- Cancer screening - Care after cancer treatment has been a theme with emphases on using social prescribing as a means of supporting wider rehabilitation. Establishing links with the local cancer prevention group are underway.

- Housebound – This has raised some inequalities and is an ongoing theme. Examples on how some voluntary services have dealt with isolation and loneliness have been circulated to the group.
- Acute/primary care interface - Developing positive dialogue with acute consultants has begun with our shared experiences of intermediate and continuing care.

### **West Locality Group**

- Dementia - The emphases on linking in with current services, particularly those who have a strong self management approach has been highlighted as a useful model to help support clients and their carers.
- Day care services - Moving away from the traditional model towards day care services that focus on matching individuals to a wider range of HSCP and other third and independent sector services
- Housing - Tentative links with housing to have active dialogue with planners, particularly around local developments of care homes. Influencing their local development plan would be welcomed.

### **2.5.1 Financial Picture**

2.5.2 The total budget for East Dunbartonshire HSCP for 2017/18 was £150.4m which includes £17.4m set aside (an allocation reflecting the usage of certain prescribed acute services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine).

2.5.3 It is anticipated that the public sector in Scotland will continue to face a challenging medium term financial outlook. Looking forward to 2018/19 and beyond, it is important that this context is understood and planned for in support of the delivery of the HSCP Strategic Plan, and adjusted on a year on year basis dependant on the allocation available.

2.5.4 The current financial position (as at December 2017) for East Dunbartonshire HSCP is indicating significant cost pressures in the areas of care at home services for older people, day care supports/supported living for young people transitioning through to learning disability and mental health services and residential placements for children.

2.5.5 In terms of medium term financial planning, a detailed analysis of costs and demands has been undertaken for the partnership and assuming nothing else changes an additional £11.4m would be required to meet current and anticipated costs for the three years of the Strategic Plan, therefore significant change is required to ensure the sustainability of services and development required within this Strategic Plan.

2.5.6 The areas of key uncertainty for the HSCP include:-

- Impact of future Scottish Government funding levels on both the NHS and Local Authority;
- Pay Settlements and the impact of the decision to lift the pay cap on public sector pay;

- Demand led pressures particularly in the area of older people services but also for learning disability and children’s services;
- Prescribing costs as a consequence of rising costs and short supply of drugs.

2.5.7 The main areas of cost pressure relate to:

- **Pay Inflation**  
It is expected that pay increases will remain a recurring pressure for partnerships and current assumptions provide for 1.5% - 2% increase each year for both health and social work staff. This may be subject to a degree of variation given the decision to lift the pay cap for public sector pay. Assumptions also reflect the costs associated with the apprenticeship levy and increments for staff moving through the salary grades.
- **Demographic and Volume**  
This reflects increases anticipated across older people care at home services (assumed 6% increase year on year based on previous year trends), transitions from children’s services to adult learning disability and mental health (assumed 10 – 15 cases transferring each year) and demands on residential school placements for children.
- **Prescribing Costs**  
Costs reflect current demand and cost pressures based on previous years’ experience and analysis.
- **Inflationary Pressures**  
These reflect anticipated annual increases in payments to third parties and in the main reflect expected increases to the National Care Home Contract, fees for fostering, adoption and kinship care.
- **Living Wage**  
There were increases to the living wage in 2016/17 and then again in 2017/18 with an expectation that this will increase further to meet the Government’s commitment to reach a national living wage of £9 by 2020. As in previous years it is expected that any increase will be funded by the Scottish Government through additional social care funding.

2.5.8 One of the Scottish Government’s key policy commitments over the course of the parliament is to increase health spending by £500m above real term growth. Given the limited growth prospects for the Scottish Government budget, this commitment is likely to continue to have a challenging impact on respective partner agency budgets which are anticipated to be subject to sustained reductions over the coming years.

2.5.9 In addition to the delivery of key strategic priorities, it is expected that the HSCP will deliver significant year on year savings to address the financial challenges of reducing resources set against increasing cost and demand pressures. The partnership is therefore planning for the period 2018/19 to 2021/22 for a potential funding gap of £11.4m to £18.8m.

### **2.5.10 Medium Term Financial Strategy**

In order to address the financial challenges over the medium term, the HSCP will need to develop plans to bridge the financial gap and focus spending on the areas which will deliver our strategic priorities. A medium term strategy will focus on a number of themes:-

- **Maximise Efficiencies**  
The HSCP will maximise opportunities to deliver services in the most efficient manner which seeks to protect frontline service delivery as much as possible.
- **Strategic Planning and Commissioning**  
The HSCP has strong links with the Third and Independent Sector and engage with them in a range of forums and we will work with them to ensure we are collectively agreeing plans for services and workforce. These arrangements inform service development and advise on direction of travel in progressing HSCP priorities. The Strategic Needs Assessment will inform the needs of the population and where resources should to be targeted, supplemented by a workforce strategy aligned to service redesign and commissioning intentions.
- **Service Redesign and Transformation**  
The underlying principle of integration is to shift the balance of care to enable individuals to live within their own home for as long as possible. To achieve this shift in care, funding will also be required. This will require us to match service delivery with financial plans and consider responsibility in relation to acute / set budgets.
- **Prevention and Early Intervention**  
This is an essential element of service changes and will have an impact on our financial position. We will need to consider the thresholds as part of our planning to ensure those on low incomes or minimum benefit levels are protected and there is equity of entitlement.
- **Review of Eligibility and Charging**  
The threshold for access to services is currently for those at critical or substantial risk and this is applied fairly and consistently across the HSCP. Equally there are opportunities for the HSCP to maximise income generation for the services it provides which ensures that those on low incomes or minimum benefit levels are protected from any charging as much as possible. This is set in the context of financial inclusion and ensuring that individuals are in receipt of all the benefits to which they are entitled through an income maximisation assessment.

## 2.6 Strategic influencers

2.6.1 April 2018 will see the new General Practitioner contract<sup>6</sup> in place, this will see a potential increase in staff working either directly in GP Surgeries, across local clusters, localities or on an area wide basis dependent on the service being provided, funding and facilities. East Dunbartonshire HSCP is working with its GP contractors to identify the potential areas of need and the resources currently available.

2.6.2 In 2018 we will see the completion of the review into service provision for people with a learning disability with the development of a clear strategy. The scope of the review which is currently out for consultation is likely to focus on the following 6 improvement themes:

- Transition from young people to adult services
- Review of accommodation based and day service supports
- Links to “Strategy for the Future”, NHS Specialist services
- Self Directed support
- Links to underpin “keys for life”
- Maximising resources through use of best value principles

2.6.3 Moving Forward Together<sup>7</sup>, the revised clinical strategy for NHSGGC is currently being progressed and is likely to see some services transferred from acute to community settings, which is likely to impact on the way services are delivered

2.6.4 Regional Service Planning, the West of Scotland NHS Regional planning group has started work to look at patient flow into specialist services and again this is likely to see some change to service delivery models however it is unlikely to impact in relation to workforce planning at the local level.

2.6.5 The 5 yrs Plan for Mental Health services within NHSGGC is likely to impact on local services and service user pathways in and out of more acute services.

2.6.6 The continuation of the roll out of Healthy Children Programme to ensure that the key actions within the Child and Maternal Health Universal Pathway are undertaken will see a small increase in the number of health visitors working within East Dunbartonshire HSCP

2.6.7 The development of the Family Nurse Partnership programme is likely to include East Dunbartonshire during 2018-19 but the staff will be employed through Glasgow City HSCP.

2.6.8 The age demographics in District Nursing is problematic with fewer staff undertaking the specialist qualification in recent years, the possible impact of the Advanced Nurse

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<sup>6</sup> <https://beta.gov.scot/news/historic-new-gp-contract-agreed/>

<sup>7</sup> [http://www.nhsggc.org.uk/media/244281/08-moving-forward-together-transformational-plan.pdf?utm\\_source=Core%20Brief&utm\\_medium=email&utm\\_campaign=Core\\_Brief\\_Board\\_Paper\\_transformational](http://www.nhsggc.org.uk/media/244281/08-moving-forward-together-transformational-plan.pdf?utm_source=Core%20Brief&utm_medium=email&utm_campaign=Core_Brief_Board_Paper_transformational)

Practitioner role linked to new GP contract will require us to look at innovative local recruitment pathways being developed

2. 6.9 Linked to the new GP contract is the development of Advanced Community Nurse Practitioners which is likely to see experienced District Nurses take up the enhanced role, however, this is an extension of the career pathway for community nurses

2.6.10 The HSCP will continue to ensure that there is programme of learning to enable all our Home Care staff to be fully qualified to the level required by SSSC for registration by 2020

2.6.11 The HSCP will look at the development routes available to ensure that we employ or have access to an appropriate number of Mental Health Officers in an ever challenging employment market

2. 6.12 The HSCP Strategic Plan for 2018-21 highlights many of the areas that we want to develop including:

- Reduction or prevention of loneliness
- Anticipatory care for people with long term conditions
- Develop our Older peoples day care provision
- Continue the roll out of the ROSC (Recovery Orientated System Care)
- Review the provision of telecare and telehealth through the Assisted living Technology Strategy
- Redesign community based rehabilitation services to avoid admissions to hospital and facilitate effective discharge from hospital to prevent re-admission
- Promote greater choice through our 2018-21 Self Directed Support Strategy
- Review of our winter planning processes to build on the success of the 2017-18 plan

2.6.13 Oral Health Plan<sup>8</sup> published by Scottish Government in January 2018, looks at the projected increase in older people and the expansion of Care Home placements which might mean additional requirements for domiciliary visits.

2.6.14 Although domiciliary care has been a tradition service delivered by the Public Dental Service the Oral Health Plan looks to General dental practices undertaking more of this work.

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<sup>8</sup> <http://www.scottishdental.org/wp-content/uploads/2018/01/Oral-Health-Improvement-plan-.pdf>

# **Section Three**

# **Future Workforce**

### **3. Future Workforce**

3.1.1 It is unlikely that there will be substantial change in the workforce numbers within the 3yrs of this plan. However an increase in staffing is expected in line with the service drivers described in section 2 and in detail below. It is also expected that a robust learning and organisational development strategy will be in place to support service change.

#### **3.2. Children Services**

3.2.1 We will see a slight increase in our Health Visiting numbers in line with the Healthy Children Programme and the work to standardise caseload weighting.

3.2.2 Work is on-going to look at the continuum of care and support provided to school age children in line with the national priorities, this will involve our school nurses, health improvement staff and partner agencies.

3.2.3 Work will continue with the national workforce weighting tool to ensure that our service delivery model is maximising the direct contact time with parents and children.

3.2.4 The changes to the delivery model for immunisations within NHSGGC will see a change in our workforce provision, which will require us to work in different ways.

3.2.5 Work is on-going to review the “out of area” placements for looked after children with the intention of increasing the availability of local placements

3.2.6 We will look at our outreach supports to prevent children from reaching the threshold for specialist social work provision, looking at a community capacity building approach

3.2.7 Work is on-going to review our service model for young pregnant woman and young parents in line with the National Pregnancy & Parenthood in Young people’s strategy

3.2.8 We will look at the area of transition for children and young people with a disability to adult services to try and ensure seamless pathways for services users and their carers.

#### **3.3 Adult services**

3.3.1 The review of learning disability services which is currently underway is likely to lead to a wider review of our current workforce involved in service provision

3.3.2 The opportunity to provide service users with greater independence through the use of Self directed support will again offer different opportunities for the workforce

3.3.3 The way in which we provide day opportunities for service users, linked to our commitment to minimise isolation for service users might require us to look at the various pathways for support to people with a disability.



3.3.4 We will look at different ways to provide more integrated adult services following the successful model used with the East Dunbartonshire Alcohol and Drug Partnership

3.3.5 We will need to take recognition of the impact of the 5 yrs plan for Mental health Services to see what redesign or development of services is require to maintain people at home with the appropriate level of support.

3.3.6 We will look at our Mental Health Officer workforce to ensure that we have appropriate numbers to maintain and undertake statutory duties.

### **3.4 Older People Services**

3.4.1 We will enhance our Care Home Liaison Nurse provision to support the expected increase in service users with dementia and in the increasing incidences of physical ill health, this will see us increase both the CPN and Community nurse input.

3.4.2 We will look to maximise the benefits of the successful Post Diagnostic support programme by ensuring that the current resource is effectively utilised.

3.4.3 We will be reviewing our hospital discharge processes to ensure a seamless process for patients and their carers

3.4.4 We will review our use of intermediate beds to allow additional assessment and support to service users on the care continuum

3.4.5 We will look to develop a model of step up care to prevent inappropriate hospital admissions which better supports the needs of service users and their carers

3.4.6 We will review our provision of day supports for older people, looking to maximise the use of self directed supports, introducing a local area coordination model and building based provisions

3.4.7 We will look to develop the existing interim model of single point of access for health and social care services.

3.4.7 We will look to review our Care at Home delivery model to maximise opportunities for integrated supports and maximise the response process for out of hours activity.

3.4.8 We will look at how to better integrate our community based rehabilitation services

3.4.9 We will look to ensure that we have the necessary supports in place to establish a range of provision that would allow us to support people with terminal illnesses to die at home if that is their wish and it is appropriate.

### **3.5. Primary Care Services**

3.5.1 We will work on our Primary Care Improvement Plan for July 2018 to support the introduction of the new GP contract, which will highlight the move to provide more enhanced services through GP practices including phlebotomy, pharmacy and potentially MSK physiotherapy.

3.5.2 We will look to develop the Advanced Nurse practitioner role within our district nursing service to enhance our commitment to locality working across East Dunbartonshire.

### **3.6 Criminal Justice**

3.6.1 We will look to review our learning from MAPPA significant case reviews to see what if any changes we need to make to services or to staff training.

3.6.2 We will look to review our Criminal Justice Services in both Community and Prisons to ensure that we can inform future service models in line with forthcoming legislation.

### **3.7 Health Improvement and Inequalities**

3.7.1 We will review the impact of the centralisation of the smoking cessation service in NHSGGC to ensure that East Dunbartonshire still receives a viable service.

3.7.2 We will need to look at how key strands of health improvement are delivered through enhanced promotion within General practices and community pharmacies.

### **3.8 Management & Leadership**

3.8.1 We will consolidate our revised senior management structure and look to ensure that we have the appropriate levels of support throughout the structure to provide effective and efficient leadership.

3.8.2 We will look to create a more integrated leadership structure at a service deliver level to maximise the benefits that integration can provide for staff, service users and their carers.

### **3.9 Sustainability**

3.9.1 In line with our Strategic Plan we will continue to review our recruitment strategy to maintain our staffing levels in areas requiring a secondary qualification, in the main this will be in:

District Nursing  
Health Visiting  
Mental Health Officers (SW)

3.9.2 The HSCP will also look to provide additional information to local secondary schools about the choice of careers within both Health & Social Care professions.

3.9.3 The HSCP will look to develop work experience opportunities to perspective school leavers to promote Health & Social Care professions as a career.



# **Section Four**

## **East Dunbartonshire**

### **HSCP Workforce**

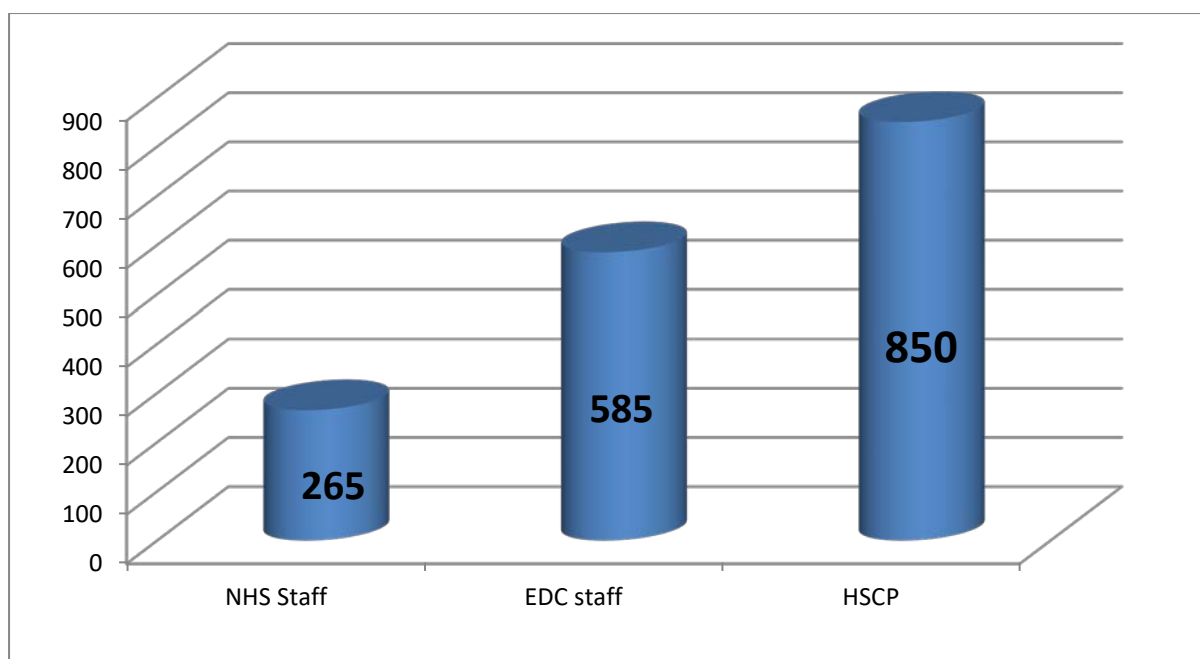
#### 4 Current Workforce

4.1.1 This plan looks only at the staff directly working in the HSCP and employed by either East Dunbartonshire Council or NHS Greater Glasgow and Clyde. These figures are based on the available workforce at 1 January 2018.

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

4.1.3 East Dunbartonshire HSCP had 850 staff delivering services at 1 January 2018, of the 850 staff, 585 are directly employed by East Dunbartonshire Council and a further 265 are employed by NHS Greater Glasgow and Clyde.

**Graph A - East Dunbartonshire HSCP – Workforce at 1 January 2018**



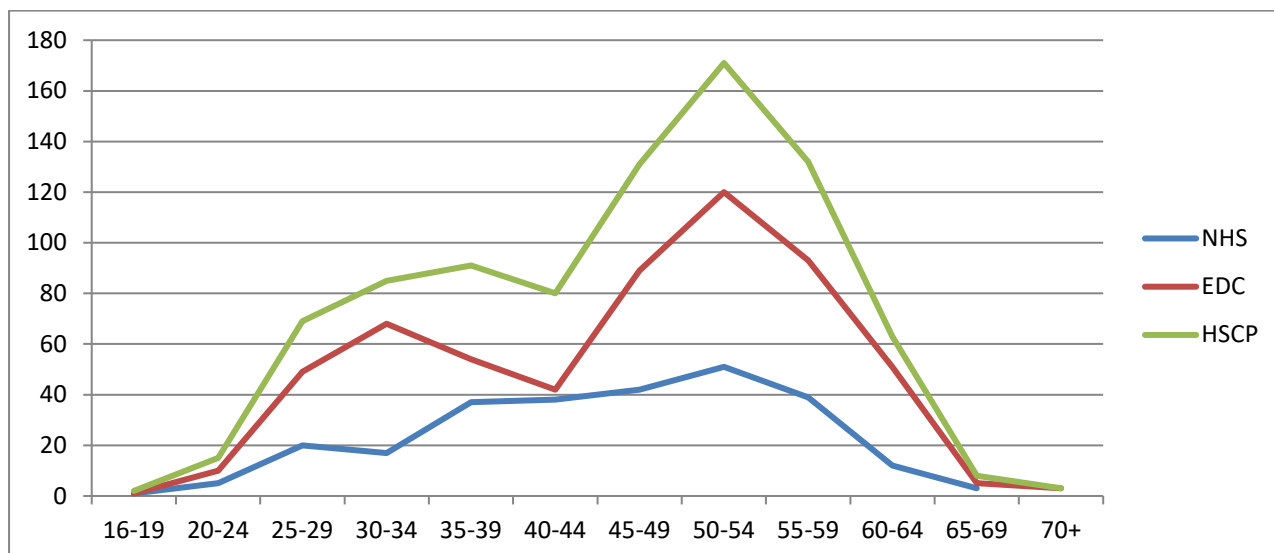
4.1.4 The main occupational groups that we employ are as follows:

	Nos	%
- Nursing	155	18
- Social Workers	123	14
- Home Carers	220	26
- Administration	48	6
- Other*	304	36

- This figure includes AHPs, Support Workers and Day Care Staff

#### 4.1.5 An analysis of our age profile is provide in Graph B

Graph B: Age Profile



4.1.4 In looking at the age profile, it is clear that the majority of staff are in the age band of 45-60 yrs of age, with the highest incidence in the 50-55 age group. We also have a high percentage of staff who are aged over 60yrs of age.

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

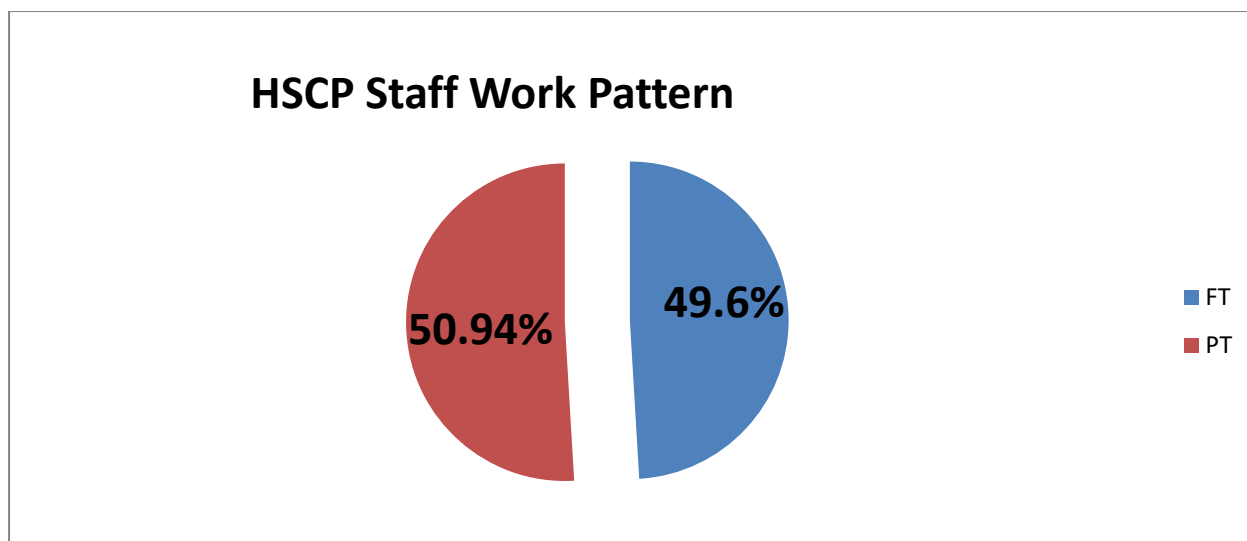
4.1.6 It is likely that the qualifications required for many of our community based posts is the main reason for the relatively low workforce numbers age under 25yrs

## 4.2 Work patterns

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

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

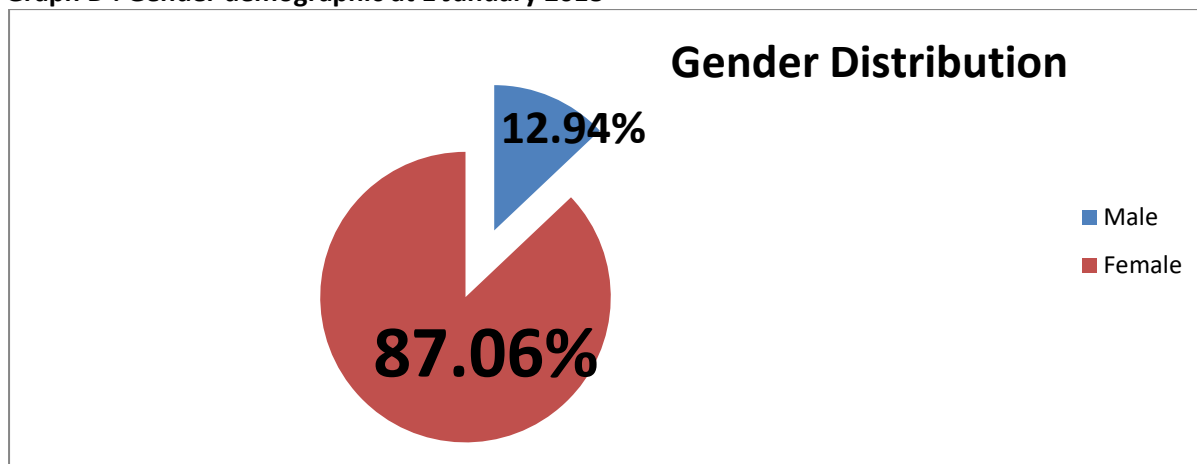
Graph C: Full-Time and Part Time split at 1 January 2018.



### 4.3. Gender Demographics

4.3.1 Our workforce as demonstrated in Graph D is predominantly female, with 87% female which is not unexpected within a health and social care workforce

Graph D : Gender demographic at 1 January 2018



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



# **Section Five**

# **Workforce Action Plan**

**Section 5 – Workforce Action plan**

<b>Workforce Plan ref</b>	<b>Service Area</b>	<b>2018-19 Actions</b>	<b>Lead</b>
1.4.11	General	The HSCP will further develop our workforce plan in line with emerging Scottish Government guidance during 2018.	
1.4.14	General	The current workforce co-ordination group which has key stakeholder involvement will become a reference group to assist with the on-going development and review of the plan	
1.4.19	General	6mthly reviews of the workforce plans associated action plan will be taken to the HSCP Board and 3mthly to the SMT and Staff Forum.	
1.8.1	General	6monthly updates of the Organisational Development Plan will be taken to the SMT, Staff Forum and Co-ordination group	
3.2	Children Services	The HSCP will continue to undertake the national workforce tool for nursing in children services.	
		The HSCP will continue to review staffing levels in line with agreed national targets based on caseload weighting and set against the NHSGGC recruitment strategy	
3.2.2	Children Services	Work will continue locally to ensure that we have adequate resources to respond to the agreed priorities within the national framework for the continuum of care to school aged children.	
3.2.4	Children Services	We will review the impact of the service change in the delivery of immunisation services to ensure that it meets the needs	

		of the local community	
3.2.5	Children Services	We will review our current staffing structures in line with the recommendation of the service review of our provision of Looked After and Accommodated supports to ensure that children are cared for at home or as close to home as is appropriate.	
3.2.8	Children Services	We will look at the learning needs of staff if we develop a dedicated pathway for people with a disability in transition from children to adult services.	
3.3.1	Adult Services	We will review our current staffing structures in line with the recommendation of the service review of learning disability services presently underway	
3.3.4	Adult Services	We will look at to improve the integrated leadership at service delivery level to maximise the benefits that integrated services offer to service users and their carers.	
3.3.6	Adult Services	We will review our Mental health Officer workforce and when necessary look to provide appropriate learning opportunities to suitably qualified staff.	
3.4.1	Older People	We will recruit to, maintain and build on the opportunities to support service users in care provider services through our Care Home Liaison service.	
3.4.3	Older People	We will look to review our rehabilitation pathways in line with our review of admissions and discharge procedures.	
3.5.1	General Practice	We will work with stakeholders to recruit, train and develop the identified supports through the Primary Care Improvement	

		Plan	
3.5.2	General Practice	We will look at developing a plan to recruit to Advanced Nurse Practitioners through our District Nursing service to bolster our commitment to locality working	
3.8.1	Organisational development	We will develop local programmes to support the development of leadership skills with our service delivery managers and team leaders.	

## Section 6

# **Governance and Monitoring**

## **6. Governance and monitoring**

6.1. The Governance for the Workforce plan is a responsibility for the HSCP Board.

6.1.1 The HSCP Board will receive 6 monthly updates on progress against the agreed action plan which will highlight areas that by exception are not on target.

6.1.2 The Workforce Co-ordination group (membership at Appendix (1), will have the local responsibility for monitoring progress and responding to changes required to meet the emerging guidance being developed by Scottish Government.

6.1.3 The Workforce Co-ordination group will report on a 3 monthly basis to both the Senior Management Team and local Staff Forum on progress against the agreed action plan highlighting by exception areas of concern

# Appendices

## Appendix 1

### Workforce Co-ordination Group

<b>Name</b>	<b>Job Title</b>
Tom Quinn	Head of People & Change
Paolo Mazzoncini	Head of Children & Criminal Justice Service / Chief Social Work Officer
Jean Campbell	Chief Finance & Resourcing Officer
David Aitken	Service Manager- Adult
Stephen McDonald	Service Manager – Older People
Wilma Hepburn	Chief Nurse
Fiona McCulloch	Quality, Planning & Performance Manager
Sharon Bradshaw	HR Business Partner
Linda Tindall	Senior OD Advisor
Margaret Hopkirk	People & Change Manager
Diana McCrone	BAOT
Anne McDaid	RCN
Jamie Carrick	Unison
Gillian Cameron	Unite



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

<b>Date of Meeting</b>	15/03/18
<b>Subject Title</b>	Draft Joint Health Improvement Plan 2018 - 21
<b>Report By</b>	David Radford Health Improvement & Inequalities Manager
<b>Contact Officer</b>	Sandra Cairney Head of Strategy, Planning & Health Improvement <a href="mailto:Sandra.Cairney@ggc.scot.nhs.uk">Sandra.Cairney@ggc.scot.nhs.uk</a> 0141 232 8224

<b>Purpose of Report</b>	To provide the Board with the draft Community Planning Partnership Joint Health Improvement Plan 2018 - 21 consultation document for comment. The Plan has been prepared by the HSCP on behalf of the Community Planning Partners and will be widely circulated for consultation to stakeholders and partners across East Dunbartonshire. The consultation will run until 13 <sup>th</sup> April 2018.
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<b>Recommendations</b>	The Board is asked to: <ul style="list-style-type: none"> <li>Note the content of the consultation plan</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The priorities and actions described within the draft Joint Health Improvement Plan are included within the Strategic Plan
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**Implications for Health & Social Care Partnership**

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

<b>1.0 MAIN REPORT</b>
<b>See attached.</b>

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# **EAST DUNBARTONSHIRE JOINT HEALTH IMPROVEMENT PLAN**

## **2018 to 2021**

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**DRAFT March 2018**

# INTRODUCTION

## Vision

The Strategic Plan for the Community Planning Partnership is the Local Outcomes Improvement Plan (LOIP) which has six strategic outcomes. The East Dunbartonshire Community Planning Partnership's (CPP) vision is: "Working together to achieve the best with the people of East Dunbartonshire."

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

This Joint Health Improvement Plan (JHIP) is the local delivery plan for Outcome 5 but also links to Outcome 3;

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

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

## Approach

Being healthy is about being able to take decisions and have control over your own life circumstance. The CPP acknowledges that improving health needs to stretch beyond traditional approaches to embrace multi agency, collaborative, actions that will support and increase the health and wellbeing outcomes across East Dunbartonshire. The content of the draft plan describes a range of universal and targeted approaches that promote health, prevent ill health and address inequalities in health. This draft plan aligns to that of the World Health Organisation, who, through their Ottawa Charter for Health Promotion (WHO 1986 & 2005) established a series of actions that are required to achieve a healthy population and to reduce health inequalities. The JHIP will mirror the approach of the Ottawa Charter, through:

- Building healthy public policy
- Creating health promoting environments
- Strengthening community actions (and assets)
- Reorient services toward prevention of illness and promotion of health

(WHO 1996)

## What matters to local communities?

Service user and carer feedback and involvement will be a continuous process to ensure views from all sectors of the community are captured and shared to influence decisions. Engaging and listening about what matters to our residents is central in determining our key priorities. At recent community events, held on behalf of the Community Planning Partners, the following themes were reflected in relation to, keeping people healthy:

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

The East Dunbartonshire Health & Social Care Partnership engagement events (2017), further identified a range of issues that mattered, supporting people to be healthy, comments identified health and wellbeing approaches that:

- Reduce social isolation,
- Increase physical activity
- Support a healthy diet

- Increase capacity towards self management

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

The Health Improvement Strategic Partnership is responsible for the development and delivery of the Joint Health Improvement Plan. Five partnership sub groups will have responsibility to deliver each of the key actions and to monitor progress against jointly agreed performance indicators.

This draft JHIP recognises there is opportunity to improve local and universal health and wellbeing throughout the authority, through sharing our (partners) collective objectives and actions. The Plan focuses on developing opportunities for individuals, families and communities to be involved improving their own health and wellbeing. It also addresses inequality, against which actions will be identified to reduce the inequality gap; including; health, economic, social and geographical.

The draft Plan sets out the key priorities and actions describing:

- What is known about the priority;
- What the approach should be; and
- What CPPs will do collectively to deliver joint ambitions.

## KEY PRIORITY 1

# Tobacco Prevention, Cessation & Control

### What does the data say?

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

- 23.3% of adults reported as smokers, Scotland, (2011 census).
- 15% of adults reported as smokers - ED Adult HWB Survey 2014
- 34% who live in our most deprived communities reported as smokers - ED Adult HWB Survey 2014

Those who are exposed to Second Hand Smoke

- 25% of adults reported being exposed to second hand smoke - ED Adult HWB Survey 2014
- 46% of adults report being exposed to second hand smoke - ED Adult HWB Survey 2014

### What matters to communities?

Local people highlighted the need to work in partnership with other organisations to promote and deliver a wide range of services that promote positive health, such as to help people stop smoking.

### Approach

The multi-agency Tobacco Alliance is the strategic group responsible for the development and implementation of actions to reduce tobacco harm across East Dunbartonshire. The focus is not only the prevention of smoking and supporting those who want to stop smoking but also action that supports the enforcement of legislation

### What will partners do.

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

### Measuring Success

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

## KEY PRIORITY 2

# Obesity and Physical Activity

### What does the data say?

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

- 65% of adults are overweight – Scottish Health Survey 2017
- 50% of adults reported being overweight - ED Adult HWB Survey 2014
- 35% of adults who live in our most deprived communities meet target for consumption of fruit / vegetable consumption - ED Adult HWB Survey 2014
- 63% of adults meet the national physical activity guidelines – Scottish health Survey 2016
- 71% of adults met the physical activity target - ED Adult HWB Survey 2014
- 58% of adults who live in our most deprived communities meet target for physical activity - ED Adult HWB Survey 2014

### What matters to communities?

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

### Approach

The East Dunbartonshire Obesity and Physical Activity Action Group have the key role in delivering Scotland's national obesity strategy and physical activity action plan. The focus of the plan will be to deliver actions that will increase increase the number of adults attaining the weekly recommended target for being physically active and consuming healthy food options.

### What will partners do.

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

### Measuring Success

The main impact measure will be percentage of residents who meet the target for physical activity determined through the 3 yearly Health & Wellbeing survey.

## KEY PRIORITY 3

# Alcohol and Drug, Intervention and Awareness

### What does the data say?

The harm caused by alcohol has become a major challenge affecting Scotland (Scottish Gov. 2009)

- 50% of men regularly drink over alcohol consumption guidelines (Scottish Gov 2008)
- 30% of women regularly drink over alcohol consumption guidelines (Scottish Gov 2008)
- 22% of adults exceed the daily limit for alcohol consumption - ED Adult HWB Survey 2014
- 31% of adults who live in our most deprived communities exceed the daily limit for alcohol consumption - ED Adult HWB Survey 2014
- 16% of adults reported to have been binge drinkers in the previous week - ED Adult HWB Survey 2014

### What matters to communities?

Local people highlighted the need to work in partnership with other communities and organisations to promote and deliver a wide range of services that promote positive health and to help people access the services they need

### Approach

The East Dunbartonshire Alcohol and Drug Information and Awareness Group (ADIAG), is a multi agency partnership, delegated by the The East Dunbartonshire Alcohol and Drug Partnership to deliver actions to increase awareness of alcohol and misuse issues

### What will partners do.

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

### Measuring Success

The main impact measure will be the consumption of alcohol by adults reported in the 3 yearly Health & Wellbeing survey



## KEY PRIORITY 4

# Positive Mental Health and Capacity Building

### What does the data say?

To achieve good mental health we need to ensure more equitable access to services and develop individual capacity – Scot Gov 2016

Community Learning Development should empower people, individually and collectively to make positive changes in their lives and their communities through learning - Scottish Gov 2012

- 13.7% of National population suffer depression
- 90% of adults have a positive perception of their mental health - ED Adult HWB Survey 2014
- 84% of adults who live in our most deprived communities have a positive perception of their mental health - ED Adult HWB Survey 2014
- 70% of adults feel in control of their decisions affecting life - ED Adult HWB Survey 2014
- 60% of adults who live in our most deprived communities feel in control of decisions affecting life - ED Adult HWB Survey 2014

### What matters to communities?

Working with other organisations to promote and deliver a wide range of services and opportunities promoting positive mental health

### Approach

The East Dunbartonshire Community Learning Action Group is a multi agency partnership, whose action plan will deliver the identified actions to build confidence, resilience and wellbeing within local communities and across East Dunbartonshire

### What will partners do.

- Deliver a range of community engagements, in partnership, to assess and to identify local priorities and community learning needs.
- Develop and implement a co-ordinated approach, to deliver training supporting community learning and development priorities within PLACE localities
- Implement recommendations from National Mental Health Strategy and develop and deliver an East Dunbartonshire Mental health Improvement Plan reflecting the local and national priorities, increasing community resilience and wellbeing
- Review, re-establish and increase access to the East Dunbartonshire Community Asset Map

### Measuring Success

The main impact measure will be those who report a positive perception of their mental health and who identify the feel they have control of the decisions that affect their lives, reported in the 3 yearly Health & Wellbeing within East Dunbartonshire.

## KEY PRIORITY 5

# Healthy Environment

### What does the data say?

The environment in which people live and the prosperity they enjoy have significant impact on their health and wellbeing – Scottish Gov 2009

### What matters to communities?

Engagement within the PLACE communities identified a need for increased access and better maintenance of walking routes and increased access to Community gardens, nature trail and allotments.

- 10% of adults have a negative perception of availability of safe play spaces - ED Adult HWB Survey 2014
- 32% of adults who live in our most deprived have a negative perception of availability of safe play spaces - ED Adult HWB Survey 2014

### Approach

The East Dunbartonshire Healthy Environment Action Group, is a multi agency partnership, whose action plan will deliver actions supporting the outcomes of the East Dunbartonshire Green Network Strategy

### What will partners do.

- Implement recommendations from East Dunbartonshire Green Strategy Network to improve and increase opportunities for active travel.
- Revise develop and increase local growing and food production with an emphasis on increasing access and availability to allotments
- Increase the number of safe play opportunities
- Deliver programmes to address anti-social behaviour and crime related activity
- Promote and enforce a range of environmental legislation towards a cleaner and safer East Dunbartonshire

### Measuring Success

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

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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Self-Directed Support Strategy – 2018 - 2021
<b>Report By</b>	Jean Campbell, Chief Financial Officer
<b>Contact Officer</b>	Kelly Gainty, Adults and Community Care Support Worker

<b>Purpose of Report</b>	The purpose of the report is to inform the Board about the recently updated Self Directed Support Strategy, which covers the period 2018 – 2021.
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<b>Recommendations</b>	<p>It is recommended that the HSPC Board:</p> <ul style="list-style-type: none"> <li>• Approve the Self Directed Support Strategy 2018 – 2021 and the associated Action Plan.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	Self-Directed Support (SDS) is the legal, mainstream process for the delivery of social care packages to all eligible customers. SDS is required to be considered and feature in all activities associated with social care activities contained within the Strategic Plan (Appendix A).
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	East Dunbartonshire Council employs a member of staff within the HSCP who has responsibility for leading on the continued implementation of SDS. However, SDS activities involves activities that required to be undertaken by Social Work practitioners and staff within Planning and Commissioning Services as well as other Council departments including Procurement, Legal and Shared Services.
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<b>Equalities:</b>	The SDS Strategy meets all equality duties with the previous Strategy having been subject to an Equalities Impact Assessment.
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<b>Financial:</b>	SDS support packages are funded from mainstream budgets. The customers' individual budgets are based on an equivalency model meaning that packages will not cost more than a support package provided under SDS Option 3. However, there are impacts on
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	financial budgets where customers choose alternative supports where services provided or commissioned under Option 3 includes staffing and building costs.
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<b>Legal:</b>	The legislation 'The Social Care (Self Directed Support) (Scotland) 2013' was enacted on 1 <sup>st</sup> April 2014. It contains legal duties, which determines that, any customer: child, adult or older person, irrespective of disability; is entitled to utilise SDS options to arrange and manage their support package. The introduction of the Carers Act on 1 <sup>st</sup> April 2018 also means that any eligible carer will be entitled to utilise the SDS options.
<b>Economic Impact:</b>	SDS brings opportunities to expand the social care market. However, the management of this market is crucial to ensuring that social care services continue to develop and maintain the capacity to meet and respond to identified needs within East Dunbartonshire. It has already become evident both locally and nationally that social care providers, including the employment of private Personal Assistants, are struggling to meet the increasing demands within the social care market. This has been recognised by Social Work Scotland as an area that requires further development on a national level.
<b>Sustainability:</b>	The HSCP's forthcoming commissioning and marketing strategy will need to take full consideration about how the HSCP can ensure sustainability of different types of support provisions. This will involve the review of current social care support services to explore how they may be required to change and develop to remain within the social care market.
<b>Risk Implications:</b>	The HSCP needs to ensure that it has clear plans within its commissioning and marketing strategy for how and when to review or stop spending on existing services if too few people choose this type of support. This would lessen the risk of over spending which could have the result of the HSCP not being able to provide social care support for everyone who needs it.
<b>Implications for East Dunbartonshire Council:</b>	All East Dunbartonshire Council staff who are involved in assessing customers for social care support as per the Social Work and Children's Act legislation have to meet their legal duties under the SDS legislation. The actions contained within the SDS Strategy will support SDS's continued implementation in East Dunbartonshire.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	All staff employed by Greater Glasgow and Clyde Health Board, who are involved in the assessment and arrangement of social care support for East Dunbartonshire customers are required to meet the duties contained within the SDS legislation. This means that those staff are required to be involved in these same activities contained within the Strategy as outlined for Council staff

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<b>X</b>

<b>1.0 MAIN REPORT</b>
<p><b>1.1</b> The Self Directed Support legislation was enacted on 1<sup>st</sup> April 2014. The legislation offers those customers assessed as eligible for social care support different options that proffer varying levels of flexibility, choice, control and responsibility for the delivery of their support package.</p> <p><b>1.2</b> There are four SDS options:</p> <ul style="list-style-type: none"> <li>• SDS Option 1 (Direct Payments) – the budget is provided directly to the customer who takes responsibility for arranging and managing their own support package;</li> <li>• SDS Option 2 (Individual Service Fund) – the budget is paid directly to the customer’s chosen support provider organisation and the customer liaises with the provider regarding the arranging and management of their support package;</li> <li>• SDS Option 3 (Local Authority Provided Service) – the customer asks their Social Work practitioner to arrange and manage their support package;</li> <li>• SDS Option 4 (Mixture of Options) – the customer can utilise SDS Options 1, 2 and/or 3 to meet different needs and outcomes contained within their Support Plan.</li> </ul> <p><b>1.3</b> The majority of customers continue to choose SDS Option 3 however, increases in the numbers of customers choosing SDS Options 1 and 2 while low is steadily continuous. The Scottish Government recognised within their 10 year National SDS Strategy that the introduction of the SDS options would not be an “overnight transformation”.</p> <p><b>1.4</b> The previous SDS Strategy 2014 – 2017 supported the initial implementation of the Self Directed Support legislation and focused on directions and actions required to ensure that the legal duties were implemented and enacted.</p> <p><b>1.5</b> At the end of 2016, the Scottish Government SDS Policy Team, produced their 2016 – 2018 National Implementation Plan for SDS. The direction of travel followed four outcome areas and how implementation, future actions and measuring success would meet these outcomes.</p> <p><b>1.6</b> Through engagement with stakeholders at strategy workshops, the focus of East Dunbartonshire SDS Strategy has adopted the same four outcomes from a local perspective with some additional wording following local consultation.</p> <p><b>1.7</b> The four outcomes are:</p> <ul style="list-style-type: none"> <li>• <b>Supported people and carers have more choice and control: citizens are engaged, informed, included and empowered to make choices about their support. Support is personalised, ensuring positive impact on quality of life. They are treated with dignity and respect and their contribution is valued.</b></li> <li>• <b>Workers are confident and valued: workers are confident and valued; people who work in health and social care have increased skills, knowledge and confidence to deliver Self Directed Support and understand its implications for</b></li> </ul>

their practice, culture and ways of working.

- **Commissioning is more flexible and responsive: social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.**
- **Systems are more widely understood, flexible and less complex: local authorities, health and social care partnerships and social care providers have proportionate, person-centred systems and participatory processes that help people who receive care and support live their lives and achieve the outcomes that matter to them.**

**1.8** The Strategy outlines East Dunbartonshire's successful activities associated with these outcomes, determines what further work is required and helps to establish how we will recognise success.

**1.9** The Action Plan for the period 2018 – 2021 concentrates on activities associated with meeting each of the four outcomes. Activities centre on: raising awareness; reviewing processes and procedures; working with social care provider and third sector organisations; benchmarking and sharing good practice; encouraging innovation and creativity and delivering training to all stakeholders using a variety of training methods.

# ***Self Directed Support Strategy 2018 - 2021***





“Personalisation enables the individual alone, or in groups, to find the right solution for them and to participate in the delivery of a service. From being a recipient of services, citizens can become actively involved in selecting and shaping the service they receive”

(Scottish Government 2009)

“Self Directed Support should be made available to everyone but imposed on no one”

(Scottish Government, 2010)

“People must be empowered to make choices and have greater control over their lives. Our shared journey to creative and flexible support has started, but we need to continue to work together to make this a reality for everyone”

(Aileen Campbell, Minister for Public Health and Sport)

“Direct Payments gives me flexibility and freedom. It allows me to still be me. It focuses on me, not me as a mother or grandmother, but the carer is there for me”

(East Dunbartonshire SDS Customer)

“You can find solutions to the big issues, but it’s the little things that can make life difficult...(SDS) supports me to carry on doing things for myself and receive support for the small daily tasks which helps me to get on with life”

(East Dunbartonshire SDS Customer)

(SDS) “is invaluable to me. It helps me to get on with life, gives me a level of independence and helps me to tackle life on a daily basis”

(East Dunbartonshire SDS Customer)

## **What is Self Directed Support and its' Associated Benefits?**

'Self Directed Support' means starting with the individual as a person with strengths and preferences. It reinforces that the person is an expert in their own lives and is best placed to know what they need and how their needs and outcomes can best be achieved. Support should respond to the individual instead of the person having to fit with the service. Self Directed Support allows the service user, their carers, and families, to have informed choice about the way social care support is provided to them. People will have control over the way their individual budget is spent and will receive as much or as little help as they need in arranging their support.

On 1<sup>st</sup> April 2014 the Social Care (Self Directed Support) (Scotland) Act 2013 was enacted. This legislation places a legal duty on Local Authorities to provide people, who are eligible for social care support, with a range of options so that the individual can decide how much choice and control they want to have over the care and support that is delivered to them.

The assessment and support is person centred and works towards the achievement of the service user's individual outcomes. The service user and their assessor will co-produce a Support Plan that details their outcomes.

The benefits of utilising the Self Directed Support options are numerous and on occasions may be unique to the individual service user. Some of the more common benefits of Self Directed Support are:

- Individuals will have more choice, control and flexibility over their lives;
- Services will be personalised and outcome focused;
- Service users can decide how and who will deliver their care and support;
- More opportunities to contribute fully in the local community and reduce social isolation;
- Developing local markets which are responsive, flexible and innovative;
- A shift in power from the statutory organisations to the individual.

The Self Directed Support Options are:

SDS OPTION 1: A Direct Payment (a cash payment) which the service user/carer uses to purchase support.

SDS Option 2: The budget is allocated to a provider of the service user/carer's choice and the service user/carer is in charge of how it is spent.

SDS Option 3: the Council/HSCP arranges the service for you

SDS Option 4: the service user/carer can choose a mix of the SDS Options for different types of support

### **The Principles, Values and Vision:**

The fundamental principles of Self Directed Support are:

**CHOICE – choosing how you live your life, where you live and what you do in life:**

**CONTROL – over who provides you with the support.**

Human rights based values and principles are enshrined in the Social Care (Self Directed Support) (Scotland) Act 2013:

#### **VALUES:**

**Respect:** everyone is treated with respect;

**Fairness:** everyone is provided with unbiased information about the choices available to them and is treated in a manner that befits and benefits their individual circumstances;

**Independence:** everyone is supported to maximise his or her aspirations and potential. Support focuses on prevention of increasing dependence and enablement or re-ablement;

**Freedom and Safety:** everyone is supported to participate freely in all aspects of society; everyone is supported to feel safe and secure in all aspects of life including

health and wellbeing, enjoy safety but not be overprotected and to be free from exploitation and abuse.

## **PRINCIPLES:**

**Involvement:** the person must have as much involvement as they wish in the assessment and in the provision of support associated with that assessment;

**Collaboration:** the practitioner and the person should work together in the completion of the assessment, the support plan and in the provision of any support;

**Informed Choice:** the person should receive the assistance they need to help them make an informed choice;

**Participation and Dignity:** the person's right to dignity is respected and practitioners should facilitate this; the person should be provided with the help they need to participate in and be part of the life of the community and wider society.

East Dunbartonshire Health and Social Care Partnership is committed to ensuring that people who require support will achieve greater independence, control and choice. This will lead to positive outcomes, which can improve, enhance or sustain health and wellbeing.

Self Directed Support is the mainstream approach by which East Dunbartonshire Health and Social Care Partnership will assist service users and carers, who are eligible, to meet their needs and achieve their individual, personalised outcomes, ensuring that people can make real informed choices.

## **The National Context:**

The Social Care (Self Directed Support) (Scotland) Act 2013 was enacted on 1<sup>st</sup> April 2014. Prior to this enactment, the development and production of a national Self Directed Support Strategy 2010 – 2020 was delivered. This 10-year plan is dedicated to driving forward the personalisation of social care in Scotland.

*"...the first phase of the Strategy, from 2010 – 2012, developed information to promote understanding of Self Directed Support. The second phase, 2012 – 2016, was focused upon development of the Social Care (Self Directed Support) (Scotland) Act 2013, guidance and supporting innovation...the priority for 2016 – 2018 is to consolidate the learning from innovative practice and the application of guidance...to embed Self Directed Support as Scotland's mainstream approach to social care"* (Scottish Government, Self Directed Support Strategy 2010 – 2020; Implementation Plan 2016 – 2018).

The national implementation plan has been sent against the context of four strategic outcomes which considers, across Scotland, what has started to change since the implementation of self directed support legislation; what needs to happen during

2016 – 2018 to address issues and challenges that have arisen and what success will look like.

### **The Local Context:**

The Self Directed Support Strategy continues to have strong links with other national legislation, strategies and both national and local policies to ensure that its continued implementation links to all areas of development within East Dunbartonshire.

Self Directed Support principles, values and options contributes towards the national health and wellbeing outcomes; the strategic objectives are set out in East Dunbartonshire Health and Social Care Partnership's Strategic Plan 2018 – 2021 and the local outcomes contained within East Dunbartonshire Council's Local Outcome Improvement Plan:

### **Health and Wellbeing National Outcomes:**

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

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

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

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

### **Strategic Objectives:**

Strategic Objective 2: Make services more accessible and provide care as close to home as possible, support people to manage their independence through a range of services that meet their individual needs and strengthening relationships with providers;

Strategic Objective 4: Seek to reduce health inequalities and enable people to have more choice and control;

Strategic Objective 7: Improve support for Carers enabling them to continue in their caring role.

### **Local Outcome Improvement Plan:**

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

### **Local Strategic Focus:**

East Dunbartonshire Health and Social Care Partnership's Self Directed Support Strategy replicates the national strategic outcome focus from a local perspective, considering the same methodology of changes; challenges and success.

### **The Local Demographic Picture:**

In 2015, the population of East Dunbartonshire was 106,960, which is an increase of 0.2% since 2014. East Dunbartonshire's population accounts for 2% of the total population of Scotland.

Persons aged 60 years and over make up 28% of East Dunbartonshire's population, which is higher than the Scottish average of 24.2%. In comparison to Scotland over the period 2012 to 2014 East Dunbartonshire had a lower death rate. Over that same period more people entered East Dunbartonshire to live than the number of those who left the area.

The life expectancy for females (83.9 years) and males (80.7 years) in East Dunbartonshire are both greater than the Scottish average. Over a 25-year period the age group that is projected to increase the most in size, in East Dunbartonshire, is the 75 years plus age group.

(National Records of Scotland – June 2016)

### **The Learning Experience:**

In preparation for reviewing the Self Directed Support Strategy workshops inviting key stakeholders took place. This included social work and health practitioners; private and voluntary sector organisations; service users and carers and the discussion centred on the strategic outcomes; identifying the direction of what has changed in East Dunbartonshire; what are the future challenges and issues and how success will be measured.

The challenges and issues are identified in the Strategy's Action Plan.

### **The next steps:**

The strategic outcomes will require the commitment of working collaboratively with service users, carers and partners in the private and voluntary sectors. The actions identified in the Strategy will continue to help East Dunbartonshire Health and Social Care Partnership realise the vision and direct the work related to planning, development, commissioning, contracting, innovation, creativity, community assets and strategic planning.

The Strategy will be monitored through the Self Directed Support Development Group.

## **The Key Outcomes:**

These outcomes relate to the ambitions of both the national and local Self Directed Support strategies, contributing to the health and wellbeing outcomes and local outcome improvement plan within East Dunbartonshire.

***Supported people and carers have more choice and control***

## **Strategic Outcome 1**

### ***Supported people and carers have more choice and control:***

Citizens are engaged, informed, included and empowered to make choices about their support. Support focuses on personalisation, ensuring positive impact on quality of life. They are treated with dignity and respect and their contribution is valued.

#### **What has changed in East Dunbartonshire?**

- Open to exploring and developing more creative and innovative;
- Some service users/carers have a better understanding about Self Directed Support and are more informed;
- Choice and control is encouraged;
- Some support packages are being delivered flexibly, assisting people to live independently in their communities;
- Information sources are available;
- There is provision of independent information, advice and support.

#### **What do we still need to do in East Dunbartonshire?**

- Assist social care provider organisations to be knowledgeable and confident about discussing Self Directed Support and its options with service users;
- Support social care provider organisations to understand local process and

- procedures relating to Self Directed Support;
- Work alongside the independent Self Directed Support information, advice and support service to build capacity and raise awareness;
  - Support service users, carers and families to learn about Self Directed Support through the medium of 'real life' stories and experiences;
  - Ensure that carers can utilise Self Directed Support options in line with the impending Carers Legislation.

**What will success look like?**

- Confident and knowledgeable stakeholders referring to Self Directed Support in everyday conversations with service users and carers;
- Confident and knowledgeable service users and carers exploring Self Directed Support options as a mainstream mechanism;
- Positive experiences and feedback from service users, carers and families;
- Group or pooled support packages.

## **Strategic Outcome 2**

### ***Workers are confident and valued:***

Workers are confident and valued; people who work in health and social care have increased skills, knowledge and confidence to deliver Self Directed Support and understand its implications for their practice, culture and ways of working.

**What has changed in East Dunbartonshire?**

- Peer Support available amongst practitioners;
- Dedicated Self Directed Support Lead Officer based in East Dunbartonshire Health and Social Care Partnership;
- Independent Self Directed Support Information, Advice and Support service available for service users, carers, providers and practitioners;
- Delivery of relevant training for practitioners related to Self Directed Support, Outcomes, Good Conversations, Personalisation and Risk and Just Enough Support;
- Information sources widely available;

**What do we still need to do in East Dunbartonshire?**

- Ascertain the Self Directed Support knowledge base amongst different stakeholders and develop a training plan;
- Support social care provider organisations to access training related to Self Directed Support;
- Establish Self Directed Support Champions amongst all stakeholder groups;
- Develop alternative formats for the delivery of training.

**What will success look like?**



- A shared understanding about Self Directed Support amongst all stakeholders;
- Confident and knowledgeable workforce across all sectors;
- Practitioners and social care staff have an understanding about how to support practice that is focused on assets and personal outcomes;

## **Strategic Outcome 3**

### ***Commissioning is more flexible and responsive:***

Social care services and support are planned, commissioned and procured in a way that involves people and offers them real choice and flexibility in how they meet their personal outcomes.

<b>What has changed in East Dunbartonshire?</b>
<ul style="list-style-type: none"> <li>• Concerted efforts have taken place to streamline the process relating to Self Directed Support Option 2;</li> <li>• There are clear pathways and processes for practitioners;</li> <li>• The individual budget rates have been reviewed across the Self Directed Support options;</li> </ul>
<b>What do we still need to do in East Dunbartonshire?</b>
<ul style="list-style-type: none"> <li>• Further review of the Option 2 process taking account of the roles for procurement, legal, commissioning and contracting;</li> <li>• Explore the introduction of a Provider Framework applicable across all the Self Directed Support options;</li> <li>• Encourage and evidence the introduction of more flexible support packages with less focus on hours and more focus on outcomes;</li> <li>• Benchmark and explore alternative resource allocation models;</li> </ul>
<b>What will success look like?</b>
<ul style="list-style-type: none"> <li>• Collaborative approach to commissioning which involves all stakeholders;</li> <li>• Service users, carers and families receive and experience flexible and responsive support;</li> <li>• Evidence of different models of care personalised to the service user/carers' outcomes;</li> <li>• Self Directed Support promoted widely by all stakeholders.</li> </ul>

## **Strategic Outcome 4**

### ***Systems are more widely understood, flexible and less complex:***

Local authorities, health and social care partnerships and social care providers have proportionate, person-centred systems and participatory processes that help people who receive care and support live their lives and achieve the outcomes that matter to them.

#### **What has changed in East Dunbartonshire?**

- Assessments, support plan and review tools are outcome focused;
- Evidence of co-production progressing in East Dunbartonshire;
- Support Providers working with service users in a person centred way;
- Developments in Telecare and Assisted Living Technology.

#### **What do we still need to do in East Dunbartonshire?**

- Explore training for stakeholders related to outcomes, good conversations and risk enablement;
- Explore alternative training formats available to all stakeholders;
- Further develop co-production and community assets focused on early intervention and prevention;
- Review existing outcomes focused tools to ensure they continue to be fit for purpose;
- Explore and develop a Local Area Co-ordinator system for older people.

#### **What will success look like?**

- Positive feedback from all stakeholders, particularly service users, carers and their families;
- Reporting on 'real life' experiences of service users and carers utilising the different Self Directed Support options;
- Performance management data evidencing the achievement of person centred outcomes across all Self Directed Support options.

## Appendix

### East Dunbartonshire Health and Social Care Partnership: Self Directed Support Strategy Action Programme

Outcome	Output	Actions Required	Lead Officer	Timescale
<b>Support People to have more choice and control.</b>	Assist and support Social Care Providers to become knowledgeable and confident about Self Directed Support	Ensure Social Care Providers have access to web link for twice-yearly Self Directed Support newsletter.	Self Directed Support Lead	2018 – 2019
		Invite Social Care Providers to raising awareness sessions	Self Directed Support Lead	2018 – 2020
		Invite Social Care Provider representatives to participate in relevant training organised by East Dunbartonshire HSCP	Self Directed Support Lead	2018 – 2021
	Support Social Care Providers to understand local Self Directed Support processes.	Develop an easy read Self Directed Support process pathway for Social Care Providers	Self Directed Support Lead	2018 – 2019
	In partnership with the independent SDS information, advice and support service, build capacity and raise awareness about Self Directed Support amongst East Dunbartonshire Communities.	Analyse Self Directed Support option statistics across geographical locations to determine priority for building capacity sessions.	Self Directed Support Lead	2018 – 2019
		Liaise with voluntary sector to determine building capacity plans and format of Self Directed Support roadshows.	Self Directed Support Lead/Voluntary Sector organisations	2018 - 2019
		Deliver Self Directed Support information roadshows across East Dunbartonshire communities	Self Directed Support Lead/Voluntary Sector organisations	2018 – 2021

	Share 'real life' experiences of service users, carers and families utilising Self Directed Support options.	Promote information materials showing real life experiences developed by local independent information, advice and advocacy services at Self Directed Support roadshows.	Self Directed Support Lead/Voluntary Sector Organisations	2018 – 2021
		Host a Self Directed Support conference which concentrates on service users/carers and families telling their own stories to the audience.	Self Directed Support Lead	2018 – 2019
		Ensure each Self Directed Support newsletter contains an account of a service user's/carer's experience of utilising Self Directed Support.	Self Directed Support Lead	2018 – 2021
	Support Carers to utilise Self Directed Support options in conjunction with the Carers Act.	Work with local Carers Centre to explore and plan training opportunities for carers.	Self Directed Support Lead/Carers Link	2018 – 2019
		Deliver training opportunities for carers.	Self Directed Support Lead/Voluntary Sector Organisations	2018 – 2021
		Ensure carers have opportunities to attend Self Directed Support roadshows	Self Directed Support Lead/Voluntary Sector organisations	2018 – 2021
<b>Workers are confident and values</b>	Encourage shared training opportunities across statutory, private and voluntary sectors.	Ascertain a self directed support knowledge baseline across all stakeholders to determine future training plan.	Self Directed Support Lead	2018 – 2019
	Encourage Social Care Providers to undertake staff development relating to Self Directed Support and related subjects.	Explore training opportunities and alternative training methods/formats.	Self Directed Support Lead/People Development	2018 - 2019
	Develop alternative training formats	Develop a training plan	Self Directed Support Lead	2018 – 2019

		Deliver a training plan across all stakeholders	Self Directed Support Lead/Voluntary Organisations	2018 – 2021
	Establish a network of Self Directed Support Champions	Liaise with statutory, voluntary and private sector to identify Self Directed Support Champions	Self Directed Support Lead/HSCP Operational Teams/Social Care Providers/Voluntary Organisations	2019 – 2020
		Establish a Self Directed Support Champions Network and Peer Support Meetings	Self Directed Support Lead	2020 – 2021
<b>Commissioning is more flexible and responsive</b>	Review Self Directed Support Option 2 process	Gather views on current Option 2 Process across all stakeholders	Self Directed Support Lead/Planning and Commissioning	2018 – 2019
		Benchmark Option 2 contracting processes across Scotland	Planning and Commissioning	2018 – 2019
		Develop alternative Option 2 contracting process, liaising with Legal and Procurement Services.	Planning and Commissioning/Self Directed Support Lead/Legal Services/Procurement Team	2018 – 2020
	Explore the introduction of a Provider Framework applicable across all Self Directed Support options	Benchmark Self Directed Support provider frameworks across Scotland	Planning and Commissioning	2018 – 2019
		Consider the development of a Provider Framework for operation in East Dunbartonshire	Planning and Commissioning/Self Directed Support Lead	2018 – 2020
	Encourage and evidence flexible support packages	Promote information materials showing real life experiences developed by local independent information, advice and advocacy services at Self Directed Support roadshows.	Self Directed Support Lead/Voluntary Sector Organisations	2018 – 2021
		Host a Self Directed Support conference which concentrates	Self Directed Support Lead	2018 – 2019

		on service users/carers and families telling their own stories to the audience.		
		Ensure each Self Directed Support newsletter contains an account of a service user's/carer's experience of utilising Self Directed Support.	Self Directed Support Lead	2018 – 2021
	Explore alternative resource allocation models for individual budgets	Benchmark resource allocation systems across Scotland	Self Directed Support Lead	2018 – 2019
		Consider the development of an alternative resource allocation system in East Dunbartonshire	Self Directed Support Lead/Chief Financial Officer	2018 – 2020
<b>Systems are more widely understood, flexible and less complex</b>	Provide training to stakeholders relating to a variety of subjects linked to Self Directed Support	Ascertain a self directed support knowledge baseline across all stakeholders to determine future training plan.	Self Directed Support Lead	2018 – 2019
	Provide training in alternative formats	Explore training opportunities and alternative training methods/formats.	Self Directed Support Lead/People Development	2018 – 2019
		Develop a training plan	Self Directed Support Lead	2018 – 2019
		Deliver a training plan across all stakeholders	Self Directed Support Lead/Voluntary Organisations	2018 – 2021
	Develop co-produced community assets and introduce a Local Area Co-ordinator model for Older People	Utilise Self Directed Support Implementation Budget monies to encourage development of community assets	Self Directed Support Lead	2018 – 2021
		Recruit two Local Area Co-ordinators to work with older people living in East Dunbartonshire	Joint Services Manager Older People/Self Directed Support Lead	2018 – 2019
		Develop a variety of community assets and flexible, personalised	Operational Teams/Voluntary	2019 – 2021

		support models	Organisations/Self Directed Support Lead/Local Area Co-ordinators	
	Utilise Outcome Focused Tools within the Assessment and Support Planning Process	Review all existing tools – Assessment, Support Plans and Reviews to ensure fit for purpose.	Adult and Children Social Work Services	2018 – 2020

## **Glossary of Terms:**

### **Assessor:**

The person i.e. Social Worker or other professional, who will work with the service user/carer to identify their support needs and personal outcomes.

### **Consultation:**

The HSCP seeks advice, information or opinion on specific subjects or documents.

### **Co-production:**

The term co-production refers to a way of working whereby the HSCP and service users/carers/families/communities work together to make decisions about support that works for all involved. In practice, it means that those affected by a service or decision are involved in every stage of making or designing it.

### **Direct Payment:**

Direct payments are defined in legislation and are payments in lieu of services provided directly to individual assessed as being in need of care and support services.

### **Eligible:**

The HSCP has eligibility criteria and uses this as a method for deploying limited resources in a way that ensures that those resources are targeted to those in greatest need, while also recognising the types of low-level intervention that can be made to halt the deterioration of people in less urgent need of support.

### **Individual Budget:**

Individual budgets are an allocation of funding given to service users after the assessment and support planning process.

### **Performance Management:**

The systems for measuring the efficiency and quality of service delivery and to measure progress towards improvement areas.

### **Person Centred:**

A set of approaches designed to assist someone to plan their life and supports.



The Self Directed Support Strategy 2018 – 2021 will be available on the East Dunbartonshire Health and Social Care Partnership website pages at [www.eastdunbarton.gov.uk](http://www.eastdunbarton.gov.uk).

If you would like additional information or clarification on the content of this Strategy please contact:

East Dunbartonshire Health and Social Care Partnership  
Kirkintilloch Health and Care Centre  
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Kirkintilloch  
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Other Formats:

This document can be provided in large print; Braille, or an audio cassette and can be translated into other community languages.

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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Adult Mental Health Services Transformation
<b>Report By</b>	Paolo Mazzoncini, Chief Social Work Officer and Head of Children's services, and Criminal Justice services
<b>Contact Officer</b>	Paolo Mazzoncini <a href="mailto:Paolo.mazzoncini@ggc.scot.nhs.uk">Paolo.mazzoncini@ggc.scot.nhs.uk</a> 0141 262 8266

<b>Purpose of Report</b>	To update Board members on the Draft Five Year Strategy for Adult Mental Health Services in Greater Glasgow & Clyde and outline East Dunbartonshire HSCP response and initial plan.
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<b>Recommendations</b>	It is recommended that the Board notes the report and considers the strategic direction and implications
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<b>Relevance to HSCP Board Strategic Plan</b>	Glasgow City HSCP, on behalf of all six Partnerships, leads on the strategic planning for Mental Health and manages the inpatient services. This paper outlines the intent behind a new five year strategy which will lead to significant change across the system. We are working with Glasgow City HSCP and our Partnership colleagues to help shape the new strategy and are now considering the detailed implications locally of the proposed changes.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	A requirement for staff engagement is acknowledged within the draft strategy to support staff through the change process
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<b>Equalities:</b>	Policy, practise or activity in this regard will require to be assessed as to the impact on any individual or group of people with a protected characteristic as determined by the Equality Act 2010.
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<b>Financial:</b>	The financial model is based upon the reduction of inpatient beds and the reinvestment in recovery and alternative forms of health and social care and represents a welcome and transformational approach to investing in preventative and community based services.
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<b>Legal:</b>	N/A
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<b>Economic Impact:</b>	
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<b>Sustainability:</b>	
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<b>Risk Implications:</b>	These will be assessed in the coming period and reflected in local planning. It is evident that the proposals are likely to see a reduction in the available in-patient beds available as plans move towards more community based services.
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<b>Implications for East Dunbartonshire Council:</b>	To be determined when the Strategy and local plan are finalised
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	To be determined when the Strategy and local plan are finalised.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>1.0 MAIN REPORT</b>
<b>1.0 Introduction</b>
1.1 This is an important draft five-year strategy which is significant in terms of the scale of the change proposed. It is set within the wider balance of care context of increased demand and reducing budgets.
1.2 The key principles of the strategy are prevention and early intervention and recovery-oriented care; shifting the balance of care to develop community services to enhance capacity while maintaining quality of care. Additionally the strategy proposes developing better responses to crisis and distress, and moving away from hospital wards to enhanced community alternatives.
<b>2.0 Prevention and Early Intervention</b>
2.1. The strategy's focus upon prevention and early intervention and understanding of the whole system approach is to be welcomed. The significance placed upon tackling childhood trauma and adverse childhood experiences and working together with Children's Services to protect children from harm and enabling them to have the best start in life is central to the preventative aims of the strategy. This is very much an

ambition we share within East Dunbartonshire and our systems and processes are well developed to work together going forward within a whole system approach.

- 2.2. The importance of this preventative approach and an early intervention is outlined within the draft strategy. Research suggests that half of adult mental health problems have begun by the age of 15, and three-quarters by the age of 18. Young people with Mental Health issues were eight times more likely to have contact with Criminal Justice services than young people without such issues.
- 2.3. Focussed investment in early years, conduct disorder, bullying, and adverse childhood experiences is proposed as a central part of the strategy to seek to tackle these issues in a focussed and longer term preventative response.

### **3.0 Recovery Orientated Services and Peer Support**

- 3.1. 'Recovery' in a mental health context means being able to live a meaningful and satisfying life, as defined by the person, with or without symptoms. It is a holistic view of mental ill health that focuses on the person and their recovery journey.
- 3.2. Within East Dunbartonshire there are a number of recovery based services supported by the HSCP / Council and delivered by the voluntary sector. In many respects East Dunbartonshire is well placed to meet the challenges within the draft strategy, however work is required with our voluntary and Third Sector partners to ensure that we can collectively develop our recovery networks and range of services people can access. Traditional models of service delivery require to be updated and our partners will need to work more closely together to build a different co-production based relationship between services and the communities that there is a strong history of successful joint work within the Third Sector in East Dunbartonshire and this offers a promising context in which to bring about these changes.
- 3.3. In East Dunbartonshire there is ongoing strategic engagement with our partners which we will take forward to develop recovery services, community capacity and peer-support models, and we have already started the process of review and analysis, involving our operational, commissioning and Third Sector providers.
- 3.4. In terms of peer support services East Dunbartonshire was part of an early test of change programme to establish a peer support service and we have continued this initiative within our Community Mental Health Team, and are well placed to take this requirement forward.

### **4.0 Shifting the balance of care – Unscheduled care and Inpatient beds**

- 4.1. A central element of the draft strategy is to reduce numbers of inpatient beds and the reinvestment in recovery and alternative forms of health and social care. This represents a welcome and transformational approach to investment in preventative and community recovery based services.
- 4.2. As part of this process within East Dunbartonshire we have already undertaken a local bed modelling analysis to better understand local pressures on inpatient beds and unscheduled care admission. We know the numbers of patients, demand from different areas within the HSCP and the statutory basis for admission which has enabled us to begin to analyse the potential future pressures upon our Community Mental Health Team and recovery based services, and to project local budget /

financial modelling to better understand the reinvestment required.

- 4.3 We have additionally established a working group to review our current accommodation strategy and are reviewing all supported accommodation and respite options in order to be prepared and ready to respond to the challenges ahead.

## **5.0 Risk**

- 5.1 It is acknowledged that the strategy requires to be underpinned by a risk management framework to provide robust patient/service user care which is safe and responsive to the stepped changes in provision. The strategy also establishes that planning assumptions will be tested and learned from, as implementation progresses and this is an approach we would support.
- 5.2 There is a need to develop our Third Sector and community services to be better enabled and ready to manage more people who are symptomatic and require responsive supports in their communities. Our Community Mental Health Team and Primary care services are likely to require enhanced capacity.
- 5.3 Reinvestment will also need to be focussed toward social care services, such as independent living support and supported accommodation, without which financial pressures on the HSCP budget may develop in this regard. The strategy does however recognise the requirement to invest in alternative forms of health and social care.
- 5.4 With such a transformational approach risks are inevitable; patient risk, financial risk, third sector capacity risk, and workforce issues should not be minimised. However the strategy has considered a risk management approach and staged implementation which should minimise as far as possible the inherent risks identified.

## **6.0 Conclusion**

- 6.1. The strategy outlines a vision for the future of mental health services across GGC which begins the task of tackling the difficult issue of rebalancing care and resources from hospital to community services, and towards prevention in the face of rising demand and demographic pressures.
- 6.2. Within East Dunbartonshire we are well placed to respond to the development of Third sector provision and peer support models and work has already started in this regard.
- 6.3. The focussed investment in early years services and acknowledgment of the importance of a whole system approach to minimise childhood trauma and adverse childhood experiences is welcomed and we have established working partnerships and governance arrangements in East Dunbartonshire to take this forward.

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	15 March 2018
<b>Subject Title</b>	Life Changes Trust
<b>Report By</b>	Susan Manion, Chief Officer.
<b>Contact Officer</b>	Paolo Mazzoncini, Chief Social Work Officer & Head of Children and Criminal Justice Services. 0141 232 8266 <a href="mailto:Paolo.Mazzoncini@eastdunbarton.gov.uk">Paolo.Mazzoncini@eastdunbarton.gov.uk</a>

<b>Purpose of Report</b>	<ul style="list-style-type: none"> <li>To advise the Board of the successful application to the Life Changes Trust to develop a Young Person's Champions Board; and</li> <li>To inform the Board of our early plans to take this initiative forward.</li> </ul>
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<b>Recommendations</b>	<ul style="list-style-type: none"> <li>To note the content of this report</li> <li>To request the Board's support in this new venture.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The initiative will support the key priorities in the Strategic Plan. It will also allow the HSCP and its partners to meet the Corporate Parenting obligations inherent in the <i>Children and Young People (Scotland) Act 2014</i> .
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### Implications for Health & Social Care Partnership

<b>Human Resources</b>	There are likely to be implications for Human Resources in terms of assisting with the development of the two modern apprentices that form part of the successful bid. A member of staff will also require to be seconded to take forward this initiative.
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<b>Equalities:</b>	This development will improve our engagement with care experienced young people and allow them a significant opportunity to shape services, interventions and plans.
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<b>Financial:</b>	The Life Changes Trust has awarded East Dunbartonshire Council £224,682 (in total over a three year period) to pursue this development, which will be matched (in cash or kind) by the Council.
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	The funding awarded is for a three year period. Plans will be developed to consider longer term sustainability issues in due course.
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	East Dunbartonshire Council will wish to support the development of the proposal and assist in taking forward the recruitment of the two modern apprentices.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	
	<b>2. East Dunbartonshire Council</b>	<b>X</b>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>1.0 MAIN REPORT</b>
<p><b>Life Changes Trust Application</b></p> <p><b>1.1</b> The Life Changes Trust is an independent Scottish charity, established in April 2013 with a £50 million endowment from the Big Lottery Fund. The work of the Life Changes Trust is underpinned by a commitment to improving the lives of care experienced young people and people affected by dementia. With respect to the former group, the Trust focuses on supporting a positive and permanent shift in the quality of their lives and wellbeing.</p> <p><b>1.2</b> In 2017, colleagues from the Health and Social Care Partnership's children and families team – along with colleagues from the Council's Education services – prepared a proposal to the Life Changes Trust. This was aimed at improving our engagement with care experienced young people and importantly, focused on hearing their views on how services could be improved, designed and delivered.</p> <p><b>1.3</b> The first submission was not successful but the feedback received indicated that the Trust would consider a more developed proposal. This was subsequently undertaken and, in December 2017, we received notification of the successful award.</p> <p><b>1.4</b> The Life Changes Trust proposal was designed to assist the Council and its partners in meeting their obligations in respect of Corporate Parenting. The <i>Children and Young People (Scotland) Act 2014</i> (Part 9) sets out the legal duties and responsibilities of Councils, Health Boards and other relevant agencies as Corporate Parents<sup>1</sup>. The Scottish Government has also issued statutory guidance to Corporate Parents to assist them in taking forward this agenda<sup>2</sup>.</p>

<sup>1</sup> <http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

<sup>2</sup> <http://www.gov.scot/Publications/2015/08/5260/downloads>



- 1.5 East Dunbartonshire Council previously had a Corporate Parenting Champions Board. The Board had representation from the Council's elected members and was supported through the Council's former Directorate of Education and Children's Services, and an operationally-focused Corporate Parenting Steering Group. The Board provided oversight of the work that was being undertaken in respect of corporate parenting. That Board was in place up until the local council elections in May 2017. It now requires to be reformed – in light of the proposal below – and reconstituted. It is our intention to develop our Champions Board to become a forum which engages care experienced young people in decision-making.
- The intention is to develop a Corporate Parenting Young Persons' Champions Board and a Peer Mentoring scheme.**
- 1.6 Increasing the level of participation and influence care experienced young people have on the decisions that affect their lives was the key aim of our application to the Life Changes Trust. By developing a Champions Board, young people will have greater direct contact with East Dunbartonshire Council and Health and Social Care Partnership officers, service providers and elected members. They will be empowered to shape service improvements and influence any developments in supports available to care experienced young people.
- 1.7 We will establish a '*Young People's Board*' to ensure the wider voice of care experienced young people is heard by the Corporate Parenting Champions Board. We envisage that key activities will include:
- The Young People's Board will meet quarterly prior to the Champions Board meeting, in locations appropriate to the young people.
  - The Board will be supported by a Care Experienced Young Person's (CEYP) Coordinator seconded from HSCP staff, and a Modern Apprentice Assistant Coordinator recruited from East Dunbartonshire Council area. These individuals will be care experienced young people.
  - The Team will facilitate a range of activities to engage care experienced young people including the use of social media, face to face contact and dedicated events.
  - Work to support the meaningful participation of the young people will be supported by Who Cares? Scotland.
  - Representative from the Young People's Board will be included in the membership of the Champions Board.
  - The Young People's Board will engage in quality assurance activities to identify achievements and areas of the action plan which require more focus.
  -
- 1.8 We will develop a Peer Mentoring Programme to support the meaningful participation in the Young People's Board and the Champions Board as well as transitions to independent living.
- The CEYP Coordinator and Modern Apprentice (Social Care) will develop a programme of peer mentoring.

- Care leavers interested in being a mentor will be identified by the CEYP Coordinator and trained by Who Cares? Scotland.
- Peer Mentors, supervised by CEYP Coordinator and the Mentoring Support Modern Apprentice, will engage with care experienced young people in supporting their engagement in planning, participation and evaluation work.
- Peer Mentors, supervised by CEYP Coordinator and the Mentoring Support Modern Apprentice, will support young people making the transition to independent living.

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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Children & Families Service Oral Health Update
<b>Report By</b>	Paolo Mazzoncini, Chief Social Work Officer & Head of Children and Criminal Justice Services, and Frances McLinden, General Manager, Oral Health Directorate
<b>Contact Officer</b>	Lorna Hood, Senior Nurse, Children & Families East Dunbartonshire Health & Social Care Partnership 0141 201 7447 <a href="mailto:Lorna.hood@ggc.scot.nhs.uk">Lorna.hood@ggc.scot.nhs.uk</a>

<b>Purpose of Report</b>	<ul style="list-style-type: none"> <li>To inform HSCP Board members of health promotion interventions carried out by health visitors to support and promote oral health and dental registration in the pre-2 year's population of the HSCP.</li> </ul>
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<b>Recommendations</b>	<ul style="list-style-type: none"> <li>To note the contents of the report.</li> </ul>
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<b>Relevance to HSCP Board Strategic Plan</b>	The work undertaken by health visitors supports the key priorities in the HSCP Strategic Plan. This is notably in relation to the promotion of positive health and wellbeing, and preventing ill health.
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
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<b>Equalities:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for East Dunbartonshire Council:</b>	This work supports key priorities in East Dunbartonshire's Local Outcome Improvement Plan 2017-27.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As the employer of staff, NHS GGC will wish to continue to support this important work.
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	<b>X</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>1.0 MAIN REPORT</b>
<p>1.1 The Board has been advised of performance and developments in oral health at previous meetings. At the meeting of 11 January 2018, Board members requested further information in relation to dental registrations for the 0-2yrs population in East Dunbartonshire and our services responses to dental neglect. This report provides, in brief, relevant statistics and describes the health promotion activities undertaken by health visitors to support oral health. The report also provides data relating to neglect (and dental neglect) that relate to child protection work undertaken by children and families social work services.</p> <p>1.2 Increasing the dental registration and participation of young children is a key target for the Oral Health Directorate and East Dunbartonshire HSCP. The rationale for this is to support the best start in life for young children by encouraging good health behaviours in diet and oral hygiene together with professional advice, supervision and intervention. Ideally this should start as early as possible and before the first teeth erupt. Oral health behaviours in the first years of life can have a life-long impact on dental health.</p> <p>1.3 Data available from ISD demonstrates registration rates for very young children in East Dunbartonshire are lower than desired (<b>Appendix 1</b>). Only 16% of children aged 0 to 1 year are registered with an NHS dentist in East Dunbartonshire (as of 31/Dec/2017). The registration rates of children aged 1-2 year is higher, at 57% and the figure when considering all children aged 0 to 2 years is 36%. This represents over half of children aged 0 to 2 years group not registered with an NHS dentist, the majority of whom are aged 0 to 1 years. These children will have teeth and could potentially have poor oral health behaviours and poor oral hygiene.</p> <p>1.4 Over recent years, the registration rates across the 0-2 year age group have fallen very slightly in East Dunbartonshire. It is important this trend is addressed and reversed. The Oral Health Directorate is working with Health Visiting Teams and Dental Health Support Workers to link families with NHS dental practices. They are also working with NHS dental practices to encourage the early registration and sustained participation of young children within NHS dental services.</p>

1.5 Health visitors have a vital role to play in supporting children and families in the first few years of a child's life. Evidence demonstrates the importance of preventative approaches to ill health, early identification and intervention throughout the early years of life. Health visitors have, and always have had, a significant public health role to play in relation to individuals, families and communities by providing critical support to all children under five years of age.

To ensure a consistent approach across Scotland to health visiting service provision, assessments, the use of resources and visiting patterns, the Scottish Government introduced a Universal Pathway. The Pathway sets out the minimum core home visiting programme to be offered to all families by Health Visitors. The programme consists of 11 home visits - 8 within the first year of life and 3 child health reviews between 13 months and 4-5 years.

1.6 Oral health is one of the many health promotion topics health visitors discuss with families as part of the universal pathway. Timings of oral health promotion interventions are detailed below :

- 10-14 days: Child Smile Programme discussed with parents / carers
- 12-16 weeks: Discuss progression to solid foods including recommendations in relation to low sugar foods and drinks. Advice on first tooth eruption, tooth brushing and dental registration. Parents provided with child's toothbrush, toothpaste and drinking cup with lid & spout.
- 12 months: Advice on first tooth eruption, tooth brushing and dental registration. Parents provided with child's toothbrush, toothpaste and drinking cup with lid and spout. List of local Child Smile dental practices provided.

1.7 Where specific needs are identified as part of health visitor assessment, additional support can be offered to families in relation to oral health and dental registration. In addition, the Child Smile Programme is delivered throughout the HSCP area. The Child Smile Programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices.

1.8 Following this review of service delivery, and in order to promote dental registration in the 0-2 year population, health visiting staff will routinely provide families with a list of local child smile dentists. However it is important to highlight that dental registration in the 0-2 year population should be considered as part of an overall assessment of the child's needs and in isolation, failure to register with a dentist is not necessarily an indication of child neglect.

## **2 Children and Families Social Work Services**

2.1 The Board has requested information on the number of referrals that children and families social work services had received where dental neglect has been an issue. The following information provides further detail.

### **Child Protection**

	<b>Neglect</b>	<b>Dental Neglect</b>
CP Investigations (2017)	35	4
CP Registrations (2017)	19	6

2.2 197 Child Protection Investigations were completed during 2017. Of these, 35 children had a risk factor of Neglect recorded during the investigations. 4 of these children had

dental neglect highlighted within the investigation.

- 2.3 89 children were registered during 2017 and 19 of these children were registered with a risk factor of Neglect. 6 of these children had dental neglect highlighted at their Initial Case Conference.

**Duty Referrals**

- 2.4 There were 1,114 duty referrals to children and families social work services in 2017 and only 1 of these referrals came direct from a dentist highlighting possible dental neglect.
- 2.5 Social work services investigate all relevant referrals in respect of child protection, including those where neglect (and dental concerns therein) apply. There is good information sharing amongst services to ensure that key concerns are addressed.

APPENDIX 1

**Dental Registration data for NHS Greater Glasgow & Clyde, by Health & Social Care Partnership  
As at Snapshot date 31/12/15**

Health and Social Care Partnership	Registrations Aged 0	Population Aged 0	Registration Rate Aged 0		Registrations Aged 1	Population Aged 1	Registration Rate Aged 1		Registrations Aged 0 and 1	Population Aged 0 and 1	Registration Rate Aged 0 and 1
East Dunbartonshire	154	985	0.16		665	1,075	0.62		819	2,060	0.40

Source: ISD Scotland, NRS Scotland  
Ref: IR2018-00277

**Dental Registration data for NHS Greater Glasgow & Clyde, by Health & Social Care Partnership  
As at Snapshot date 31/12/16**

Health and Social Care Partnership	Registrations Aged 0	Population Aged 0	Registration Rate Aged 0		Registrations Aged 1	Population Aged 1	Registration Rate Aged 1		Registrations Aged 0 and 1	Population Aged 0 and 1	Registration Rate Aged 0 and 1
East Dunbartonshire	155	1,008	0.15		619	1,062	0.58		774	2,070	0.37

Source: ISD Scotland, NRS Scotland  
Ref: IR2018-00277

**Dental Registration data for NHS Greater Glasgow & Clyde, by Health & Social Care Partnership  
As at Snapshot date 31/12/17**

Health and Social Care Partnership	Registrations Aged 0	Population Aged 0	Registration Rate Aged 0		Registrations Aged 1	Population Aged 1	Registration Rate Aged 1		Registrations Aged 0 and 1	Population Aged 0 and 1	Registration Rate Aged 0 and 1
East Dunbartonshire	141	1,008	0.14		606	1,062	0.57		747	2,070	0.36

Source: ISD Scotland, NRS Scotland  
Ref: IR2018-00277





Agenda Item Number: 20

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

<b>Date of Meeting</b>	15 <sup>th</sup> March 2018
<b>Subject Title</b>	Updated Management Arrangements
<b>Report By</b>	Susan Manion, Chief Officer
<b>Contact Officer</b>	Susan Manion, Chief Officer

<b>Purpose of Report</b>	The HSCP Integration Scheme requires the Chief officer to assure the HSCP Board that the operational management and governance arrangements are in place for the functions delegated to the Integration Joint Board
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<b>Recommendations</b>	The partnership Board is asked to: Note the updates management arrangements outlined
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<b>Relevance to HSCP Board Strategic Plan</b>	Management arrangements revised to ensure the delivery of the Strategic Plan
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**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Not applicable
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<b>Equalities:</b>	Not applicable
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<b>Financial:</b>	Not applicable
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<b>Legal:</b>	Not applicable
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<b>Economic Impact:</b>	Not applicable
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<b>Sustainability:</b>	Not applicable
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<b>Risk Implications:</b>	Not applicable
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<b>Implications for East Dunbartonshire Council:</b>	Management arrangements will support the planning and delivery of Council Social Work Services
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Management arrangements will support the planning and delivery of NHS Board Health Services
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<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	<b>Tick</b>
	<b>1. No Direction Required</b>	
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

**1.0 MAIN REPORT**

The HSCP Integration scheme requires the Chief Officer to assure the HSCP Board that the operational management and governance arrangements are in place for the functions delegated to the Integration Joint Board. The Strategic Management Team (SMT) arrangements for the HSCP were updated in October 2017 when the posts of Head of Service for Community Health and Care and Head of Service for Mental Health, Learning Disabilities and Addiction services were agreed.

The intention with the creation of these posts was to invest in service leadership and redesign. While maintaining high quality services every day, we look to continuously and consistently improve, change and innovate so we can meet future demands. The revised structure was deliberately intended to ensure that these two posts, alongside the Chief Social Worker, Head of Children’s services and criminal justice, take the lead in both planning and delivering service improvement across the span of our responsibilities. These individuals will lead the strategic planning for their services, not just within, but across the community planning partnership.

The establishment of these posts has allowed us to consider the options open to us as Sandra Cairney, Head of Planning, Performance and Health Improvement as Sandra Cairney leaves to take up a new post.

Strategic Planning as a process and system is now bedded in to the organisation with a process for agreeing strategic plans, business plans and programme management. This has to be led by the three key operational leads as highlighted above, with corporate business support.

In relation to performance management, currently Corporate support, including the maintenance of the business of the organisation is already placed within the responsibilities the Chief Finance Officer. It is appropriate, therefore, that the performance management function is transferred to the Chief Finance Officer role. This will also allow us to align the commissioning and planning function (working to support service delivery through the external providers) with performance management.

Health Improvement is a central function in the organisation and as partnership we have a dedicated Health Improvement Team. Their role is to develop the public health improvement functions across the HSCP and to lead the development of strategies, plans and policies that will improve health outcomes and address inequalities in collaboration with our partners. This must be a key part of our infrastructure and leadership. As a result, this function will be led by one of our key Strategic leaders, Head of Mental Health, Learning Disabilities and Addiction Services.

We are considering further the how we ensure public health expertise is accessed to help support the planning functions across the range of care groups. As a result we are giving further consideration to this a with the Health Improvement Team and community planning partners and will update the HSCP in due course.

The updated management arrangements are attached for information



**Item 21**

**East Dunbartonshire HSCP Schedule of Topics / Business plan for HSCP Board meetings  
2017 / 2018**

<b>HSCP Board Development Sessions</b>
<b>Half day Seminars – All held in Training Room 2 Enterprise House, from 9.15am to 12.30pm</b>
<b>4<sup>th</sup> April 2018</b> – Children & Families & Criminal Justice
<b>Service Visits – All 10am to 11.30am</b>
Workforce Plan
<b>HSCP Board Meeting - 10<sup>th</sup> May 2018</b>
<b>HSCP Board Development – Topic specific seminar on this meeting date on Oral Health Directorate - 9am -930am only.</b>
Register of Interests
Assistive Technology
Update on Financial planning
Annual Business Plan 2018/2019
Update on GP Contract
Strategic review update on Learning Disability Service
iMatter
<b>HSCP Board Meeting - 28<sup>th</sup> June 2018</b>
Annual Performance Report
Performance Improvement Report (SC) – Quarter 4
Carer Strategy Draft
OHD Performance Report for OHD and GGC - per Frances





<b>ED HSCP BOARD - DISTRIBUTION LIST</b>		
<b>ED HSCP BOARD MEMBERS - VOTING</b>		
<b>Name</b>	<b>Designation</b>	
Ian Fraser	Chair - NHS Non Executive Board Member	1
Susan Murray	Vice Chair -EDC Elected member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Jacqueline Forbes	NHS non-executive Board Member	1
Ian Ritchie	NHS non-executive Board Member	1
<b>ED HSCP BOARD MEMBERS - NON VOTING</b>		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Wilma Hepburn	Professional Nurse Advisor -NHS	1
Andrew McCreedy	Trades Union Representative	1
Gillian Cameron	Trades Union Representative	1
Lisa Williams	Clinical Director for HSCP	1
Adam Bowman	Acute Services Representative	1
Paolo Mazzoncini	Chief Social Work Officer	1
<b>ED HSCP SUPPORT OFFICERS - FOR INFORMATION</b>		
Linda Tindall	Organisational Development Lead	<b>e-copy only</b>
Sandra Cairney	Head of Strategy Planning and Health Improvement	1
Vacancy	Head of Adult and Primary Care Services	1
Fiona McCulloch	Planning & Performance Manager	<b>e-copy only</b>
Gillian McConnachie	Chief Internal Auditor HSCP	<b>e-copy only</b>
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	<b>Paper copy / e-copy</b>
Martin Cunningham	EDC Corporate Governance Manager	7
John Hamilton	Head of NHS Board Administration	<b>e-copy only</b>
Louise Martin	Head of Administration, ED HSCP	<b>e-copy only</b>
Frances McLinden	General Manager, Oral Health Directorate	<b>Paper copy / e-copy</b>
Tom Quinn	Head of Human Resources	<b>e-copy only</b>
Sharon Bradshaw	Human Resources	<b>e-copy only</b>
<b>For information only (Substitutes)</b>		
Councillor Mohrag Fischer	EDC Elected member	<b>e-copy only</b>
Councillor Graeme McGinnigle	EDC Elected member	<b>e-copy only</b>
Councillor Rosie O'Neil	EDC Elected member	<b>e-copy only</b>
A. Jamieson	Carers Representative	<b>1 copy</b>
I Twaddle	Service User Representative	<b>1 copy</b>