

Annual Performance Report 2023/24



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Introduction

Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health, social work and social care services. The responsibility for organising these services previously lay with Councils and Health Boards, but now sits with HSCP Boards (sometimes called Integration Joint Boards). The idea behind creating HSCPs was to integrate health and social care services much more closely under a single manager, with a single combined budget, delivering a single plan to meet a single set of national outcomes in a way that better meets local needs and removes barriers for people using services. The single plan is called the HSCP Strategic Plan and it sets out how HSCP Boards will plan and deliver services for their area over the medium term, using the integrated budgets under their control. In East Dunbartonshire, we have integrated a wide range of adult and children's community health, social work and social care services, including criminal justice services.

All Health and Social Care Partnerships (HSCPs) are required to publish an Annual Performance Report that sets out progress towards the delivery of its Strategic Plan and in pursuance of:

- the nine National Health & Wellbeing Outcomes;
- the development of locality planning and improvement
- financial performance and Best Value

In addition, we have included information on:

- Our performance as assessed through external inspection and regulation
- Good practice examples

Our Priorities

Our services are always delivered within a complex landscape of increasing demands, high levels of public expectation, economic uncertainty, substantial public sector financial challenges, and a constantly evolving legislative and policy landscape.

The HSCP and its staff have risen to these challenges and have continued to work to support the most vulnerable people in our community and promote social justice, equality and safety. Throughout this year our staff have shown continued commitment, compassion and flexibility to help keep children and adults safe and well.

Despite these challenges, there has been considerable achievements and innovative practice developed within services, alongside progress in transformational change and service improvement, which all contribute to making a positive difference to our service users. There has also been strong performance across all service areas, and where performance is not what we are striving for, there is an understanding within the service of why this is the case and appropriate actions have been identified and implemented to improve that area of performance.

Our overall aim continues to be to ensure the people of East Dunbartonshire receive the best service possible in a way that is fair, responsive and person-centred.

We would wish to extend our enormous gratitude to all the staff, partners and individuals in the HSCP, to volunteers and community groups, to informal carers and families, for the enormous efforts that they have made to the people we have supported over the last 12 months.



Calum Smith

Chair

East Dunbartonshire
HSCP Board



Caroline Sinclair

Chief Officer

East Dunbartonshire
HSCP

Part 1. Strategic Planning and Delivery

Strategic Plan

Every HSCP Board is required to produce a Strategic Plan that sets out how they intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes. Strategic Plans should also have regard to the National Integration Delivery Principles. These national outcomes and principles are set out at **Annex 1**.

In March 2022, the HSCP Board approved the current Strategic Plan for the period 2022-25¹. This plan reflects on the progress the Partnership has made and sets out the strategic direction for the three year period. Our vision remains unchanged, and our strategic priorities continue to reflect and support delivery of the national outcomes. Demonstrating our achievement towards these continues to be the focus of our annual performance reporting.

Our Strategic Plan has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery. Some of these areas of redesign will take longer than the period of the Strategic Plan to deliver. Without new resource streams, any requirement to invest further in one service area will require greater efficiency or disinvestment in another. Implementing the Plan will also continue to be based on certain assumptions and dependencies that can in reality be fragile. Our overall focus is to:

- Invest in early intervention and prevention;
- Empower people and communities by encouraging more informal support networks at a local level;
- Ensure that people have access to better information earlier, to allow them to access the right support at the right time, from the right person.

These developments should deliver better outcomes for people and will also make for a more efficient, sustainable system of care and support.

The illustration that follows on page 5 provides an overview of the current Strategic Plan and shows the relationship between the strategic priorities and enablers and the actions being progressed to support these.

¹ [East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council](#)

Strategic Plan on a Page 2022-25

OUR VISION Caring Together To Make A Difference				OUR VALUES Honesty, Integrity, Professionalism, Empathy and Compassion, Respect			
Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
Improving personalisation	Building informal support options	Extending rehabilitation and reablement	Prioritising our Key Public Protection Statutory Duties	Supporting carers with their own needs and in their caring role	Improving adult recovery services	Understanding and responding to the impact of the pandemic	Right Care Right Place: urgent and unscheduled health and social care redesign
Reducing inequality and inequity of outcomes	Building local integrated teams	Supporting diversion from prosecution		Implementing The Promise for children and young people	Improving mental health support for children and young people		
Improving information and communication	Modernising day services	Improving school nursing services		Strengthening corporate parenting	Improving post-diagnostic dementia support		
Workforce and Organisational Development		Medium Term Financial and Strategic Planning		Collaborative Commissioning and Whole System Working		Infrastructure and Technology	
Supporting the wellbeing of the health and social care workforce		Maximising available resources		Co-designing solutions with the third and independent sectors		Modernising health and social care facilities	
Equipping the workforce and workplace during and after the pandemic		Balancing investment and disinvestment		Supporting primary care improvement		Maximising the potential of digital solutions	
Implementing a skills framework for supporting children’s mental health and wellbeing		Delivering financial sustainability		Redesigning the Public Dental Service			
SCP Improvement Plans		Wider Partnership Improvement Plans		Council & Health Board Improvement Plans		Hosted Services Improvement Plans	

HSCP Strategic Priorities

Commitments in support of the Strategic Priorities

HSCP Strategic Enablers

Commitments in support of the Strategic Enablers

The *Engine Room*: work that will deliver changes

Annual Delivery Plan

Each year a number of initiatives in support of the Strategic Plan are drawn down into an Annual Delivery Plan. Supporting detail is held in service-level plans, locality plans and service commissioning plans, which collectively set out how the high level strategic priorities and enablers will be pursued.

The HSCP Board monitors progress in achieving the objectives in the Annual Delivery Plan throughout the year. The Board achieves this with support from the Strategic Planning Group and the Audit Performance & Risk Committee to ensure active governance over how well these aspects of the Strategic Plan are being implemented.

There were a total of 24 initiatives identified in the Annual Delivery Plan to be progressed during 2023/24. By the end of this period, progress towards these projects were as follows:

- 11 were successfully completed in 2023/24.
- 5 were programmed to continue beyond 2023/24 and are on track for delivery.
- 8 were delayed and are carried forward for delivery in 2024/25.

A summary of the initiatives for 2023/24 is set out below, with more detail provided in the progress sections later in the report.

Initiatives successfully completed in 2023/24

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Modernising day services	Learning Disability day services: development of community based services, employability, volunteering and community based model of support	1, 2, 3, 4, 5, 6, 7, 9
Empowering Communities	Building informal support options	Pilot a community-led support approach within a locality, working through community planning partners	1, 2, 3, 4, 5, 6, 9
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Update and implement new Child Protection procedures	4, 5, 7
		Respond to the outcome of the Children at Risk of Harm inspection	4, 5, 7
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Refresh HSCP Learning/Intellectual Disability Strategy	1, 2, 3, 4, 5, 6, 7

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Delivery of Medically Assisted Treatment Standards 6 -10	1, 2, 3, 4, 5, 6, 7
	Improving adult mental health and alcohol and drugs recovery		
	Improve mental health support for children and young people	Realign Specialist Children’s Services from the current dispersed management arrangements in to a single hosted management arrangement	1, 2, 3, 4, 5, 6, 7
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Implement actions set out within the GGC Joint Unscheduled Care Plan for EDC for 2023/24	3, 4, 7, 8, 9
	Developing integrated quality management arrangements	Implementation of the Quality Management Framework	3, 4, 7, 8, 9
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Development of recruitment strategy and delivery of measures to support staff well-being	1, 2, 3, 4, 5, 6, 7, 8, 9
Medium Terms Financial and Strategic Planning	Delivering financial sustainability	Engage with public in relation to financial position to inform future priorities	1, 2, 3, 4, 5, 6, 7, 8, 9

Initiatives programmed to continue beyond 2023/24 and on track for delivery

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Improve Personalisation	Development of digital solutions to support digitally enabled workforce, digitally enabled service users	1, 2, 3, 4, 5, 6, 7, 9
		Continue to develop as a Trauma Informed organisation	1, 2, 3, 4, 5, 6, 7, 9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Supporting Families and Carers	Strengthen corporate parenting	Ongoing implementation of Children's House Project model	1, 2, 3, 4, 5, 6, 7
Improving Mental Health and Recovery	Improve mental health support for children and young people	Continue to develop tier 1 and tier 2 service for children	1, 2, 3, 4, 5, 6, 7
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Review and redesign of accommodation-based support services for adults with learning/intellectual disabilities to ensure that services continue to meet the needs of our community and the expectations set out within the Scottish Government Strategy 'Coming Home'	3, 4, 7, 8, 9

Initiatives carried forward to 2024/25

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Reduce inequality and inequity of outcomes	Implement the Public Health Strategy	1, 2, 3, 4, 5, 6, 7, 9
Empowering Communities	Building informal support options	Implementation of Compassionate ED model – 'No One Dies Alone'	1, 2, 3, 4, 5, 6, 9
	Modernising day services	Implement the 23/24 actions of the Social Support for Older People Strategy	1, 2, 3, 4, 5, 6, 9
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs services to develop a recovery focused approach	1, 2, 3, 4, 5, 6, 7
	Improve mental health support for children and young people	Review and refresh workforce plans to ensure capacity to see and treat children and young people	1, 2, 3, 4, 5, 6, 7
Workforce and Organisational Development	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	Implementation of the recommendations from the Public Dental Service review Programme Board	1, 2, 3, 4, 5, 6, 7, 8, 9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Collaborative Commissioning	Supporting Primary Care Improvement	Continue implementation within financial envelope, for Primary Care Implementation Plan	1, 2, 3, 4, 5, 6, 7, 8, 9
Infrastructure and Technology	Modernising health and social care facilities	Progression of Property Strategy – revisit Business Case for Integrated Health and Care Facility in the West Locality	2, 5, 7, 9

Performance Management Framework

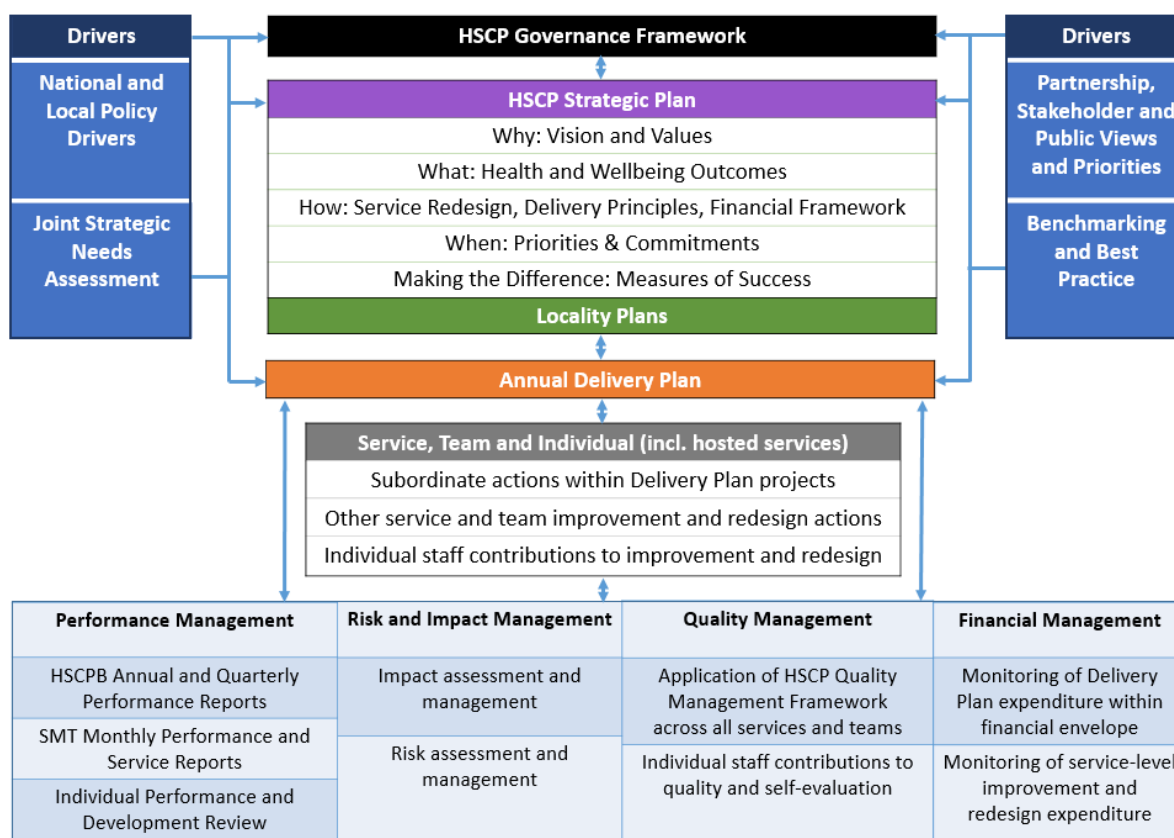
The HSCP has a Performance Management Framework in place that sets out how it measures, monitors and continuously seeks to improve what it does. This is designed to ensure confidence at all levels that it knows how well it is performing, that it knows what should improve and how, and that it knows the impact of any such improvements. The Performance Management Framework also sets out in detail its approach to monitoring and measuring success, including the production of this Annual Performance Report.

The HSCP’s Performance Management Framework provides the overarching statement on how the HSCP ensures scrutiny, self-evaluation and reporting in three main areas:

- The fulfilment of the HSCP Strategic Plan, which is a high level statement of our 3-year strategic priorities and enablers;
- Operational improvement, which should be a continuous process of balancing effectiveness, efficiency and economy, and;
- Quality management, which should involve applying scrutiny and evaluation to ensure that our core services are delivering the best possible experiences and outcomes.

The document sets out the HSCP’s obligations with respect to Best Value, its systematic approach to continuous improvement (including organisational alignment, often called the *golden thread*) and its associated governance arrangements. The diagram at **Fig 1** (below) is designed to illustrate the relationships between the Strategic Plan, the Annual Delivery Plan, other subordinate strategies and plans and the reporting of impact and outcomes.

Fig 1: Improvement Planning and Organisational Alignment



A Framework for Community Health and Social Care Integrated Services

In November 2019, the Scottish Government published A Framework for Community Health and Social Care Integrated Services² which was designed to inform the development of local transformation plans, drawing on what has been found to be effective through impact evaluation. We used this document to support the preparation of our Strategic Plan 2022-25. It inspired the Strategic Plan’s structure that distinguishes strategic priorities from strategic enablers, it provided a checklist for consideration when setting out our programme of action and it provided a foundation of evidence-based approaches to improving service user, informal carer and organisational outcomes. The progress set out in this Annual Performance Report therefore aligns itself strongly with the provisions within the Framework.

² [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf](https://www.hscotland.scot/a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf) (hscotland.scot)

Part 2. How Well Are We Achieving Our Priorities?

This section of the Annual Performance Report sets out our progress and performance towards the achievement of the priorities set out in our HSCP Strategic Plan. It also demonstrates our progress towards the delivery of the National Health and Wellbeing Outcomes, which are cross-referenced at **Annex 1**.

Under each priority, the report summarises the key highlights and provides more detail on improvements and developments made in each area. A selection of performance information then follows, firstly the national core integration and ministerial indicators (where these apply to the priorities) and then other national and local measures that are used by the HSCP to measure performance. Notes on methodology relating to the performance measures and indicators are set out at **Annex 5**.



Empowering People

Our Highlights

Bronze Award accreditation in recognition of progress in digital telecare migration	The Autism Strategy has been reviewed and many of the objectives of the current strategy have been fully or partially achieved
We have continued to develop as a Trauma Informed organisation with workforce training and information sessions	The District Nurse Advanced Nurse Practitioner service has continued to develop and now provides a service seven days a week, 365 days a year

Our Progress

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Improving Personalisation</i>	
Embed and further develop digital solutions, to support self-management (Redesign).	<ul style="list-style-type: none"> Work has continued on the transformation of our telecare suite by implementing the transition from analogue to digital channels. The project achieved Bronze Award accreditation from the Digital Office in recognition of progress in digital migration, with over 50% of alarms installed in East Dunbartonshire now digital. Modernisation of Sheltered Housing

Objectives for 2022-25	Progress in 2023/24
	<p>complexes is now underway, providing dispersed telecare to all residents.</p> <ul style="list-style-type: none"> • Work with partners continued this year to further develop and promote the increased uptake of technology enabled care solutions. • The use of remote consultation in care homes was expanded further with professional to professional discussions now embedded in service delivery. • The national Blood Pressure Service has delivered a remote digital pathway within Primary Care for hypertension (high blood pressure) diagnoses, intervention, treatment, and ongoing monitoring. We have continued the successful rollout of this service and, to date, four practices are actively using the remote service and have registered a total of 287 patients who have all been able to monitor their blood pressure at home, without having to attend face-to-face appointments in our GP surgeries.
<p>Further develop person centred, rights-based, outcome focused approaches (Improvement).</p>	<ul style="list-style-type: none"> • Three subgroups of the East Dunbartonshire ACEs and Trauma Collaborative (EDATC), a multi-agency group, were established in May 2023 to work towards trauma informed environment; policies and systems; and people and training. • Two in person events were held for EDATC, contributing to the development of the Trauma Informed Practice Outcome & Improvement Plan. • A single agency bespoke Trauma Informed training session was held in June 2023 for teams in the Housing service. • Transforming Connections: Trauma Skilled training began in October 2023 with the first five sessions focused on teams from Justice, Prison-based and Children & Families Social Work with 66 staff attending. Further sessions have been held across the Council, HSCP and beyond to both national and third sector partners, with a further 64 staff attending. • Work is ongoing with partners across Greater Glasgow & Clyde to develop dental health-specific training to support the Paediatric and Primary Care Dental teams to progress towards offering more trauma-informed dental experiences.




Objectives for 2022-25	Progress in 2023/24
	<ul style="list-style-type: none"> • East Dunbartonshire HSCP is part of a coalition with other HSCPs to implement the Scottish Child Interview model to improve our approach to investigative interview with children. We have been chosen by the Scottish Government as a Pathfinder area which will also attract additional funding which will continue our trauma informed work. • In the past year, the Employability Local Area Coordinators have supported many people with mild learning disabilities into employment or further training or volunteering; run well attended support groups for carers of people with autism; and worked closely with third sector providers to support people who experience neurodivergence and their carers. • The Autism Strategy has been reviewed and many of the objectives of the current strategy have been fully or partially achieved. The EDC Autism and Neurodivergence Strategy group is supporting the formation of subgroups covering different areas including Housing, Education, Adult Services, Employment and Transitions. Each subgroup will identify goals for bringing about positive change and plans will be developed to achieve this change. The Employment group made good progress with agreement in place to provide work placements for adults with mild learning disabilities or autism. • The District Nurse Advanced Nurse Practitioner (DNANP) service has continued to develop and grow and now provides a service seven days a week, 365 days a year. Referrals to the DNANP include requests for a face-to-face review for acutely unwell patients, complex palliative and end of care needs, clinical advice for district nurses, and prescription requests. This approach has prevented 631 referrals to the patient's GP and 300 GP out of hours visits. Of the 1309 new referrals to the DNANP service, only 6% were conveyed to hospital, with the other patients supported to remain safely at home through an enhanced and advanced multi-disciplinary, locality approach to care.

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Reducing inequality and inequity of outcomes</i>	
Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision (Improvement).	<ul style="list-style-type: none"> Progress in the delivery of refreshed public health and health improvement priorities for East Dunbartonshire was delayed during 2023/24 due to ongoing reviews and limited availability of data from which to identify population health and wellbeing. This has been carried forward into our plans for 2024/25 and as the Scottish Government releases Scottish Census data in autumn 2024, this, aligned with the East Dunbartonshire Adult Health & Wellbeing data, will provide the required health data to inform the new HSCP Strategic Plan and other strategic frameworks. A core aspect of the HSCP Equalities Mainstreaming Report (2023-27) commits the HSCP to facilitate Equality Impact Assessment (EqIA) training for staff. At the end of 2023, ten staff members from across the HSCP successfully completed this training and are now qualified EqIA Assessors.
<i>Commitment: Improving information and communication</i>	
Improve service information and public communication systems, advice, reflecting specific communication needs and preferences (Improvement).	<ul style="list-style-type: none"> An audit of the content on the HSCP website has been carried out in preparation for its move to a new platform within its hosted site in East Dunbartonshire Council's website. Work has commenced on the development of an updated Communications and Participation and Engagement Strategy (2024-29). Public consultation to inform the development of the strategy closed in March 2024.

Our Performance

National Core Integration Indicators

This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5). The following icons are used throughout parts one and two of this report to identify performance trend information for each national indicator:

Icon	Performance Trend
	National ranking / performance improved in 2023/24
	National ranking / performance declined in 2023/24
	No change in national ranking / performance in 2023/24

Indicator, Rating and Rank		Performance Trend															
<p>1) Percentage of adults able to look after their health very well or quite well (National Outcome 1) (Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 1</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~96</td> <td>~93</td> </tr> <tr> <td>2019/20</td> <td>~95</td> <td>~93</td> </tr> <tr> <td>2021/22</td> <td>~93</td> <td>~91</td> </tr> <tr> <td>2023/24</td> <td>93.8</td> <td>90.7</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~96	~93	2019/20	~95	~93	2021/22	~93	~91	2023/24	93.8	90.7
Year	East Dunbartonshire (%)		Scotland (%)														
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2023/24	93.8	90.7															
<p>National ranking (biennial): Data Unavailable</p>	<p>Comparison with Previous Survey: ↑</p>																
<p>2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2) (Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 2</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~84</td> <td>~81</td> </tr> <tr> <td>2019/20</td> <td>~78</td> <td>~81</td> </tr> <tr> <td>2021/22</td> <td>~88</td> <td>~79</td> </tr> <tr> <td>2023/24</td> <td>79.8</td> <td>72.4</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~84	~81	2019/20	~78	~81	2021/22	~88	~79	2023/24	79.8	72.4
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<p>3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3) (Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 3</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~86</td> <td>~76</td> </tr> <tr> <td>2019/20</td> <td>~74</td> <td>~74</td> </tr> <tr> <td>2021/22</td> <td>~74</td> <td>~71</td> </tr> <tr> <td>2023/24</td> <td>67.7</td> <td>59.6</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~86	~76	2019/20	~74	~74	2021/22	~74	~71	2023/24	67.7	59.6
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Indicator, Rating and Rank		Performance Trend															
<p>5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3) (Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 5</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~84</td> <td>~80</td> </tr> <tr> <td>2019/20</td> <td>~87</td> <td>~80</td> </tr> <tr> <td>2021/22</td> <td>~75</td> <td>~75</td> </tr> <tr> <td>2023/24</td> <td>77.7</td> <td>70.0</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~84	~80	2019/20	~87	~80	2021/22	~75	~75	2023/24	77.7	70.0
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<p>6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3) (Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 6</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~90</td> <td>~83</td> </tr> <tr> <td>2019/20</td> <td>~85</td> <td>~79</td> </tr> <tr> <td>2021/22</td> <td>~69</td> <td>~67</td> </tr> <tr> <td>2023/24</td> <td>69.4</td> <td>68.5</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~90	~83	2019/20	~85	~79	2021/22	~69	~67	2023/24	69.4	68.5
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<p>7) Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4) (Objective: increase)</p>		<table border="1"> <caption>Performance Trend Data for Indicator 7</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~83</td> <td>~80</td> </tr> <tr> <td>2019/20</td> <td>~86</td> <td>~80</td> </tr> <tr> <td>2021/22</td> <td>~78</td> <td>~78</td> </tr> <tr> <td>2023/24</td> <td>69.8</td> <td>69.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~83	~80	2019/20	~86	~80	2021/22	~78	~78	2023/24	69.8	69.8
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Indicator, Rating and Rank		Performance Trend																											
<p>15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9)</p> <p>(Objective: increase)</p> <p>Also reported as MSG indicator 5.</p>		<table border="1"> <caption>Performance Trend for Indicator 15</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>~88.5</td> <td>~87.5</td> </tr> <tr> <td>2017/18</td> <td>~89.0</td> <td>~88.0</td> </tr> <tr> <td>2018/19</td> <td>~88.5</td> <td>~88.0</td> </tr> <tr> <td>2019/20</td> <td>~88.0</td> <td>~88.0</td> </tr> <tr> <td>2020/21</td> <td>88.9</td> <td>~89.0</td> </tr> <tr> <td>2021/22</td> <td>~88.5</td> <td>~89.0</td> </tr> <tr> <td>2022/23</td> <td>88.1</td> <td>~88.5</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2016/17	~88.5	~87.5	2017/18	~89.0	~88.0	2018/19	~88.5	~88.0	2019/20	~88.0	~88.0	2020/21	88.9	~89.0	2021/22	~88.5	~89.0	2022/23	88.1	~88.5			
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<p>18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2)</p> <p>(Objective: increase)</p>		<table border="1"> <caption>Performance Trend for Indicator 18</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>~67.0</td> <td>~61.5</td> </tr> <tr> <td>2017</td> <td>~66.5</td> <td>~61.0</td> </tr> <tr> <td>2018</td> <td>~63.5</td> <td>~62.0</td> </tr> <tr> <td>2019</td> <td>~66.0</td> <td>~63.0</td> </tr> <tr> <td>2020</td> <td>~60.0</td> <td>~63.0</td> </tr> <tr> <td>2021</td> <td>~65.0</td> <td>~64.5</td> </tr> <tr> <td>2022</td> <td>~66.0</td> <td>~64.5</td> </tr> <tr> <td>2023</td> <td>65.1</td> <td>64.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2016	~67.0	~61.5	2017	~66.5	~61.0	2018	~63.5	~62.0	2019	~66.0	~63.0	2020	~60.0	~63.0	2021	~65.0	~64.5	2022	~66.0	~64.5	2023	65.1	64.8
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Other National and Local Indicators

This section sets out the HSCP’s performance against other national and local indicators of performance and quality. The following icons are used throughout parts one and two of this report to identify performance trend information for each indicator:

- | Icon | Performance |
|------|----------------------------------|
| | On or above target |
| | Within agreed variance of target |
| | Below target |

Performance Indicator	2023/24			Note
	Status	Value	Target	
Percentage of people 65+ indicating satisfaction with their social interaction opportunities		97%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Percentage of service users satisfied with their involvement in the design of their care packages		98%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Number of homecare hours per 1,000 population aged 65+ (aim to maximise in comparison to support in institutional settings)		515	389	This is the total hours of care for customers aged 65+ receiving homecare on the last week of the year.
Percentage of adults in receipt of social work / social care services who have had their personal outcomes fully or partially met (aim to maximise)		99%	90%	As a minimum, outcomes should reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life.
Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim to maximise)		9	21	This service is delivered by the NHSGGC Quit Your Way Service and not directly in the HSCP. A blended model of service delivery remains in place and face-to-face service delivery recommenced in February 2024. Intensive promotional activity was carried out with local partners and stakeholders in Q3 into early Q4 to increase awareness of this clinic. Outcomes of recent activity will likely be observed when Q3 and Q4 data is published later in the year. Data is based on October 2022 to September 2023.



Our Highlights

Development and consultation on the Learning Disability Strategy 2024-29	Development and consultation on an updated three-year plan to meet the national Self Directed Support Standards
Successful move to Allander Resource Centre	Very positive Care Inspection reports for Meiklehill and Pineview services for adults with learning disabilities

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Building informal support options</i>	
Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options (Redesign).	<ul style="list-style-type: none"> • The Local Area Coordination for Older People (LACOP) team, in partnership with EDVA and Take Ctrl East Dunbartonshire, and alongside leaders of local community clubs and groups for older people, worked together during workshops that took place in November 2023 to develop an annual survey. The survey will help to determine the impact and outcomes that are met for older people when attending local community assets. The results of the first survey will be published in the LACOP annual newsletter in 2024. • The LACOP team worked with third sector partners to encourage uptake of volunteering opportunities. • The Public Health Improvement and Primary Care Transformation teams carried out a survey and community engagement process as a step towards implementing a Community-Led Support approach in Twechar. The team were actively seeking to understand the specific and wider primary care support needs of the residents, whilst also raising awareness about future services and supports. • Implementation of the Compassionate East Dunbartonshire model, <i>No One Dies Alone</i>, was delayed this year. Actions to deliver this programme of work will be carried forward to 2024/25.

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Building local integrated teams</i>	
<p>Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint (Redesign).</p>	<ul style="list-style-type: none"> • Development and consultation progressed on an updated three-year plan (2024-27) to meet the national Self Directed Support Standards, to be published later in 2024. • Self-directed support training was delivered across all stakeholders, and asset-based support planning training was delivered to social work practitioners.
<i>Commitment: Modernising day services</i>	
<p>Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options (Redesign).</p>	<ul style="list-style-type: none"> • Learning Disability Day Services have managed a successful move from Kelvinbank Resource Centre to the Allander Resource Centre and further developed our community based day services. The new centre has specialist facilities to support people with complex learning disabilities as well as those with profound and multiple disabilities. In addition, several evening clubs and groups have been launched for adults with learning disabilities and autism in the area. • To support our Fair Access to Community Care Services policy, the Day Care and Day Opportunities for Older People Access Pathway/Criteria was updated in February 2024. • Implementation of the 2023/24 actions of the Social Support for Older People Strategy were successfully delivered this year. • Meiklehill and Pineview provide a service to adults with learning disabilities living in their own homes and in the community, and both received very positive Care Inspection reports. • Development of new social enterprise initiative is being taken forward to further support capacity building within the Allander Day Service to ensure that people with more complex care needs can be offered a place locally and do not need to travel to external day services.



Prevention and Early Intervention

Our Highlights

Community Justice Outcome Improvement Plan 2023-26 published	Bail supervision was successfully introduced in Justice Services for those at risk of being remanded in custody
98.7% of customers aged 65+ meeting the target of 6 weeks from completion of community care assessment to service delivery	100% of court report requests allocated to a social worker within two working days of receipt

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Extending rehabilitation and reablement</i>	
Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (Improvement)	<ul style="list-style-type: none"> The HSCP met with service users, carers and supporters of people who use day services to progress the implementation of our Social Support Strategy for Older People. We completed a review of Intermediate Care Services with additional rehabilitation offered to people placed in interim care home beds and through intermediate care at home. The multi-agency Reintegration Group, which is a working group of the partnership, meet on a regular basis to case manage people 12 weeks prior to their release, ensuring that all their basic needs that contribute to reducing the likelihood of reoffending are addressed. In the reporting year, 33 people were successfully case managed prior to release from a custodial sentence, with issues ranging from housing, addictions, mental health and other multiple complex needs.

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Supporting diversion from prosecution</i>	
<p>Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution (Improvement).</p>	<ul style="list-style-type: none"> • The Community Justice Outcome Improvement Plan (CJOIP) 2023-26 for East Dunbartonshire Community Justice Partnership was developed in collaboration with partners, aligning to the National Strategy for Community Justice 2022-27. • An Annual Delivery Plan for 2023/24, aligned to the CJOIP, was developed by partners prioritising a number of key areas, including the reintegration of East Dunbartonshire residents from a custodial sentence back to the community. • The Prevention Intervention & Diversion multi-agency subgroup of the Community Justice Partnership has a remit to reduce the instances of people from East Dunbartonshire entering the full criminal justice and court system to reduce offending and reoffending. The group provides interventions and access to services to address the underlying causes of alleged offending, whilst responding to the needs of the individual which can interrupt a cycle of offending and/or prevent further offending. It also enables all referrals to be considered for the Diversion from Prosecution scheme, taking a person first, offence second approach. During the reporting year, there were 54 assessment referrals and 89% of people were assessed as suitable to start the scheme. 86% of those successfully completed the scheme; 6% are currently ongoing; and 8% did not complete and were referred back to the Crown Office and Procurator Fiscal Service for further prosecutorial decisions. • Bail supervision was successfully introduced in Justice Services for those at risk of being remanded in custody. In particular, those with mental health problems, single parents and carers, young people aged 16-21, women, those with drug or alcohol problems or anyone who may struggle to cope in a custodial environment. People can be given support in their community, which minimises disruption to families, employment and housing whilst complying with bail conditions. Undertaking work to prevent future offending and having access to other support services at an early stage is key to the scheme.

Objectives for 2022-25	Progress in 2023/24
	<ul style="list-style-type: none"> The unpaid work team have carried out environmental work across East Dunbartonshire which gives people carrying out unpaid work as part of their court order a sense of achievement while giving something back to the communities that they live in. During the year, the upgrade to an unpaid workshop has been underway, offering a new modern training room tailored to the service and increasing the range of interventions that can be delivered.
<i>Commitment: Improving school nursing services</i>	
<p>Develop School Nursing Services in line with “Transforming Nursing, Midwifery and Health Professions’ Roles: The school nursing role” (Improvement).</p>	<ul style="list-style-type: none"> School nurses completed Non-Violent Resistance Training to upskill and empower parents, carers, and school staff to support children and young people of school age. Reflecting on research evidencing wellbeing is a key priority in our workforce strategy to enhance performance at work. Staff within the health visiting and school nursing teams have been participating in quarterly wellbeing afternoons within local teams to promote peer support and the team’s overall wellbeing.

Our Performance





National Core Integration Indicators

This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5).

Indicator, Rating and Rank		Performance Trend
11) Premature mortality rate for people aged under 75yrs per 100,000 population (National Outcome 1,5) (Objective: decrease)		
National ranking: 3 	Comparison with Previous Year: 	
14) Readmission to hospital within 28 days for adults per 1,000 population (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 5 	Comparison with Previous Year: 	
16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 15 	Comparison with Previous Year: 	

Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2023/24			Note
	Status	Value	Target	
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery (aim to maximise)		98.7%	95%	The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users.
% of CJSW Reports submitted to court by due date (aim to maximise)		99%	95%	National Outcomes & Standards (2010) states that the court will receive reports electronically from social work, no later than midday on the day before the court hearing.
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order (aim to maximise)		100%	80%	The criminal justice social work service has responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.
% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim to maximise)		100%	100%	National Outcomes & Standards (2010) places responsibility on the criminal justice service to provide an allocated criminal justice worker within 24 hours of the Court imposing a community sentence.



Delivering our Key Social Work Public Protection Statutory Duties

Our Highlights

Implemented actions arising from the conclusion of the strategic inspection of services for children at risk of harm	National pilot of a newly developed programme designed to support desistance for men who have been convicted of sexual harmful behaviour
100% of first Review Child Protection Planning Meetings taking place within 6 months of registration	100% of initial Child Protection Planning Meetings taking place within target timescale

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Prioritising public protection</i>	
Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement).	<p>East Dunbartonshire HSCP ensures the highest quality standards in identifying and responding to actual and potential social work public protection concerns. Actions this year included:</p> <ul style="list-style-type: none"> • Implemented actions arising from the conclusion of the strategic inspection of services for children at risk of harm; • Led large scale investigations as part of a multi-disciplinary team under the terms of the Adult Support and Protection (Scotland) Act 2007; • Updating the Public Protection website with refreshed guidance; • Updating and implementing Child Protection Guidelines; • Successfully completed the national pilot of a newly developed programme designed to support desistance for men who have been convicted of sexual harmful behaviour.

Our Performance

National Core Integration Indicators


This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5).

Indicator, Rating and Rank		Performance Trend
9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7) (Objective: increase)		
National ranking: Data Unavailable	Comparison with Previous Year: 	

Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2023/24			Note
	Status	Value	Target	
Percentage of Adult Protection cases where the required timescales have been met (aim to maximise)		90.3%	92%	This measures the speed with which sequential Adult Support and Protection actions are taken against timescales laid out in local social work procedures. Performance was above target for each quarter of 2023/24 with the exception of the final quarter.
Percentage of initial Child Protection Planning Meetings taking place within target timescale (aim to maximise)		100%	90%	All meetings took place within target timescales during 2023/24.

Performance Indicator	2023/24			Note
	Status	Value	Target	
Percentage of first Review Child Protection Planning Meetings taking place within 6 months of registration (aim to maximise)		100%	95%	Local standard and timescales set by East Dunbartonshire Child Protection Committee.



Our Highlights

Development of a new Learning Disability Strategy 2024-29, including extensive consultation with stakeholders	HSCP Carers Strategy 2023-26 published
Delivery of Year 3 of the Children’s House Project has been completed, designed to improve the outcomes for care experienced young people moving on from care placements	92% of child care Integrated Comprehensive Assessments for Scottish Children’s Reporter Administration (SCRA) completed within target timescales

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2022/23
<i>Commitment: Supporting carers with their own needs and in their caring role</i>	
Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (Improvement).	<ul style="list-style-type: none"> The HSCP has developed a new Learning Disability Strategy 2024-29 to be published later in 2024. The development and coproduction of the strategy has involved people with lived experience, relevant stakeholders, partners and the general public. The four stage consultation process generated detailed comments and suggestions which have been incorporated within the new strategy. Following extensive consultation, the Carers Strategy 2023-26 was launched with the accompanying Carers Strategy and Short Break Statement for the same period. Following consultation, self-evaluation and participating in the Joint Inspection of Services to Protect Children at Risk of Harm, members of the Delivering for Children and Young People’s Partnership developed the new Integrated Children’s Services Plan 2023-26.
<i>Commitment: Implementing The Promise for children and young people</i>	
Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (Improvement).	<ul style="list-style-type: none"> Very positive inspection reports were received for Ferndale and the Fostering and Adoption service, highlighting good practice including aspects that were rated as grade 6, sector leading. Ferndale Centre was recently visited by the Care Inspectorate and they are using Ferndale’s Outreach programme as an example of leading service

Objectives for 2022-25	Progress in 2022/23
	development. Two other HSCPs have visited the centre for further discussion in adopting this practice.
<i>Commitment: Strengthening corporate parenting</i>	
Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement).	<ul style="list-style-type: none"> • Delivery of Year 3 of the Children’s House Project has been completed, designed to improve the outcomes for care experienced young people moving on from care placements. • The National House Project annual review described the East Dunbartonshire House Project as excellent and sector leading. • National House Project annual report highlighted the East Dunbartonshire House Project animation video in relation to young people getting into their first homes. • Funding has been confirmed for a further year for the Child and Young Person Mental Health and Wellbeing Award.

Our Performance





National Core Integration Indicators

This section sets out the HSCP’s performance against national core integration indicators (notes on methodology at Annex 5).

Indicator, Rating and Rank	Performance Trend															
<p>8) Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)</p>	<table border="1"> <caption>Performance Trend Data</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~42</td> <td>~38</td> </tr> <tr> <td>2019/20</td> <td>~38</td> <td>~32</td> </tr> <tr> <td>2021/22</td> <td>~30</td> <td>~30</td> </tr> <tr> <td>2023/24</td> <td>25.8</td> <td>31.2</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~42	~38	2019/20	~38	~32	2021/22	~30	~30	2023/24	25.8	31.2
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Other National and Local Indicators

This section sets out the HSCP's performance against other national and local indicators of performance and quality.

Performance Indicator	2023/24			Note
	Status	Value	Target	
Percentage of child care Integrated Comprehensive Assessments for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target (aim to maximise)		92%	75%	This is a national target that is reported to SCRA and Scottish Government in accordance with time intervals monitoring.
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated (aim to maximise)		81%	100%	National performance indicator. Subject to the impact of small numbers. Off target due to a small number of reviews (<10) outwith timescale, all to accommodate attendance by key personnel.
Balance of Care for looked after children: percentage of children being looked after in the Community (aim to maximise)		80%	89%	National performance indicator. Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.
Percentage of children receiving 27-30 months assessment (aim to maximise)		94%	85%	This indicator relates to early identification of children with additional developmental needs and can then be referred to specialist services.



Our Highlights

Updated Alcohol and Drug Partnership Strategy 2023-26	Development of a local action plan for 2024/25 in response to the new National Strategy on Dementia
Green status for Medication Assisted Treatment standards for standards 1-5 and Provisional Green for standards 6-10	CAMHS performance has met the national Referral to Treatment target since June 2023

Our Progress in 2023/24


Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Improving adult mental health and alcohol and drugs recovery</i>	
Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach (Redesign).	<ul style="list-style-type: none"> • The East Dunbartonshire Alcohol and Drug Partnership (ADP) Strategy was recently updated to reflect additional priorities from the Scottish Government and feedback from public consultation. The strategy runs until 2025 and a delivery plan has been developed to provide detail on the actions required to implement the priorities. There are a range of crosscutting priorities that feed into the work of the ADP including Autism, Community Safety, Empowered and The Promise. • East Dunbartonshire achieved Green status for Medication Assisted Treatment (MAT) standards 1-5 and Provisional Green for standards 6-10, which were the highest ratings available this year. The MAT standards are evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. • A nursing audit for the Alcohol & Drug Recovery Service identified significant improvement, achieving gold standard using the Combined Care Assurance Audit Tool. • The HSCP commenced a review of the mental health and alcohol and drug recovery commissioned services. • The redesign of services for adult mental health and alcohol and drugs services to develop a recovery focused approach has been carried forward to 2024/25 due to issues with capacity within the service to deliver the project in the past year. • Action plan delivered in response to the Mental Welfare Commission report <i>Ending the Exclusion</i>, with interface and engagement work ongoing.





Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Improving mental health support for children and young people</i>	
The provision of faster, more responsive support for children and young people with mental health challenges (Improvement).	<ul style="list-style-type: none"> Continued implementation of the Children’s Mental Health and wellbeing framework. CAMHS performance has met the national Referral to Treatment target since June 2023, ensuring that a minimum of 90% of children and young people referred for treatment started treatment within 18 weeks. The CAMHS Workforce Group continues to review the requirements to deliver Mental Health Recovery & Renewal and Referral to Treatment priorities. In compliance with safe staffing legislation, the Specialist Children’s Services Workforce Plan is in development, with the nursing workforce first to pilot the requirements. The review and refresh of workforce plans continue into 2024/25, with balancing demand and capacity, and recruitment and retention of the workforce an ongoing challenge. East Dunbartonshire Youth Health Survey was launched which enables young people aged 12 to 25 years old to tell us their views on their health and wellbeing needs.
<i>Commitment: Improving post-diagnostic support for people with dementia</i>	
Increase the capacity of the post diagnostic support service (Improvement).	<ul style="list-style-type: none"> Development of a local action plan for 2024/25 in response to the new National Strategy on Dementia. Delivery of significant improvement in performance in relation to post diagnostic support for people diagnosed with a dementia.

Our Performance

Other National and Local Indicators

This section sets out the HSCP’s performance against other national and local indicators of performance and quality.

Performance Indicator	2023/24			Note
	Status	Value	Target	
Percentage of people waiting less than 18 weeks to start treatment for psychological therapies (aim to maximise)		96.8%	90%	This includes the Community, Primary and Older People’s Mental Health Teams. The service has delivered above target during 2023/24.

Performance Indicator	2023/24			Note
	Status	Value	Target	
Total number of Alcohol Brief Interventions delivered during the year (aim to maximise)		438	487	Recovery plans continue to be used to inform the return to previous levels of service. Alternative engagement methods will be maximised, such as use of digital technology and rebuilding capacity within GP surgeries.
Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks (aim to maximise)		80%	90%	The CAMHS service has increased compliance with this standard over the year and has performed above target for Q3 (93%) and Q4 (94%). However, the annual value is short of the national referral to treatment target.
Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment (aim to maximise)		94.7%	90%	Due to routine delays with data finalisation by Public Health Scotland, the figures here are for 2023 full calendar year. Performance has been above target every quarter of 2023/24 to date.
Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support within 12 weeks (aim to maximise)		99%	90%	In quarters 1-3, 100% of newly diagnosed people with dementia received PDS within target timescales. In quarter 4, less than 5 patients received support outwith the target timescale.



Maximising Operational Integration

Our Highlights

Implementation of actions set out within the Joint Unscheduled Care Plan for East Dunbartonshire	Focus on future planning and internal resource allocation, to ensure people are provided with the appropriate support at home, before reaching crisis
Developed a Learning System Evaluation and Improvement Planning methodology	Improved governance arrangements implemented for managing incidents, complaints and risks

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Right Care Right Place: urgent and unscheduled health and social care redesign</i>	
Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign).	<ul style="list-style-type: none"> • Actions set out in the Joint Unscheduled Care Plan for East Dunbartonshire for 2023/24 were implemented, including the establishment of a Frailty Delivery Group; weekly huddles to discuss people delayed in their discharges and mitigating actions; delivery of falls training in relation to the Scottish Ambulance Service falls pathway; delivery of key workstreams identified following consultation including Transforming Roles and Future Care Planning. East Dunbartonshire has the highest recorded proportion of local people with a Future Care Plan in Greater Glasgow and Clyde. • The Scottish Government commissioned Coming Home Report 2018 highlighted the significant number of people with learning disabilities who are delayed in hospitals in Scotland or accommodated inappropriately far from home. In response to this report and in accordance with the Coming Home Implementation Framework 2022, the Joint Learning Disability Team developed systems and processes that input to a dynamic support register of vulnerable individuals, who are experiencing or may be at risk of support breakdown. This work has provided a focus on future planning and internal resource allocation, to ensure people are provided with the appropriate support at home, before reaching crisis.

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Developing integrated quality management arrangements</i>	
Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework (Improvement).	<ul style="list-style-type: none"> Planned actions for the implementation of the Quality Management Framework were completed, including the development of a Learning System Evaluation and Improvement Planning methodology rolled out to all service areas; completion of a high level self-evaluation across complex adult mental health and associated comorbidities; and improved governance arrangements implemented for managing incidents, complaints and risks.

Our Performance

National Core Integration Indicators

This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5).

Indicator, Rating and Rank	Performance Trend																	
<p>4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">National ranking: Data Unavailable</td> <td style="width: 50%;">Comparison with Previous Year: </td> </tr> </table>	National ranking: Data Unavailable	Comparison with Previous Year: 	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Performance Trend Data for Indicator 4</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>~85</td> <td>~75</td> </tr> <tr> <td>2019/20</td> <td>~75</td> <td>~75</td> </tr> <tr> <td>2021/22</td> <td>~65</td> <td>~65</td> </tr> <tr> <td>2023/24</td> <td>66.4</td> <td>61.4</td> </tr> </tbody> </table>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	~85	~75	2019/20	~75	~75	2021/22	~65	~65	2023/24	66.4	61.4
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<p>12) Emergency admission rate for adults per 100,000 population (National Outcome 1,2,4,5) (Objective: decrease)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">National ranking: 13 </td> <td style="width: 50%;">Comparison with Previous Year: </td> </tr> </table>	National ranking: 13 	Comparison with Previous Year: 	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Performance Trend Data for Indicator 12</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>~12,300</td> <td>~12,200</td> </tr> <tr> <td>2018/19</td> <td>~11,500</td> <td>~12,300</td> </tr> <tr> <td>2020/21</td> <td>~10,000</td> <td>~11,000</td> </tr> <tr> <td>2022/23</td> <td>11,098</td> <td>11,276</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	~12,300	~12,200	2018/19	~11,500	~12,300	2020/21	~10,000	~11,000	2022/23	11,098	11,276
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Indicator, Rating and Rank		Performance Trend																											
<p>13) Emergency bed day rate for adults per 100,000 population (National Outcome 2,4,7) (Objective: decrease)</p>		<table border="1"> <caption>Emergency bed day rate for adults per 100,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2016/17</td> <td>~125,000</td> <td>~125,000</td> </tr> <tr> <td>2017/18</td> <td>~115,000</td> <td>~120,000</td> </tr> <tr> <td>2018/19</td> <td>~115,000</td> <td>~120,000</td> </tr> <tr> <td>2019/20</td> <td>~115,000</td> <td>~120,000</td> </tr> <tr> <td>2020/21</td> <td>~105,000</td> <td>~105,000</td> </tr> <tr> <td>2021/22</td> <td>~115,000</td> <td>~115,000</td> </tr> <tr> <td>2022/23</td> <td>126,381</td> <td>119,806</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016/17	~125,000	~125,000	2017/18	~115,000	~120,000	2018/19	~115,000	~120,000	2019/20	~115,000	~120,000	2020/21	~105,000	~105,000	2021/22	~115,000	~115,000	2022/23	126,381	119,806			
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Indicator, Rating and Rank	Performance Trend																											
<p>20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data (Percentage %)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2016</td><td>23.0</td><td>23.5</td></tr> <tr><td>2017</td><td>21.0</td><td>24.0</td></tr> <tr><td>2018</td><td>21.5</td><td>24.5</td></tr> <tr><td>2019</td><td>21.8</td><td>24.2</td></tr> <tr><td>2020</td><td>22.0</td><td>24.0</td></tr> <tr><td>2021</td><td>22.0</td><td>24.0</td></tr> <tr><td>2022</td><td>22.0</td><td>24.0</td></tr> <tr><td>2023</td><td>22.0</td><td>24.0</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2016	23.0	23.5	2017	21.0	24.0	2018	21.5	24.5	2019	21.8	24.2	2020	22.0	24.0	2021	22.0	24.0	2022	22.0	24.0	2023	22.0	24.0
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Scottish Government Ministerial Strategic Group Indicators

This section provides the HSCP’s performance against Scottish Government Ministerial Strategic Group indicators.

Indicator and Rating	Performance Trend																					
<p>1. Unplanned admissions – rate per 1,000 population (National Outcomes 1,2,3,4) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data (Rate per 1,000 population)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2018/19</td><td>98</td><td>108</td></tr> <tr><td>2019/20</td><td>100</td><td>112</td></tr> <tr><td>2020/21</td><td>82</td><td>92</td></tr> <tr><td>2021/22</td><td>92</td><td>102</td></tr> <tr><td>2022/23</td><td>98</td><td>102</td></tr> <tr><td>2023/24</td><td>99.9</td><td>107.8</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	98	108	2019/20	100	112	2020/21	82	92	2021/22	92	102	2022/23	98	102	2023/24	99.9	107.8
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<p>2. Unplanned bed days - rate per 1,000 population (National Outcomes 2,4,7) (Objective: decrease)</p>	<table border="1"> <caption>Performance Trend Data (Rate per 1,000 population)</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr><td>2018/19</td><td>780</td><td>720</td></tr> <tr><td>2019/20</td><td>790</td><td>720</td></tr> <tr><td>2020/21</td><td>710</td><td>620</td></tr> <tr><td>2021/22</td><td>800</td><td>720</td></tr> <tr><td>2022/23</td><td>910</td><td>780</td></tr> <tr><td>2023/24</td><td>876.6</td><td>763.8</td></tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	780	720	2019/20	790	720	2020/21	710	620	2021/22	800	720	2022/23	910	780	2023/24	876.6	763.8
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<p>3. A&E attendances - rate per 1,000 population (National Outcomes 1,2,9)</p> <p>(Objective: decrease)</p>	<table border="1"> <caption>A&E attendances - rate per 1,000 population</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>~260</td> <td>~285</td> </tr> <tr> <td>2019/20</td> <td>~260</td> <td>~285</td> </tr> <tr> <td>2020/21</td> <td>~180</td> <td>~205</td> </tr> <tr> <td>2021/22</td> <td>~245</td> <td>~255</td> </tr> <tr> <td>2022/23</td> <td>~245</td> <td>~260</td> </tr> <tr> <td>2023/24</td> <td>238.6</td> <td>264.4</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	~260	~285	2019/20	~260	~285	2020/21	~180	~205	2021/22	~245	~255	2022/23	~245	~260	2023/24	238.6	264.4
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Part 3. How Well Are We Developing Our Enablers?

This section sets out our progress towards the achievement of the enablers that underpin the priorities identified in the HSCP Strategic Plan and associated national health and wellbeing outcomes.

Workforce & Organisational Development

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Supporting the wellbeing of the health and social care workforce</i>	
Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised (Redesign).	<p>A range of measures have been developed and put in place to support staff wellbeing including:</p> <ul style="list-style-type: none"> • Staff wellbeing seminars; • Promotion of active staff activities including outdoors sessions to improve wellbeing; • Self-compassion workshop to help manage stress; • Availability of Hardship & Wellbeing Support; • Shared resources on MS Teams channel for staff.
<i>Commitment: Equipping the workforce and workplace during and after the pandemic</i>	
Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic (Redesign).	<ul style="list-style-type: none"> • In 2023/24, there were continued difficulties in recruiting to Social Worker, Mental Health Officer, Health Visiting and Social Care posts, presenting challenges. These challenges have impacted negatively at times on our capacity to respond to the level and complexity of presenting need.
<i>Commitment: Redesigning the Public Dental Service</i>	
Redesign the Public Dental Service by implementing a new service delivery model (Redesign).	<ul style="list-style-type: none"> • Implementation of the recommendations from the Public Dental Service (PDS) Review Programme Board have progressed throughout 2023/24. Outstanding actions due to challenges in recruitment for the project will be carried into 2024/25. The PDS Review Work Group Leads have updated the status of the recommendations and added new recommendations taking account of any access issues due to de-registrations by General Dental Services in order to be responsive to PDS needs and protect its core services. • A Communication & Engagement Strategy was developed by the Public Dental Service and embedded in service delivery.

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Implementing a skills framework for supporting children’s mental health and wellbeing</i>	
Support the improvement of children’s mental health and wellbeing, by implementing a national workforce knowledge and skills framework (Improvement).	<ul style="list-style-type: none"> • The HSCP successfully completed Year 3 of the workforce knowledge and skills framework, notably extending the Compassionate Distress Response Service, Creatorvators and Lifelink Counselling.



Medium Term Financial & Strategic Planning

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Maximising available resources</i>	
Maximise available resources through efficiency, collaboration and integrated working (Improvement).	<ul style="list-style-type: none">• The HSCP was able to manage service delivery within the budget set for 2023/24 in delivery of our strategic priorities.• The HSCP Winter Plan 2023/24, part of a suite of business continuity plans, was developed to set out winter contingency arrangements to ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff.• Consultation on a new Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow and Clyde.
<i>Commitment: Balancing investment and disinvestment</i>	
Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement).	<ul style="list-style-type: none">• The IJB was able to set a balanced budget for 2024/25 in March 2024 which included a savings programme under written by general reserves to smooth in the delivery of key areas of disinvestment.• An Annual Delivery Plan was developed to support the delivery of the HSCP's strategic priorities. This plan is underpinned by Head of Service and team level plans, as set out in the HSCP Performance Management Framework.
<i>Commitment: Delivering financial sustainability</i>	
Ensure longer term sustainability of services within available resources (Redesign)	<ul style="list-style-type: none">• The financial planning assumptions were updated for the next five years with work progressing to identify areas of service redesign which will deliver a balanced budget position for the HSCP going forward.



Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Co-designing solutions with the third and independent sectors</i>	
Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers (Redesign).	<ul style="list-style-type: none">• Sector leads established as key strategic partners to contribute to the co-designed and co-produced solutions via a commissioning collaborative approach.• In partnership with a third sector provider, the HSCP successfully commissioned a bespoke housing support model to support unaccompanied asylum-seeking children resettle and integrate into the local community.
<i>Commitment: Supporting primary care improvement</i>	
Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding (Improvement).	<ul style="list-style-type: none">• The HSCP are progressing the establishment of a Pharmacotherapy Hub in line with hub models across NHSGG&C, with the hub going live in the first quarter of 2024/25.• Changes in availability of capital funding mean we have been unable to progress shop front accommodation within Milngavie for a Community Treatment and Care Centre. Discussions remain ongoing about the potential for a similar development in Bishopbriggs in 2024/25.



Our Progress in 2023/24

Objectives for 2022-25	Progress in 2023/24
<i>Commitment: Modernising health and social care facilities</i>	
Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices (Redesign).	<ul style="list-style-type: none">• The HSCP updated the Property Strategy 2023-25 and continued to progress actions to deliver priorities to support delivery of the Primary Care Improvement Plan, wider HSCP property requirements, and to maximise opportunities related to hybrid working.• Small projects are progressing to upgrade clinical rooms in Kirkintilloch Health and Care Centre which will provide sessional space for Alcohol and Drug Recovery Service, Community Treatment and Care and visiting community services.
<i>Commitment: Maximising the potential of digital solutions</i>	
The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).	<ul style="list-style-type: none">• The first Digital Strategy for the HSCP, covering the period 2023-25, was developed and approved this year. The Strategy outlines the strategic direction, key drivers, local context and priorities for the HSCP to deliver on the digital agenda to better support patients and service users in accessing health and social care services, support a digitally enabled workforce, and promote accessibility and openness in how these services are delivered. An action plan has been developed to monitor progress against the Strategy.• The HSCP participated in a national digital maturity assessment and the results of this helped to inform the development of the Digital Strategy.• The first phase of the rollout of productivity and collaboration tools in Microsoft 365 was completed to introduce shared visibility and functionality in Teams across the partnership.

Part 4. Locality Planning

East Dunbartonshire is divided into two areas, known as localities, to support operational service delivery and to enable planning to be responsive to local needs. These locality areas relate to the following natural communities:

West Locality

- Bearsden
- Milngavie



East Locality

- Bishopbriggs
- Kirkintilloch
- Lennoxtown
- Lenzie
- Torrance

The area is also organised into three primary care clusters: Kirkintilloch and the Villages; Bishopbriggs and Auchinairn; and Bearsden and Milngavie. Most community health, social work and social care services are organised into either locality or cluster teams.

To support the understanding, planning and delivery of services around communities within these localities, the HSCP has established two Locality Planning Groups. These groups bring together a range of stakeholders to provide leadership and facilitate an active role in local planning of service provision. Stakeholders include GPs; social workers and social care professionals; community health professionals; carers; and service users.

The HSCP continues to review the purpose and governance of locality planning within the HSCP, working towards a new vision for the groups in 2024/25. The HSCP is developing a model that focuses on prevention activity and ensures a closer link between locality needs, service delivery, resources and assets. Locality profiles have recently been updated for both areas, providing contextual information to support planning and help identify needs. Budget has been set aside for both groups to facilitate small projects and direct engagement.

The operational Locality Practitioner Collaborative model has continued to grow and develop in line with the increasing development of locality-based services. The group meets weekly and membership consists of senior practitioners from the East and West Social Work teams, Community Occupational Therapy and Sensory Impairment Service, Community Rehabilitation teams, Adult Community Nursing, Older People's Mental Health Service and in-house Care at Home, with extended membership from Clinical and Primary Care Pharmacy Services, Adult Mental Health and Podiatry services.

The purpose of this weekly group is to discuss complex adult cases and utilise a multi-disciplinary team approach involving collective knowledge, expertise and resources to improving outcomes for individuals and carers. This approach has shown that using a collective approach to supporting people with complex needs at home has enabled more to remain in their preferred place of care, with the right input to meet their needs. Feedback from the services involved continues to be positive.

Part 5. Hosted Services

Background and Context

The integration of services in a Health and Social Care Partnership involves a legal process whereby functions and services are delegated by the Council and Health Board to a separate governance body called an Integration Joint Board (IJB). In East Dunbartonshire, we call this our Health and Social Care Partnership Board. There are a range of services that by statute *must* be delegated to IJBs and there are additional functions and services that *may* be delegated.

For most services that are delegated to IJBs, these are arranged on a local area basis, so that each local IJB will oversee their strategy and operation as they are arranged and delivered for the area in which the IJB operates. There are six IJBs operating across the NHS Greater Glasgow and Clyde area, so that means that most services are split up into six divisions, one for each IJB. But some services cannot be easily split up, either because it would fragment the services or economies of scale would be lost. In these circumstances, it is often agreed that one IJB will “host” a service on behalf of some or all of the IJBs across the NHS Greater Glasgow and Clyde (NHSGGC) area.

East Dunbartonshire HSCP Board hosts two functions on behalf of the family of IJBs in the NHS Greater Glasgow and Clyde area: Specialist Children’s Services and Oral Health Services. These services are described in more detail below, with a summary of their achievements during 2023/24 and their planned priorities in the year ahead.



Specialist Children’s Services

NHSGGC Specialist Children’s Services (SCS) provide services to children and young people aged 0-18 years old with various long term, life limiting illness and disorders, as well as mental health problems and difficulties. The total 0-18 year old population across the NHSGGC area is in excess of 215,000. In SCS, there are two overarching services: Child and Adolescent Mental Health Services (CAMHS); and Specialist Community Paediatrics Teams (SCPT); with our new Neurodevelopmental (ND) Service currently being rolled out across NHSGGC.

SCS has a large workforce based throughout the NHSGGC area. Some of these staff work within the local communities, such as health centres, in hospitals and inpatient units, schools (mainstream and additional support for learning), and within the patient’s home, and SCS have many office bases throughout NHSGGC and the six partnership areas.

Across Scotland, there is a tiered approach to mental health services in the public sector. *Getting It Right for Every Child* principles underpin service delivery in each tier and these are built into service specifications. Tier 1 mental health support is delivered locally and as part of universal services such as Health Visiting and Education. Tier 2 covers mild mental health

presentations and is targeted towards those who need it. These services are usually delivered by voluntary and community organisations and offer short term interventions. Tier 3 community CAMHS services are targeted at children and young people with moderate to severe mental health needs who require assessment, intervention and management which is more specialist than that which can be provided by universal services. Tier 4 CAMHS services focus on highly specialist services operating on a GGC level with small numbers of children who require specialist care. GGC CAMHS also host the West of Scotland regional child and adolescent psychiatric in-patient unit at Skye House, and the national children psychiatric in-patient unit for under 12s at the Royal Hospital for Children.

Areas of Development and Progress during 2023/24

Key highlights of development and improvement work over the last year include:

- *CAMHS – meeting the 18 week RTT & reducing very long waits*
Against a background of increasing demand, significant achievement in relation to the CAMHS waiting list backlog has now been made with backlogs cleared. The CAMHS RTT target of seeing 90% of patients within 18 weeks is being met and maintained since June 2023. As of March 2024, there were no patients waiting over 40 weeks.
- *The national children and young people’s Neurodevelopmental (ND) Service Specification*
ND patient administration and reporting pathway for all teams has been implemented on EMIS Web. Clinical templates have been developed to enable recording of diagnosis, review dates and medication reviews. Development and operationalisation of the Neurodevelopmental pathway is ongoing with Inverclyde, Renfrewshire, West Dunbartonshire, and West and South Glasgow City fully rolled out. East Renfrewshire, and East and North Glasgow City are being rolled out. Approximately 15wte additional staff have been employed using the Mental Health Recovery and Renewal (MHRR) Phase 2 funding. These clinical staff are providing additional capacity to undertake Specialist Assessments.
- *CAPTND Dataset*
The national improvement programme was commissioned as part of the Mental Health Recovery and Renewal plan to support improved access to data on which to establish the whole patient journey and outcomes. The programme of work has focused on the 42 data items which form part of the CAPTND data set. Improvement activity has focused on missing data items such as ethnicity, with a working group leading further improvements. Collection of data in relation to treatment received is being addressed as part of Psychological Therapies work. Rejection reason/actions audited and further improvement is planned. 100% of (CAMHS relevant) data fields are currently reportable.

Areas of Focus in 2024/25

We will review and refresh workforce plans to ensure capacity to see and treat children and young people as well as review and refresh the use of CAPA model which supports throughput in teams. Workforce plans will be considered with a view to the current financial context and uncertainty in relation to MHRR funding. The CAMHS RTT target of seeing 90% of patients within 18 weeks is being met and maintained since June 2023 at a Health Board

level, and we will continue to aim to meet the 18 week RTT target to ensure children and young people are waiting less than 18 weeks. We will also undertake research and implement findings to improve engagement with CAMHS services and improve the submissions made to Public Health Scotland for the CAPTND data set.

We will continue implementing the Scottish Government's National Neurodevelopmental (ND) Specification for Children and Young People (September 2021). The expected outcomes in a year include a full-scale rollout of the ND Pathway in a systematic and standardised manner across the GGC Board, increased number of children and young people with ND profiles receiving the support and access to services that meet their needs at the earliest opportunity as well as systematic collection of patient experience to drive ND service improvement. This will create a third umbrella service across SCS, linking very closely with CAMHS and SCPT. We will also complete the review of the Scottish Centre for Autism and embed the staffing resource in to the ND team.

We will finalise the workforce plan and capital planning works required to operationalise the West of Scotland Intensive Psychiatric Care Unit; working with Regional planning to finalise referral routes and operational guidelines. We will also work with the West of Scotland Regional planning network to share learning on the development of the CAMHS services identified to regional coordinated planning or delivery. These actions will rely on funding allocations from Scottish Government.

Finally we will review the service delivery model in the SCS Disability Pathway where significant backlogs to see both the Nursing and medical elements of the pathway have developed due to workforce issues and increased demand. The review will look to modernise and reform the pathway identifying priorities for future service delivery.

Oral Health Directorate (OHD)

The OHD is hosted within East Dunbartonshire Health and Social Care Partnership and has responsibility and accountability for Primary Care Dental services within NHS Greater Glasgow and Clyde (NHSGGC) Health Board. The responsibility and accountability for Secondary Care Dental services sits with the Regional Services Directorate, part of the Acute Sector of NHSGGC.

The OHD structure incorporates:

- General Dental Services, including Greater Glasgow & Clyde Emergency Dental Service
- Public Dental Service
- Oral Health Improvement
- Secondary Care Dental Services
- Dental Public Health

General Dental Services (GDS)

The role of the OHD General Dental Services administration team is to provide a comprehensive administrative support service to over 800 General Dental Practitioners in

Greater Glasgow and Clyde in accordance with The National Health Services (General Dental Services) (Scotland) Regulations 2010. The department acts as an enabling function providing practitioners with the necessary support and expertise associated with their terms and conditions obligations. The department supports the organisation by ensuring that its statutory responsibilities are fulfilled in relation to this group of NHS independent contractors.

Public Dental Service (PDS)

The PDS service operates on a board-wide basis across 19 community sites, three prisons, three secure schools, and five secondary care sites. It provides comprehensive dental care and oral health education to priority group patients, including those with additional support needs, adult and paediatric learning disabilities, medically compromised and children who are unable to be seen routinely by GDS (these will include higher levels of treatment complexity and behavioural factors). Treatment is provided in clinics, schools and nurseries, care homes, outpatient daycentres, hospital settings, domiciliary visits, prisons, and undergraduate outreach clinics.

Oral Health Improvement (OHI)

Incorporating strategic and organisational leadership to reduce oral health inequalities, including fulfilling NHSGGC responsibilities in relation to the Oral Health Improvement Plan (2018), delivery of national Oral Health Improvement Programmes (such as Childsmile and Caring for Smiles), local oral health strategy, and for oral health improvement requirements and ambitions across other programmes in NHSGGC.

Secondary Care Dental (SCD) Service

SCD services, also known as Hospital Dental services, are the main referral centre for specialist dental services for NHSGGC and the West of Scotland. SCD services accept patients on referral from medical and dental practitioners as well as tertiary referrals from other areas or specialties, including the Emergency Dental Treatment Centre (EDTC) and the Out of Hours (OOH) service.

Patients can be treated in outpatient clinics or, depending on the treatment required, patients are admitted as inpatients or day cases. Treatment is carried out in the Glasgow Dental Hospital (outpatients) as well as many hospital sites (inpatients/day cases) within the Acute Sector of NHSGGC.

Dental Public Health (DPH)

DPH is the speciality of dentistry that deals with the prevention of oral disease, promotion of oral health, and improvement of quality of life through the organised and collective efforts of society. DPH practitioners also have roles in health protection related to dentistry and provide strategic input to the management of healthcare services. The NHSGGC Consultant in Dental Public Health sits within the OHD and works alongside colleagues in the Public Health Directorate and Health Improvement in the Health Board and HSCPs.

Areas of Development and Progress during 2023/24

Over the last year, development and improvement work has continued to focus on the ongoing recovery of primary and secondary care dental services. Some highlights include:

- Determination 1, the new payment model for General Dental Practitioners (GDP) came into effect on 1 November 2023. It sees a condensed list of items of service that may be claimed by a GDP. Although it has been generally accepted by the profession, there are some changes to payments which have been causing a greater concern, particularly in relation those to Enhanced Skills Practitioners for Domiciliary Care.
- Implementation of the recommendations from the Public Dental Service Review Programme Board have progressed throughout 2023/24. The PDS Review Work Group Leads have updated the status of the recommendations and added new recommendations in light of changes post pandemic and taking account of any access issues due to de-registrations by GDS in order to be responsive to PDS needs and protect its core services.
- The creation of an OHD wide Communication and Engagement Strategy has been completed. The Strategy was approved by the OHD Senior Management Team in March 2024. Work will continue over the coming year on the creation of a rolling communications programme and action plan to ensure that our interactions with key stakeholders via social media and other mediums is meaningful and that the strategy becomes embedded as business as usual.
- A review undertaken of the current paediatric patient pathway has led to a number of recommendations which would allow us to track/monitor patient progress through their pathway. This will allow us to maintain an accurate waiting list, streamline the patient pathway, and provide robust data.
- PDS undertook a pilot within the Emergency Dental Treatment Centre between June-September 2023, to increase capacity within the department while aligning the working hours of all staff in the department to the rest of the PDS. The test of change was successful and well received by staff and is being continued in its current format.

Areas for Focus during 2024/25

- Access to NHS GDS remains a key challenge for the coming year. There is a need to scope and implement access initiatives throughout primary care oral health services, in particular within the Inverclyde area. A pilot of an Emergency Dental Treatment Centre model of care is planned at Greenock Health Centre. This would provide emergency and urgent care to support patients who are not able to register with a dentist.
- Continue to monitor the number of de-registrations from practices to ensure we have an overview on any areas where there may be a significant access issue developing.
- The uptake of Childsmile supervised toothbrushing in schools has not yet recovered to pre-Pandemic levels. Sustained efforts from the Oral Health Improvement Team have

delivered substantial increases in uptake, but existing methods are becoming exhausted and a cohort of non-participating schools remain. In response, there has been engagement with the Children's and Maternal Health Coordination Group to highlight the challenges, with a view to developing wider collaborative efforts across services and education. Contact is being made with Directors of Education across GGC to explore opportunities, such as quality improvement activities and peer support.

- Update the OHD Workforce Plan, giving consideration to the potential impact of the Health and Care Safe Staffing Act and the reduction to 37 hours for all agenda for change staff, both of which will come into effect on 1st April 2024.
- Proceed with the appointment of a Project Manager within OHD who will have a specific role to progress the PDS Review recommendations, which is an objective within the Annual Delivery Plan. This work will include the move to Parkhead Hub and the longer use of our estate.
- We are looking to address service challenges in the Public Dental Service, notably the management of dental care for vulnerable and socially excluded individuals, such as those experiencing homelessness. These patients often have chaotic lifestyles and have difficulties in accessing care. An opportunity has arisen to consider the use of a Mobile Dental Unit to support service delivery and to deliver care closer to the service user, where delivery of care is not possible or practicable within fixed estates.
- The Public Dental Service is running a pilot to develop a trauma informed approach to the management of complex and vulnerable patients who are unable to access main stream dental services e.g. homeless patients, recently liberated prisoners and patients with addictions. This will involve training staff in trauma informed care and is primarily located at Bridgeton Health Centre. The outcome of the evaluation of this pilot will allow the shaping of this service to meet patient needs and inform the wider dissemination of trauma informed training to PDS staff.

Part 6. Other Achievements and Good Practice Highlights

Each year we report on a wide range of achievements that have been delivered across the HSCP, many of which represent new and innovative ways of working. Managers and staff demonstrate good and improving practice in their day to day work and we feel it is important to showcase these:

Empowering People

Care at Home

Our Care at Home Services received feedback from their customers through a survey carried out in June and July. This was very helpful in identifying how the service is operating; people's view of the standard of care and support they are receiving; and where the service can make changes to try and improve the support they provide. The service was very pleased to see that the vast majority of customers felt that the service they received from East Dunbartonshire Care at Home was either Excellent (58%); Very Good (28%); or Good (10%).

Wellbeing Advisors

All GP practices have access to a Wellbeing Advisor who supports patients with non-clinical interventions/social prescribing. Patients can access the Wellbeing Advisor by contacting their local practice and asking for an appointment without needing to see a GP first. For the first time, each of our 15 GP practices have referred into the service with total annual referrals up year on year by approximately 20%.

Vitamin B12 Injections

After launching a pilot for the self-administration of B12 injections last year, the Community Treatment and Care Service have received very positive feedback with over 100 patients signed-up. This is a patient-centred approach where patients, or a family member, manage the 3-monthly injection of this prescribed medication. This means that the patient is not required to make an appointment with the service and, as well as being very patient-centred, it frees up capacity within the service for other interventions.

Care Home Out of Hours Service

A test of change has been initiated within the Care Home Liaison Nursing (CHLN) service supporting East Dunbartonshire Care Homes to provide the right care, at the right time, in the right place for residents approaching end of life. The CHLN Team have introduced an out of hours service working weekends and public holidays to assess care home residents experiencing increasing palliative care needs or symptoms. This test of change is having a positive impact on the outcomes for care home residents by providing timely support to staff and reducing calls to NHS 24 and GPs by responding quickly to requests for assessment and management of symptoms for residents approaching end of life.

Administration of Medicines (Innovation Award, Scottish Health Awards)

An Advanced Nurse Practitioner (ANP) supporting the primary care team, Douglas Bell, recognised when visiting frail, housebound and acutely unwell patients in his practice that barriers existed to timely access to essential medication. He engaged with key stakeholders to write a standard operating procedure for the delivery of medication including first doses of antibiotics and emergency medication by the ANP during home visits. A test of change was carried out and 50 patients benefited from the administration of medication during a home visit. The test of change demonstrated that the service was valued by patients, relatives, carers and GPs, with the potential to improve patient outcomes by ensuring that medication is initiated promptly to prevent deterioration. This project is now embedded within East Dunbartonshire ANP service and shared across Greater Glasgow and Clyde with National recognition. For this project, Douglas won the Innovation category at the Scottish Health Awards, has been shortlisted for GGC staff awards and has had a poster accepted for the upcoming NHS Scotland Event which showcases innovation and excellence across all Health Boards.

Family Nurse Partnership

The Family Nurse Partnership is a preventive licensed voluntary programme for first time mothers aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two years old, and for young first time mothers and their children to maximise their potential, with a continued focus on the impact of poverty and financial inclusion. By the end of 2023, there had been 58 clients enrolled in the programme in East Dunbartonshire, with 76% of entitled clients engaged in the programme.



Improving the Cancer Journey

In February 2024, East Dunbartonshire HSCP and MacMillan Cancer Support launched The East Dunbartonshire Cancer Support Café at the Barony Chambers in Kirkintilloch. The Cancer Support Café is open to anyone in East Dunbartonshire living with, or affected by, cancer, including friends and family members. It is a safe space for people to come together and support each other). Hosted by local volunteers, the café offers a warm welcome, a chat over free tea, coffee & biscuits, and is also an opportunity to find out more about any cancer-related information for local services and resources.



Empowering Communities

Just Enough Support

During 2023, a number of the social work practitioners within the HSCP participated in a seven month training programme on the subject of *just enough support*. The training supports our vision and aspiration for Asset Based Support Planning and complements the aims and objectives of our Fair Access to Community Care Services Policy. All participants were successful in attaining accreditation as trainers and we have now developed a Just Enough Support Activity Plan to ensure that we fully utilise the skills and knowledge attained by our staff team.

Local Clubs & Groups

The Local Area Co-ordination for Older People (LACOP) team, in partnership with Take Ctrl and East Dunbartonshire Voluntary Action (EDVA), hosted two workshops in November, for people who run local clubs and groups for older people to showcase the impact that these important local resources have on older people's health and wellbeing. Those who participated in the workshops contribute to the development of an annual survey which supports evidencing the outcomes for older people who attend local assets. In addition to this, the LACOP team published its first annual newsletter with its next newsletter due to be published in May 2024. The results of the first annual survey from the local older people community assets will be published within the newsletter. The LACOP team also supported the development of a new group in Milngavie which offers volunteer-led social support opportunities for older people from the BAME communities. The group meet each Monday in the Fraser Centre in Milngavie and welcome members from all communities.

Twechar Consultation

The Public Health Improvement and Primary Care Transformation teams carried out a survey and community engagement process as a crucial step towards implementing a community-led support approach to primary care needs in Twechar. By engaging with the community, the team were actively seeking to understand the specific and wider primary care support needs of the residents, whilst also raising awareness about future services and supports. By actively involving the community in this process, valuable insights, perspectives, and feedback was gathered from those who will directly benefit from primary care services and wider supports. This approach helped the team to identify any existing gaps or challenges in the current Primary Care system and seeks opportunities to address these in the future. This process will contribute to the development of a more responsive and effective primary care support system, better meeting the needs of Twechar residents and ultimately improving health outcomes in the community.

Prevention & Early Intervention

Future Care Planning

Future care planning is an approach to capture a patient's wishes for how and where they would like to be cared for in the future. Each plan identifies what personal outcomes are important to that individual and this approach significantly improves patient outcomes and experiences. During 2023, 630 future care plans (FCPs) were completed by East Dunbartonshire HSCP. This accounts for 40% of all FCPs completed across all acute services, hospices and HSCPs in NHS Greater Glasgow and Clyde. Future care planning is considered to be a priority for patients with increasing frailty, and our teams are working to ensure that East Dunbartonshire residents are encouraged to plan ahead and express their wishes at an earlier stage.

Speech & Language Therapy and Health Visitor Collaboration

Speech and language therapy and health visitor teams have created a pathway to support collaborative working. Every health visitor now has a link speech and language therapist who they can contact for advice and support regarding speech, language and communication needs for their families. One of the outcomes of this approach is joint visits, providing families with timely access to advice and support for their child's communication skills, and strengthening the working relationships between the teams.

Early Communication Parent Groups

In response to increasing demands, the Speech & Language Therapy team have started running parent groups to support children's speech, language and communication needs. The groups offer three parent-only sessions to explore strategies and ways to support communication skills, followed by two home visits to demonstrate and apply the strategies. There have been very positive responses from parents about how helpful the groups have been, not only in providing parents with information and knowledge on how to help their child's communication skills, but also in meeting other parents in similar circumstances and providing a support network.

Moving Forward to Change

The Justice Social Work Services successfully completed the national pilot of the newly developed programme designed to support desistance for men who have been convicted of sexual harmful behaviour (Moving Forward to Change: MF2C). This programme is now being rolled out nationally.

Public Protection

Child Protection Procedures

The Children with Disabilities team are leading the way in relation to highlighting improvements for Child Protection and Disability. They are taking forward multi-agency work, which includes the development of Child Protection Procedures for children with disabilities. There is a plan in place to improve communication with children during the child protection process and to support children using an advocate. For our children who are non-verbal, this will allow them to be heard, rather than information coming only from their carer. This should improve outcomes for each child, having their views at the centre of all plans.

Supporting Families & Carers

Emergency Dental Treatment Centre (EDTC)

The EDTC provides emergency dental care to unregistered patients in the GGC area, and operated on weekdays from 8:30-5pm which was out of line with the rest of the Public Dental Service (PDS). A pilot ran from June to September 2023 with a view to increase the capacity within the department while aligning the working hours of all staff to the rest of the PDS. The test of change proved to be successful and this is now embedded in the service, providing an increase in the number of available appointments due to aligning of lunch hours as well as increasing staff morale.

National House Project

East Dunbartonshire's House Project offers an innovative way for our young



THE
HOUSE PROJECT
EAST DUNBARTONSHIRE

people to take control of their future, by supporting them to gain the skills and experiences they will need to live independent lives whilst developing lifelong communities of support. The project had its third annual review this year, recognising the continuing high level of support it provides to care experienced young people, describing the East Dunbartonshire House Project as excellent and sector leading. In the past year more young people moved into their own homes with 100% tenancy sustainment since the project launched. The annual review also showcased the improved outcomes for young people including high rates of young people in education or employment. The project also has a new permanent base which has been developed in conjunction with the young people and is a warm and welcoming environment which includes a games room and wellbeing space.

Bairns' Hoose

North Strathclyde Bairns' Hoose opened in August 2023. This offers a multi-agency service which provides survivors of child abuse a safe and secure space to receive support, provide evidence and speak to all of the services involved in a child or young person's journey from disclosure to recovery. It brings together child protection, justice,



and therapeutic support in a child-friendly, single-location alternative to courts, social work offices and police stations. Children from across the area may come to the Bairns' Hoose as part of the child protection process. From the Bairns Hoose, children may take part in joint investigative interviews, give evidence to court via special video link, and receive therapeutic input for recovery from traumatic events and abuse. Their family will also be supported to understand the impact of what has happened to their child and how best to help their child to recover.

Non-Violent Resistance Training

During 2023, school nurses joined their partners from Education and Social Work to complete Non-Violent Resistance Training (NVR). The aim of NVR is to upskill and empower parents, carers, and school staff to support children and young people of school age. This approach uses existing relationships to support and address inclusion within education and families and is being developed and implemented as part of a three year plan. It has a focus on work with care-experienced children and families, but has been developed to be used within contexts where there may be violence and escalating behaviours between children and parents, siblings and between children and staff. The framework encompasses trauma informed practice and works with key people to bring about positive change. For the school nursing service, NVR will compliment the current work and interventions provided to children and young people by supporting families particularly around anxiety, self-harm and non school attendance.

Talking Mat

The Specialist speech and language therapy team have developed a Talking Mat version of the Child Occupational Self-Assessment tool. The tool is designed to capture the young person's view on their occupational competence and their views on every day. By adapting the assessment to a Talking Mat format, young people in the Ward were better able to engage in assessment and had a better understanding of what was being asked of them. The language load was less, barriers to understanding were reduced leading to higher quality and more accurate information, ultimately leading to a clearer care plan where the young person's voice was at the centre.



Improving Mental Health & Recovery

Alcohol & Drug Recovery Service

A weekly recovery café has been introduced within the local community for adults with drug and alcohol recovery needs. This has been established by new Alcohol and Drug Partnership Peer Recovery workers who have been supported to develop this weekly support.

Reclaim Your Life

Two of our Mental Health Practitioners successfully piloted an online Cognitive Behavioural Therapy (CBT) group for patients in East Dunbartonshire living with long-term conditions and chronic pain. The *Reclaim Your Life* online group utilised CBT resources and structured sessions supported patients to consider the impact of their illness, pain and physical health issues on their everyday lives, emotional and mental wellbeing. Participants were encouraged to initiate and sustain positive behaviour change, identify and change unhelpful or stressful thinking and practice CBT strategies and techniques to their improve mood, wellbeing and day-to-day living. Feedback from the group highlighted that participants valued the CBT tools and strategies to help with self-management and reported an overall improvement in relation to their quality of life.



Maximising Operational Integration

Joint Adult Support and Protection Inspection

Feedback from the Joint Adult Support and Protection Inspection confirmed that our partnership is working effectively to safeguard adults at risk of harm, and that our Adult Support and Protection processes have had a positive impact on the lives of those living in East Dunbartonshire. The report highlights notable strengths including the comprehensive and collaborative nature of Adult Support and Protection inquiries; the quality of completed chronologies with a strong collaboration and promotion of a trauma informed approach supporting effective decision making and protective actions; and strategic leaders driving a high level of strategic collaboration leading to impressive innovations and improvements in some areas of practice.

Workforce & Organisational Development

Queen's Nurse Award

Caroline Lilley, a Nurse Team Lead in East Dunbartonshire, was among a group of 24 community nurses and midwives to have been awarded the prestigious title of Queen's Nurse last year. The group were selected earlier in 2023 by employer nomination and subsequent panel interviews for their clinical expertise and compassionate care. The programme requires each candidate to choose an issue for development which will have a significant impact on those they care for, so that the learning during the nine months is applied in practice. The group then successfully completed a nine-month development programme run by the Queen's Nursing Institute Scotland.

Self-compassion Workshop

Psychology staff within the Community Mental Health Team have developed a self-compassion workshop for staff to help manage stress. Staff members from across East Dunbartonshire were invited to attend, with 12 attending the first workshop in May.

Infrastructure & Technology

Digital Therapeutic Groups

Whilst the majority of treatment sessions are delivered individually by our Primary Care Mental Health Team, the service is developing and expanding on our provision of digital therapeutic groups. This not only supports a stepped approach to care and treatment and allows the team to meet treatment waiting lists targets, but importantly we understand the value of peer support and the benefits of shared learning within the context of a therapeutic group setting.

Electronic Feedback Forms

The District Nursing service gathers feedback from family members and carers of patients receiving palliative care. This feedback is highly valued and is used to reflect on standards of practice and to identify areas for improvement and learning. However, response rates of this paper-based survey have been consistently low, so the team developed an electronic form accessed by a QR code to supplement the existing system. This approach has modernised our qualitative feedback process and increased response rates. This success has led to plans to use digital methods to obtain feedback for other adult community nursing services.

Part 7. Financial Performance

The HSCP is projecting an overspend on budget for 2023/24 of £1.112m in the delivery of our strategic priorities. This is based on period 10 projections as year-end information is not yet available due to ongoing issues with the upgrade in the Council ledger system. The overspend on budget relates entirely to pressures in relation to Social Work services in the areas of learning disability and children's services, and was mitigated in year through underspend on community health services arising from difficulties and delays in recruiting to a number of posts across the HSCP. There were significant pressures in respect of prescribing. However, these were managed in year through underspends on community health staffing budgets and reserves set aside for this specific purpose.

Social Work pay pressures comprised: cost pressures related to the pay uplift for Social Work staff for which funding was not sufficient to cover the full extent of the costs; payroll pressures emerged within learning disability residential units (John Street and Pineview), mental health officer cover through the use of agency, learning disability day services, and challenging turnover savings across Social Work staffing budgets.

There continue to be in year pressures in relation to unaccompanied asylum seeking children where placements within in-house provision is at capacity and requires the purchase of costly externally purchased placements to address the needs and demands as they are presenting.

Funding continued to be received to support specific priorities including the Primary Care Improvement Plan, Mental Health Action 15, Alcohol & Drug Partnership funding, Mental Health Recovery and Renewal (specific to Children & Adolescent Mental Health services), and Adult Winter Planning.

The HSCP aimed to increase adult social work capacity in line with the Scottish Government funding allocation and implement a revised operating model which is fit for purpose and aligned to the strategic priorities of the HSCP. Work continues to progress these roles with an expectation these will be fully recruited to and in place in the first half of 2024/25.

Overall, a balanced budget was able to be set for 2024/25, which included a combination of a challenging savings programme alongside the use of reserve balances. It is recognised that the use of reserves is a short-term solution and requires recurring savings options to be identified in future years. Work continues within the HSCP to scope recurring savings options to meet the financial challenges ahead, with an expectation that this will have an adverse impact on the range and scale of services delivered within East Dunbartonshire unless additional funding becomes available to address the challenges within Social Work services.

The years ahead will see significant financial challenges in the context of rising demand for services, increasing unit cost of service delivery, and the very constrained overall public funding pot available. We work hard to assess the financial position and risks in an ongoing manner and to develop a medium-term financial plan to support delivery of our key

strategic priorities. We will continue to engage with key stakeholders and undertake public consultation as options emerge and to elicit views on where we can meet our financial challenges.

Part 8. Inspection and Regulation

Joint Inspections

On 26th September 2022, the Care Inspectorate wrote to the East Dunbartonshire Community Planning Partnership to advise that the Care Inspectorate, Education Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland would undertake a joint inspection of services for children at risk of harm in East Dunbartonshire.

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences Community Planning Partnerships are making to the lives of children and young people at risk of harm and their families.

The active phase of the inspection took place between October 2022 and February 2023, and the inspection report was published on 18th April 2023. The report can be accessed on the Care Inspectorate's publications web page³.

The inspection report highlights areas of good practice and areas for further development. It concludes on an assessment grading for a single quality indicator 2.1, from the inspection framework, 'impact on children and young people'. The inspection report has graded the services in East Dunbartonshire as 'Good'. An evaluation of good is applied where performance shows important strengths which clearly outweigh any areas for improvement. The strengths will have been assessed as having a significant positive impact on children and young people's experiences and outcomes.

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

- Many children and young people said that they got the right help to make and keep loving relationships with those they cared about. We saw how some were being supported to maintain relationships with brothers and sisters, as well as with parents.
- Support for children's wellbeing, planning of care and provision of good nurturing relationships was rated as good or better in regulated care inspections.
- Almost all children and young people told us they felt safe where they lived all or most of the time. Asylum seeking young people felt well supported, safe and helped to maintain cultural links. Interpreters were provided for individual children or parents.
- Young people were being listened to about what mattered to them, felt involved and were aware of their rights. Many children and young people had the opportunity to develop consistent and enduring relationships with key staff.
- Children and young people had been directly engaged in service developments such as the House project. In other examples, including record keeping, they were influencing changes in practice.

³ [Joint inspections of services for children and young people \(careinspectorate.com\)](https://www.careinspectorate.com/publications/joint-inspections-services-children-young-people)

- Staff we spoke with demonstrated a child-centred approach to providing services to improve the wellbeing of children and young people.
- Statutory and voluntary agencies were working well together to provide practical support for children, young people and their families. A range of services from pre-birth to teenage, provided early and effective intervention in response to emerging concerns.
- Children and young people had benefitted from their safety and wellbeing having been a key priority for leaders throughout the Covid-19 pandemic.
- The scrutiny partners concluded that they were confident that partners in East Dunbartonshire have the capacity to make changes to service delivery in the areas that require improvement. This was based on the following factors:
 - Evidence of strong partnership working, and staff and leaders being committed to improving outcomes for children, young people and families.
 - High levels of confidence from staff in their knowledge and abilities, supported by evidence from records reading.
 - Similar levels of support from staff about their leaders' ability to continue to drive change and make improvements.
 - Well-developed management information and self-evaluation practice capable of identifying areas for improvement and further action.
 - Collaborative inter-agency practice, including the role of the third sector, providing services to children at risk of harm and their families.
 - Recent commitments to changes in practice, including the introduction of the Safe and Together model, and an emphasis on trauma informed practice.
 - The partnership's own self-evaluation had already identified many of the areas for improvement found by the inspection team, which showed that they knew themselves well and had a solid foundation to make improvements.

Scope for improvement was identified in awareness and consistent availability of advocacy services, further opportunities for the voices of children who were, or had been, at risk of harm to inform strategic planning, scope to improve the quality of chronologies, waiting times for access to specialist CAMHS services and scope to further develop analysis of impact and outcomes for children and their families.

An action plan has been developed in response and will be overseen by the Delivering for Children and Young People group on behalf of the Community Planning Partnership.

Service Inspections

Detail on Care Inspectorate evaluation grades relating to directly provided and arranged services is set out at **Annex 2**.

ANNEX 1: National Outcomes and Local Strategic Priorities & Enablers

The relationship between the National Health and Wellbeing Outcomes and the East Dunbartonshire HSCP Strategic Priorities and Enablers are set out in the chart below. The linkages shown are the ones that are most direct, but there may be other less direct associations:

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
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	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		X	X		
3	People who use health and social	X	X			X	X		X

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
	care services have positive experiences of those services, and have their dignity respected.								
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	X	X	X	X	X
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X	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	X	X	X		X	X		

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
	their own health and well-being.								
7	People who use health and social care services are safe from harm.	X			X	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	X
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X				X	X

National Outcome		East Dunbartonshire HSCP Strategic Enablers			
		Workforce & Organisational Development	Medium Term Financial & Strategic Planning	Collaborative Commissioning	Infrastructure & Technology
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	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	X
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	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	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	X	X	
7	People who use health and social care services are safe from harm.	X	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	X	X	
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X	X

ANNEX 2: CARE INSPECTORATE EVALUATIONS – LOCAL SERVICES

The Care Inspectorate is the national regulator for care services in Scotland. The Care Inspectorate inspects services and evaluates the quality of care they deliver in pursuance of the National Care Standards. They support improvement in individual services and across the care sector nationally.

The Care Inspectorate will award grades for certain ‘quality themes’ that they have assessed. These ‘quality themes’ cover the main areas of a service’s work. How well the service performs in these areas will indicate how good the service is. One or more themes will be assessed, depending on the type of service and its performance history. A grade is given to each of the quality themes assessed using a six point grading scale, which works in this way:

Grade 6 – Excellent	Grade 3 – Adequate
Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The functions delegated to the HSCP Board include a statutory obligation to provide or arrange services to meet assessed care needs. The HSCP Board “directs” the Council to provide or arrange these services on its behalf. Some of these services are delivered directly by the Council and others are purchased from the third and independent sectors. It is important that the quality of the services we directly provide and those purchased are both of the highest quality. The Partnership works to improve its own services through direct management and operational oversight. Purchased services are subject to detailed specification and contract monitoring by the Partnership’s Commissioning Team. The grades of the services delivered by the Council and those purchased by the Partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire. Inspection reports can be found at on the [Care Inspectorate](#) website.

The Care Inspectorate now applies the National Care Standards. These have introduced new quality themes which will eventually apply to all registered services. The Care Inspectorate has begun applying these new quality themes.

The tables below have therefore separated out registered services by the framework of quality themes that were used as the basis of the inspections:

NEW INSPECTION MODEL:

Service	Wellbeing (previously Care & Support)	Leadership (previously Management & Leadership)	Staffing	Setting (previously Environment)	Care Planning (new Category)
HSCP / Council In-house Services					
Ferndale Care Home for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
Ferndale Outreach for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
John Street House	5	4	Not Assessed	Not Assessed	Not Assessed
Homecare Service <i>Addendum: May 2023 service graded 5 in all categories (except Setting which was not inspected)</i>	5	4	5	Not Assessed	3
Commissioned - Supported Accommodation					
Cornerstone Community Care	5	5	Not Assessed	Not Assessed	Not Assessed
Living Ambitions (Group registration covers Glasgow North & West Services)	3	3	Not Assessed	Not Assessed	Not Assessed

Independent Care Homes					
Abbotsford House	How good is our care and support during COVID-19 pandemic - 4				
Antonine House	How good is our care and support during COVID-19 pandemic - 4				
Ashfield	5	4	Not Assessed	Not Assessed	Not assessed
Birdston Care Home	4	4	Not Assessed	Not Assessed	Not Assessed
Boclair Care Home	Registered August 2022, not been inspected				
Buchanan House	3	3	3	4	4
Buchanan Lodge	4	4	4	4	4
Buttercup House	5	Not Assessed	Not Assessed	Not Assessed	4
Campsie View	3	4	Not Assessed	Not Assessed	Not Assessed
Lillyburn	5	5	Not Assessed	Not Assessed	5
Mavisbank	Not Assessed	Not assessed	4	Not Assessed	4
Milngavie Manor	4	4	Not Assessed	Not Assessed	Not Assessed
Mugdock	5	5	5	Not assessed	Not assessed
Springvale	4	4	4	4	4
Westerton	4	4	4	4	4
Whitefield Lodge	Not Assessed	Not assessed	3	Not Assessed	Not assessed
Commissioned – Care at Home Services					
Blue Bird Care	4	4	4	Not Assessed	Not assessed
Cornerstone	5	5	Not Assessed	Not Assessed	Not Assessed

Hands-On Homecare	Not Assessed	3	3	Not Assessed	Not Assessed
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PREVIOUS INSPECTION MODEL:

Service	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	Not Assessed	5	Not Assessed
Allander Resource Centre (previously Kelvinbank Day Service)	5	Not Assessed	5	Not Assessed
Meiklehill & Pineview	5	Not Assessed	Not Assessed	5
Fostering Service	5	Not Assessed	5	4
Adoption Service	4	Not Assessed	5	4
Community Support Team for Children and Families	5	Not Assessed	Not Assessed	6
Commissioned - Supported Accommodation				
Key Housing Association – Key Community Supports – Clyde Coast (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not Assessed	Not Assessed	5
Orems Care Services	4	Not Assessed	4	Not Assessed
Quarriers (Phase 3)	4	Not Assessed	4	Not Assessed
Quarriers (Phase 2)	4	Not Assessed	4	4
Quarriers (Phase 1)	5	Not Assessed	Not Assessed	5

Service	Care and Support	Environment	Staffing	Management and Leadership
Real Life Options East Dunbartonshire Service	5	Not Assessed	5	Not Assessed
The Richmond Fellowship East & West Dunbartonshire Support Living Services	5	Not Assessed	Not Assessed	5
Commissioned – Care at Home Services				
Delight Supported Living	5	Not Assessed	5	Not Assessed
Extended Personal Care	4	Not Assessed	4	Not Assessed
Home Instead	5	Not Assessed	Not Assessed	4
The Richmond Fellowship – East and West Dunbartonshire	5	Not Assessed	Not Assessed	5

ANNEX 3: COMPARATIVE INCOME & EXPENDITURE 2018/19 – 2023/24

Objective Analysis	2023/24*	2022/23	2021/22	2020/21	2019/20	2018/19
Strategic / resources	TBC	3,743	3,044	2,568	3,042	3,205
Addictions	TBC	1,692	1,351	1,369	1,285	1,360
Older people	TBC	47,551	42,664	38,644	39,410	36,916
Learning disability	TBC	23,380	20,479	19,333	19,580	18,559
Physical disability	TBC	5,093	5,005	4,880	4,067	4,042
Mental health	TBC	6,057	5,520	5,378	5,155	5,129
Adult services						
Children & families	TBC	14,930	14,795	14,262	14,277	13,514
Criminal justice	TBC	455	346	162	211	258
Other - non sw	TBC	984	810	741	817	946
Community health services						
Oral health	TBC	12,738	10,786	9,820	9,835	9,899
Family health services	TBC	33,218	31,314	29,822	27,678	25,848
Prescribing	TBC	22,027	19,936	19,178	19,484	19,072
Covid-19	TBC	2,930	6,245	7,215		
Operational costs	TBC	304	289	282	270	246

Cost of Services Managed By East Dunbartonshire HSCP	TBC	175,101	162,584	145,111	145,111	138,995
Set Aside for Delegated Services provided to Acute Services	TBC	40,306	35,982	36,975	32,247	27,471
Total Cost of Services to East Dunbartonshire HSCP	TBC	215,407	198,566	190,629	177,358	166,466
NHS Greater Glasgow & Clyde	TBC	(137,042)	(149,959)	(144,950)	(120,508)	(111,583)
East Dunbartonshire Council	TBC	(71,437)	(62,753)	(57,719)	(55,760)	(52,690)
Taxation & Non Specific grant Income	TBC	(208,479)	(212,712)	(202,669)	(176,268)	(164,273)
(Surplus) or deficit on Provision of Services	TBC	6,928	(14,146)	(12,040)	1,090	2,193
Movement in Reserves	TBC	6,928	(14,146)	(12,040)	1,090	2,193

General Reserves	2023/24	2022/23	2021/22	2020/21	2019/20	2018/19
Movement in General Reserves only	TBC	(1,293)	(1,143)	(1,935)	41	916
Balance on Reserves	TBC	(4,371)	(3,078)	(1,935)	0	(41)

* 2023/24 financial data is not yet available due to ongoing issues with the upgrade to the Council's ledger system. The report will be updated and published when this data is available.

ANNEX 4: ACHIEVEMENT OF BEST VALUE

Best Value Audit June 2023 – HSCP Evaluation		
1.	Who do you consider to be accountable for securing Best Value in the IJB	<p>Integration Joint Board</p> <p>Integration Joint Board Performance, Audit & Risk Committee</p> <p>HSCP Chief Officer</p> <p>HSCP Chief Finance & Resources Officer</p> <p>Senior Management Team</p> <p>HSCP Leadership Group and Forum</p> <p>Parent Organisations around support services, assets and all staff who are involved in commissioning and procurement.</p> <p>All staff involved in the prescription of packages of care, drugs and drugs (acting in line with agreed policies etc.)</p>
2.	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value	<p>Performance management reporting on a quarterly basis to IJB.</p> <p>Explicit links between financial and service planning through Annual Service Delivery Planning, HOS plans, Service Plans to ensure a golden thread that links back to our over-arching Strategic Plan.</p> <p>Scrutiny of delivery through our Annual Delivery Plan Board and SMT with regular updates and scrutiny to PAR Committee on key priorities.</p> <p>Application of HSCP Performance Reporting and Quality Management Frameworks</p> <p>Monthly Performance Reports</p> <p>Annual Performance Report</p> <p>Audit and Inspection Reports</p> <p>Integration Joint Board Meetings – consideration of wide range of reports in furtherance of strategic planning priorities.</p> <p>Engagement with Finance leads from partner organisations</p> <p>Performance, Audit & Risk Committee scrutiny</p> <p>Clinical & Care Governance Group</p> <p>Strategic Planning Group</p> <p>Senior Management Team scrutiny (HSCP)</p> <p>Service specific Leadership Groups and operational management supervision</p> <p>Corporate Management Teams of the Health Board and Council</p> <p>Service specific performance updates to SMT on a regular basis.</p> <p>Operational Performance Review: scrutiny by CEOs of Council and Health Board</p> <p>Housing, Health & Social Care Forum</p>

Best Value Audit June 2023 – HSCP Evaluation		
		<p>Business Improvement Planning (BIP) and How Good is our Service (HGIOS) reports to Council, including Local Government Benchmarking Framework analysis.</p> <p>HSCP Commissioning Strategy and Market Facilitation Plan</p> <p>The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.</p>
3.	Do you consider there to be a sufficient buy-in to the IJB's longer term vision from partner officers and members	<p>Yes, the IJB has approved a Medium Term Financial Strategy 2022 - 2027 setting out the financial outlook, challenges and strategy for managing the medium term financial landscape. This is reviewed annually. This is aligned to its Strategic Plan which clearly sets out the direction of travel with work underway to develop and engage on the next iteration of the Strategic Plan.</p> <p>The IJB has good joint working arrangements in place and has benefited from ongoing support, within the resources available, in support of service redesign, from members and officers within our partner organisations over the past 12 months in order to deliver the IJBs longer term vision. Engagement with partner agency finance leads to focus on budget performance, financial planning in support of delivery of strategic priorities.</p> <p>Bi Annual OPR meetings with partner agency Chief Executives to focus on performance and good practice and any support required to progress initiatives. (frequency impacted through Covid-19 response / recovery and to be re-established)</p>
4.	How is value for money demonstrated in the decisions made by the IJB	<p>Monthly budget reports and scrutiny at service level and regular budget meetings with managers across the HSCP.</p> <p>IJB development sessions</p> <p>Chief Finance & Resources Officer Budget Monitoring Reports to the IJB</p> <p>Review of current commissioning arrangements across the HSCP to ensure compliance with Procurement rules through Parent Organisation processes in support of service delivery.</p> <p>All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, procurement, HR, equality and diversity and linkage to the IJBs strategic objectives.</p> <p>The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions.</p> <p>In addition IJB directions to the Health Board and Council require them to deliver our services in line with our strategic priorities and Best Value principles – 'Optimise efficiency, effectiveness and flexibility'. This has been enhanced in light of the final strategic</p>

Best Value Audit June 2023 – HSCP Evaluation

		<p>guidance on directions with regular oversight and monitoring of delivery through PAR Committee and IJB.</p>
<p>5.</p>	<p>Do you consider there to be a culture of continuous improvement?</p>	<p>The HSCP has an overarching Quality Management Framework that establishes a cultural and operational commitment to continuous improvement. This is being implemented across the HSCP with a Governance post now in place to provide effective oversight and monitoring of consistent quality aspects set out within the framework. Focus on self-evaluation work as a means for identifying improvement and preparation for strategic inspections.</p> <p>The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines and operational service groups with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area:</p> <ul style="list-style-type: none"> • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved in developing improvement activity on areas highlighted through engagement events. • In addition, a number of service reviews and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Annual Delivery Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and commissioning approach (subject to regular IJB reports). • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • A wide range of stakeholder consultation and engagement exercises, to evaluate the quality of customer experience and outcomes. • Regular service audits, both internal and arm’s length. • An extensive range of self-evaluation activity, for example case-file assessment against quality standards.

Best Value Audit June 2023 – HSCP Evaluation

		<ul style="list-style-type: none"> • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead. • Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Human Resources and Organisational Development leads. • A Quality and Improvement Framework has been developed to support continuous improvement within the in-house Care at Home Service.
6.	<p>Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?</p>	<p>A robust process for progressing service reviews is in place with support from the Council’s transformation team where appropriate. A number of reviews have been undertaken including:</p> <ul style="list-style-type: none"> • Review of locality management arrangements to support locality working including alignment of contractual arrangements for care at home services. • Review of Learning Disability Services - Whole System Review of services to support individuals with a learning disability including daycare provision and supported accommodation. Overarching Adult Learning Disability Strategy established that sets out redesign priorities. Fair access and resource allocation policy approved and implemented to manage current and future demand on a sustainable basis and to achieve Best Value. LD Day service element concluded in 22/23 with successful move to the Allander Resource Centre as part of a wider community development. Further work will progress on employment opportunities and maximising supports within the community as well as re-patriating individuals in high cost daycare provision out with the area. Work underway to progress improvements and developments across LD in house and commissioned supported accommodation. • Review of Mental Health & Addiction Services through an updated needs assessment with an action plan for progression in line with recovery based approach and strategic realignment of commissioned services. • Review of Older People’s Daycare and Social Supports model concluded during 22/23 with the development of an updated needs assessment and Older People’s Formal and Informal Social Supports and Daycare Strategy. This included the approval of a revised model for the delivery of centre based daycare which will facilitate investment into more community based supports.

Best Value Audit June 2023 – HSCP Evaluation		
		<p>The HSCP is also participating in a number of reviews in collaboration with NHS GGC such as</p> <ul style="list-style-type: none"> • Un scheduled Care Review / Commissioning Plan/ Design and Delivery Plan • Mental Health Review and 5 year Strategy • Primary Care Improvement Plan (PCIP) and delivery of the GP contract requirements <p>There are a number of work streams to be progressed through the HSCP Annual Delivery Plans which sets out the transformation activity for the year and the strategic areas of work the HSCP will be progressing during 23/24.</p>
7.	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	<p>The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement. The Annual Delivery Board has a role to consider and oversee service redesign which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.</p>
8.	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	<p>All savings proposals are subject to a full assessment which includes:</p> <ul style="list-style-type: none"> • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate <p>Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.</p>
9.	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	<p>Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative covering rationale, situational analysis and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position.</p>

Best Value Audit June 2023 – HSCP Evaluation		
		The Annual Service Delivery Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.
10.	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	<p>Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB.</p> <p>Service review process involves staff partnership representation for consideration of workforce issues.</p> <p>Regular budget and performance monitoring reports to the IJB give oversight of this performance.</p> <p>Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events.</p> <p>All IJB reports contain a section outlining the financial implications of each paper for consideration.</p>

ANNEX 5: NOTES ON PERFORMANCE DATA

METHODOLOGY

The Scottish Government operate two sets of indicators to monitor performance across core integration functions. These relate principally to adult health and social care functions:

- Core National Integration Indicators
- Ministerial Strategic Group (MSG) Indicators

Notes on Core National Integration Indicators

Indicators 1-9 are reported by a national biennial Health and Social Care Experience Survey that reports every two year. The most recent data for this is 2023/24. East Dunbartonshire had a response rate of 25%, which equates to 1,881 returns, compared to a Scotland response rate of 20%, which equates to 107,538 returns. It is important to note the limitations of the survey due to small numbers, which introduces a margin of error at a local level. Comparison of performance using this data should therefore be seen as an approximation.

Please note figures for the years from 2019/20 for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to figures in previous years due to changes in methodology.

More information on the survey and changes in the methodology are available here: [Scottish Government Health Care Experience Survey](#)

The primary sources of the remaining data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Annual figures for these indicators are presented by financial year until the most recent reporting year. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2023; this ensures that these indicators are based on the most complete and robust data currently available and acts as a suitable proxy, for comparison purposes.

Indicator 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. Information for this indicator was previously published up to calendar year 2020 but is now presented to financial year 2019/20 only. PHS have recommended that Integration Authorities do not report information for this indicator beyond 2019/20 within their Annual Performance Reports.

More detail is provided in the Background and Glossary document that is available here: [Public Health Scotland Core Suite of Integration Indicators](#)

Trends and National Rankings

The tables and charts show our performance in the reporting year, our performance trend compared to the previous year and recent years, and our ranking in comparison to the 30 other HSCPs in Scotland (Clackmannanshire & Stirling are a joint HSCP). Regardless of whether the objective is to increase or decrease the performance value, in ranking terms, 1 is always the best performing HSCP and 31 is the least well performing HSCP. With a number of indicators, HSCPs perform at very similar levels, so trend lines can be very close together and national rankings should be viewed cautiously in situations where very tight clustering of performance levels exist. For these reasons, the tables and charts should be viewed in a balanced way that takes into account these factors.

Ministerial Strategic Group Performance Indicators

This measure provides data and performance status of the HSCP's performance against the Scottish Government's Ministerial Strategic Group's indicators. Performance is based upon comparison with the previous year and trend data for recent years. A chart showing comparative performance against the Scottish average is also provided.

Annual data is presented by financial year. However, as April 2023 to March 2024 data is not fully complete for all NHS Boards, calendar year figures are shown for 2023/24 as a proxy for financial year data.

Impact of Coronavirus (COVID-19)

Depending on the stage of the pandemic, COVID-19 may have an impact on trends observed for certain indicators across certain periods, particularly those based on hospital activity information (indicators 12, 13, 14, 15, and 16 and MSG indicators). The bounce-back from the Covid-19 related downturn in hospital activity also results in exaggerated single year trends for these indicators.

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

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510 。

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

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

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

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