A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 16th November at 9.00am** or via remote access during COVID Pandemic restriction arrangements to consider the undernoted business.

Chair: Councillor Calum Smith
East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Topic Specific Seminar – HSCP Winter Planning

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 14th September 2023

Item	Report by	Description	Update	For Noting/ Approval
		STANDING ITEMS		
1.	Chair	Declaration of interests	**Verbal**	**Noting**
2.	Martin Cunningham	Minute of HSCP Board held on 14th September 2023	**Paper**	**Approval**
3.	Caroline Sinclair	Chief Officer's Report	**Verbal**	**Noting**
		STRATEGIC ITEMS		
4.	David Aitken	The Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 - 2028	**Paper**	**Noting**
5.	Derrick Pearce	HSCP IJB Winter Plan 2023 - 2024	**Paper**	**Approval**

Item	Report by	Description	Update	For Noting/ Approval
6.	Jean Campbell	HSCP Property and Accommodation Update	**Paper**	**Noting**
7.	Alison Willacy	Review of Strategic Plan 2022 – 2025	**Paper**	**Noting**
8.	Claire Carthy	Recommended Scottish Allowance (Fostering & Kinship Care) 2023/24	**Paper**	**Approval**
9.	Jean Campbell	Records Management Plan Interim Update – Progress Update Review (PUR) Outcome	**Paper**	**Noting**
10.	David Aitken	Inspection for Adult Support & Protection in East Dunbartonshire	**Paper**	**Noting**
		GOVERNANCE ITEMS		
11.	Caroline Sinclair	Chief Social Work Officer Annual Report 2022 – 2023	**Paper**	**Noting**
12.	Alan Cairns/Alison Willacy	Quarter 2 Performance Report 2023	**Paper**	**Approval**
13.	Derrick Pearce	Delayed Discharge Exception Report	**Paper**	**Noting**
14.	Lisa Dorrian	Oral Health Update – GGC Performance / ED HSCP	**Paper**	**Noting**
15.	Jean Campbell	Financial Performance on Budget 2023/24 – Month 6	**Paper**	**Approval**
16.	Michael O'Donnell	Public Service User and Carer Group (PSUC) held on 28th September 2023	**Paper**	**Noting**
17.	Jean Campbell	Performance, Audit and Risk Committee Draft Minutes on 28th September 2023	**Paper**	**Noting**
18.	Derrick Pearce	HSCP Strategic Planning Group draft Minutes held on 24th August 2023	**Paper**	**Noting**
19.	Tom Quinn	Staff Forum Minutes held on 16th August 2023	**Paper**	**Noting**
20.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner January 2023 – March 2024	**Paper**	**Noting**

Item	Report by	Description	Update	For Noting/ Approval
21.	Chair	Any other competent business – previously agreed with Chair	**Verbal**	

FUTURE HSCP BOARD DATES

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

Thursday 18th January 2024

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

Minute of virtual meeting of the Health & Social Care Partnership Board held on **Thursday, 14 September 2023.**

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

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

Non-Voting Members present:

C. **Sinclair**	Chief Officer and Chief Social Work Officer
J. **Campbell**	Chief Finance and Resource Officer
L. **Connell**	Chief Nurse
G. **Cox**	Service User Representative
A. **Innes**	Third Sector Representative
F. **McManus**	Carers Representative
C. **Bell**	Trades Union Representative

Cllr Calum Smith (Chair) presiding

Also Present:

D. **Aitken**	Head of Adult Services
A. **Cairns**	Planning, Performance & Quality Manager
C. **Carthy**	Head of Children's Services & Criminal Justice
C. **Fitzpatrick**	Lead Pharmacist
K. **Gallagher**	Clinical Services Manager – Primary Dental Care Services
K. **Lamb**	Head of Specialist Children's Services
L. **McKenzie**	Democratic Services Team Leader
V. **McLean**	Corporate Business Manager
R. **Murphy**	Resources & Registered Services Manager
D. **Pearce**	Head of Community Health and Care Services
T. **Quinn**	Head of Human Resources - ED HSCP

APOLOGIES FOR ABSENCE

No apologies for absence were intimated.

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 29 JUNE 2023

There was submitted and approved, subject to the undernoted, minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 29 June 2023.

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Included C. Bell within the list of those in attendance.

Include Councillor Moir within the list of Members who had tendered apologies for absence.

3. CHIEF OFFICER'S REPORT

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

- Covid update - Community level testing was no longer part of routine practice therefore there was little that could be said about community transmission levels but, unfortunately, there was a slight upturn in infection within local care homes and within staff teams.

- Covid and flu vaccinations - As with recent years, the Health Board would be carrying out vaccinations via the mass centres. Appointments would be sent centrally and booking would be available via the online system. The HSCP was responsible for vaccinating our Care Home residents and Care Home staff, Housebound patients and clients who had a Learning disability. The Health Board had also confirmed that HSCPs could run peer vaccinations to increase the uptake for health and social care staff. The programme had commenced on 5 September with a goal of completing the Care Home vaccinations by 10 October and the Housebound programme by the 11 December. This would be challenging but local plans were in place to deliver this.

- Update on the primary care provision in Twechar - Public engagement and needs assessments were now complete and Health Improvement colleagues were finalising a report based on feedback from tenants and residents. There would be a further meeting with local resident reps to analyse the outcomes and identify next steps / actions. It was anticipated that a report would be submitted to the next meeting. Whilst East Dunbartonshire services two thirds of the population of Twechar, the remainder were served by NHS Lanarkshire and so Officers were also liaising with colleagues in Lanarkshire for shared learning.

- Primary Care - A new Primary Care Strategy for NHSGGC was currently being developed. The scope of the strategy included General Practice, pharmacy, dentistry, optometry, and other services delivered as part of the Primary Care Improvement Plan. It was led by Renfrewshire HSCP and was now entering the stage of stakeholder, including public engagement, having already established eight strategic priorities which were Workforce, Digital, Communication & Engagement, Integration & Interfacing, Access, Prevention, Early Intervention and Wellness, Infrastructure, and Inequalities. It was anticipated that consultation with IJBs would take place around November/December with sign off thereafter.

- Recruitment – The Chief Officer advise that she was pleased to say that the HSCP had successfully recruited to Clinical Director post, previously held by Dr

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Paul Treon and delighted to announce the appointment of Dr Judith Marshall, who would join as a non-voting Board member from the November meeting. In addition, she advised that they had been able to make permanent appointments to the Chief Nurse post, with Leanne Connell now being formally appointed, to our Head of Children's Services and Justice post, with Claire Carthy now being appointed, and Head of Adult Services post, with David Aitken being appointed.

Following consideration, the Board noted the information.

4. ALCOHOL AND DRUG PARTNERSHIP STRATEGY 2023 - 2025

A Report HSCP/230914/04 by the Head of Adult Services, copies of which had previously been circulated, updated the Board on the Alcohol and Drug Partnership Strategy consultation for 2023 to 2025.

Following consideration and having heard officers in response to Members' questions, the Board noted the Report and approved the proposed consultation process.

5. LEARNING DISABILITY STRATEGY 2024 – 2029 CONSULTATION

A Report HSCP/230914/05 by the Head of Adult Services, copies of which had previously been circulated, updated the Health & Social Care Partnership Board on the development of the new Learning Disability Strategy 2024–29 and to seek approval for the Consultative Draft Report and related Communication, Engagement & Participation Plan.

In response to a question from Councillor Moir regarding the Communication and Consultation Plan, and with reference to the Alcohol and Drug Partnership Strategy consultation, D. Aitken advised that both strategies were different in nature and the context in which they sat. The existing Learning Disability Strategy was still valid but now included new additional priorities. The existing framework would be used for consultation and the service would continue to develop links and build on positive achievements.

Following further consideration, the Board noted the Report and approved the Learning Disability Strategy 2025–29 Consultative Draft Report and related Communication, Engagement & Participation Plan.

SEDERUNT

During the course of the previous item of business, M. O'Donnell joined the meeting.

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6. HOSPITAL DISCHARGE DELAYS: PERFORMANCE AND ASSURANCE

A Report HSCP/230914/06 by the Head of Community Health and Care Services, copies of which had previously been circulated, providing information to the Board on the position in relation to delayed hospital discharge performance, and

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assurance regarding management and scrutiny of delayed discharge performance.

In response to a question from K. Miles regarding the effectiveness of preventative measures, D. Pearce advised that a lot of efforts were being made to try to prevent admissions to hospital at the results that were now being seen. The main areas of pressure remained with those who had complex needs and were under 65 and required a specialised placement. In response to comments from Councillor Murray regarding a specific case. D. Pearce undertook to look into the matter.

Following further consideration, the Board noted the content of the Report and the performance and assurance reflected therein.

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During the course of the previous item of business, Councillor Murray joined the meeting

7. HEALTH AND SOCIAL CARE PARTNERSHIP PROPERTY STRATEGY

There was submitted Report HSCP/230914/07 by the Chief Finance & Resources Officer, copies of which had previously been circulated, seeking approval of the HSCP Property Strategy 2023-2025.

G. Cox commented that the shortage of accommodation was a key feature of his time on the Board and that service demand continued to increase. He expressed his frustration with capital funding timescales and subsequent increases in costs, resulting in the projects having to be reprogrammed. In response, J. Campbell highlighted the robust governance processes in place, the competing demand for limited funding and the negation processes for acquiring appropriate leases of properties. The Chair shared his concerns.

In response to a question from Councillor Murray regarding the relative expense of short-term fixes opposed to long term solutions, J. Campbell advised that the HSCP would prefer to secure long term funding and solutions, however, there were many considerations and processes to progress a business plan.

Councillor Moir highlighted the limits of annual funding settlements, public sector procurement processes and the difficulty in securing contractors.

Following further consideration, during the course of which the Chair took the opportunity to welcome M. O'Donnell to the meeting, the Board noted the Report and approved the HSCP Property Strategy 2023-2025.

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During the course of the previous item of business, J. Forbes joined the meeting.

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8. MENTAL HEALTH RECOVERY & RENEWAL PHASE 2 UPDATE - REGIONAL SERVICES DEVELOPMENT SUBMISSION TO SCOTTISH GOVERNMENT

There was submitted Report HSCP/230914/08 by the Head of Specialist Children's Services, copies of which had previously been circulated, West of Scotland CAMHS Planning Group's submission to the Scottish Government following approval from the IJB to proceed. Full details were contained within the Report and Appendix 1.

In response to a question from M. O'Donnell regarding the interface between Specialist Children's Services and St. Mary's, Kenmure, K. Lamb, advised that NHSGGC SCS already had forensic CAMS teams in place working with the young people in the secure units across the NHSGGC area including St Mary's, Kenmure, therefore SCS was already well placed to deliver on the forensic CAMHS requirements and was likely to take a lead role in sharing its model of care and developing as a hub to support other Boards, as part of the regional work. J. Forbes welcomed the informative report and commended the work of the service.

Following further consideration, the Board noted the Report and approved the directions contained in Appendix 1 of the Report.

9. INTEGRATED CHILDREN'S SERVICES ANNUAL REPORT 2022 – 2023

There was submitted Report HSCP/230914/09 by the Head of Children's Services and Criminal Justice, copies of which had previously been circulated, advising members of the new Integrated Children's Services Annual Report 2022-2023. Full details were contained within the Report.

Following consideration, the Board noted the Report.

10. INTEGRATED CHILDREN'S SERVICES PLAN 2023 - 2026

Consideration was given to Report HSCP/230914/10 by the Head of Children's Services and Criminal Justice, copies of which had previously been circulated, advising members of the new Integrated Children's Services Plan 2023-2026.

Following consideration, the Board noted the Integrated Children's Services Plan 2023-2026.

11. QUARTER 1 PERFORMANCE REPORT 2023

There was submitted Report HSCP/230914/11 by the Planning Performance & Quality Manager, copies of which had previously been circulated, advising of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities and national health and wellbeing outcomes, for the period April to June 2023 (Quarter 1).

In response to a question from K. Miles regarding the lack of data regarding Council employee's absence levels, the Chief Officer advised that there had

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been specific challenges in incorporating the data but that managers within services were aware of their own positon and actively utilising policies to support attendance where required. C Bell expressed the concern of trades unions regarding the lack of concise data. The Chair hoped that this matter could be pursued.

Following further consideration, the Board noted the Report.

12. FINANCIAL PERFORMANCE BUDGET 2023/24 – MONTH 4

There was submitted Report HSCP/230914/12 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership's budget as at month 4 – 2023/24. Full details were contained within the Report and attached Appendices.

G. Cox highlighted Paragraph 3.18, which stated that funding allocation for the Primary Care Improvement Programme, ADP and Mental Health Recovery & Renewal being curtailed and funding for 2023/24 being offset against balances held in reserves, and the impact this had on the delivery of ongoing plans and commitments. He commented that the Scottish Government did not see, first hand, the consequences of these decisions. Councillor Moir also highlighted the financial challenges and pressure and difficulties with long term planning when financial settlements were made on a yearly basis.

Following further consideration and having heard officers in response to members questions, the Board agreed as follows:

a) to note the projected outturn position is reporting a deficit on budget of £2.275m as at month 4 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provides a deficit on budget of £1.465m;

b) to note that the Chief Officer and her management team were working on actions to mitigate cost pressures in the current year;

c) to note and approve the budget adjustments outlined within Paragraph 3.2 (Appendix 1);

d) to note the HSCP financial performance as detailed in (Appendix 2);

e) to note the progress on the achievement of the approved savings plan for 2023/24 as detailed in (Appendix 3);

f) to note the anticipated reserves position at this stage in the financial year set out in (Appendix 4); and

g) to note the summary of directions set out within (Appendix 5).

13. ANNUAL CLINICAL AND CARE GOVERNANCE REPORT 2022 - 2023

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Consideration was given to Report HSCP/230914/12 by the HSCP Lead Pharmacist, copies of which had previously been circulated, updating the Board on the Annual Clinical and Care Governance Report for period April 2022– March 2023.

Following consideration, the Board noted the Report

14. MINUTES OF CLINICAL & CARE GOVERNANCE GROUP MEETINGS - 12 JULY 2023

There was submitted Report HSCP/230914/18 by HSCP Lead Pharmacist, copies of which had previously been circulated, sharing the draft minutes of the Clinical and Care Governance Group meeting held on 12 July 2023. Full details were contained within the Report and attached Appendices.

In response to a question from J. Forbes regarding Item 15, mental health diagnostic pathways waiting times for dementia, D. Pearce confirmed that there were significant challenges in covering medical clinics and the waiting time was unacceptable. The service had begun to use funding to supplement the service and work through the backlog. This issue was a high priority. There had been a significant increase in the elderly population seeking diagnosis and medical staff had not yet been realigned pan GGC to meet the increase. Those on the wating list would continue to receive support while waiting or a formal diagnosis and those on the waiting list would not be precluded from receiving or being moved into care, if required.

Following consideration, the Board noted the content of the Report of the Clinical and Care Governance Group meetings held on 12 July 2023.

15. PERFORMANCE, AUDIT AND RISK COMMITTEE - MINUTES OF MEETING 20 JUNE 2023

There was submitted Report HSCP/230914/17 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the HSCP Performance, Audit and Risk Committee meeting held on 20 June 2023.

Following consideration, the Board noted the minutes of the HSCP Performance, Audit and Risk Committee meeting held 20 June 2023.

16. HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF MEETING – 8 JUNE 2023

Consideration was given to Report HSCP/230914/13 by Head of Community Health & Care Services, copies of which had previously been circulated, sharing the draft minutes of the HSCP Strategic Planning Group held on the 8 June 2023.

Following consideration, the Board noted the HSCP Strategic Planning Group draft minutes of 8 June 2023.

17. STAFF FORUM MINUTES OF MEETING – 21 JUNE 2023

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Consideration was given to Report HSCP/230914/20 by Head of Human Resources, copies of which had previously been circulated, sharing the minutes of the Staff Partnership Forum meeting held on 12 April 2023.

Following consideration, the Board noted the minutes of the Staff Partnership Forum meeting held on 12 April 2023.

18. PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

There was submitted Report HSCP/230914/15 by D. Radford, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and attached Appendices.

G. Cox provided the Board with further detail on the Report and F. McManus provided an update specifically in relation to young carers and the annual report. The Chair congratulated the young carers who had recently received national awards.

With reference to comments from M. O'Donnell regarding power of attorney and processes for accessing bank accounts, the Chief Officer advised that she would raise this as something to be addressed this in future guidance and advice leaflets.

Following consideration, during the course of which the Chair thanked G. Cox for his contribution to the Board and wished him well in the future, the Board noted the progress of the Public, Service User & Carer Representatives Support Group.

19. HSCP BOARD AGENDA PLANNER JANUARY 2023 - MARCH 2024

Following consideration, during the course of which the Chief Officer advised that she would be happy to receive suggested agenda topics, the Board noted the content of the East Dunbartonshire HSCP Agenda Planner

21. DATE OF NEXT MEETING

Date of next meeting – 9.30am to 1pm if a seminar is scheduled, the start time will be 9am for the seminar and Board business commencing at 9.30am.

Thursday 16 November 2023

All held in the Council Chambers, 12 Strathkelvin Place, Kirkintilloch,
G66 1XT or via remote access

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Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 04.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

DATE OF MEETING:	**16TH NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/04**
CONTACT OFFICER:	**DAVID AITKEN, HEAD OF ADULT SERVICES**
SUBJECT TITLE:	**REFRESH OF THE STRATEGY FOR MENTAL HEALTH SERVICES IN GREATER GLASGOW AND CLYDE**

1.0 PURPOSE

1.1 The purpose of this report is to update the IJB on the Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde 2023 – 2028.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note progress made against the Mental Health Strategy 2018 - 2023 outlined in the strategy refresh

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND / MAIN ISSUES

3.1 The Health Board's Moving Forward Together: Greater Glasgow and Clyde's Vision for Health and Social Care document set the blueprint for the future delivery of Health and Social Care Services in Greater Glasgow and Clyde. This remains in line with Scottish Government national and West of Scotland regional strategies and requirements and the projected needs of the population. Strategies for Mental Health Services in Greater Glasgow and Clyde are also aligned to the Scottish Government's Mental Health Strategy and the NHS GGC 'Healthy Minds' report.

3.2 The existing Mental Health Strategy proposes a system of stepped/matched care, allowing for progression through different levels of care, with people entering at the right level of intensity of treatment. The aims of the strategy include:

- Integration across services to provide a condition-based care approach.
- Shifting the balance of care further into the community.

3.3 A community-based model will be more cost effective and deliver services earlier, better meeting the needs of the patients in the community as people access more care through and wholly within those community-based services.

3.4 The Strategy Refresh:

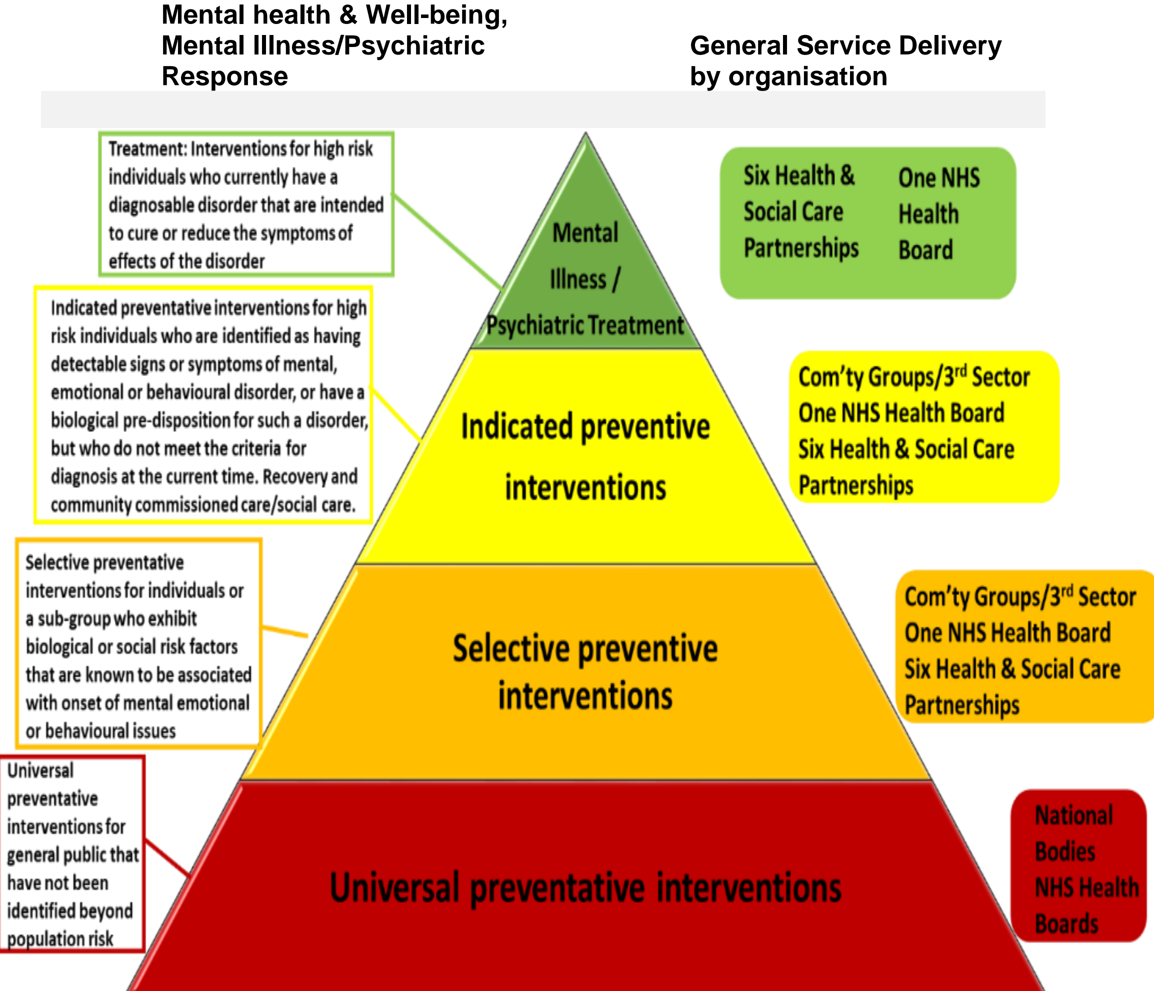
- Widens the scope of the existing strategy and establishes a joint approach to, or strengthens the relationship with, strategies covering the whole complex of mental health services in NHSGGC.
- Describes progress against the recommendations in the existing strategy and other areas. This includes creation of a regional CAMHS Intensive Psychiatric Care Unit (Adolescent IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in NHSGGC.
- Reflects changes in context and policy drivers, and identifies changed or new recommendations in response. In particular, includes recognition of and response to the significant impact of the Covid-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support.

3.5 The vision for the Strategy Refresh includes community focus upon:

- Delivering Prevention and Early Intervention; including Mental Wellbeing and Suicide Prevention training for all staff, expanding computerised Cognitive Behavioural Therapy (cCBT) services, and supporting Wellbeing in primary care.
- Expanding the development of Recovery Peer Support Workers in community teams and inpatient settings.
- Improving the effectiveness of community services; developing group based Psychological Therapies and Patient Initiated Follow Up (PIFU). PIFU gives patients control over follow up appointments allowing them to be seen quickly when they need to be, such as when symptoms or circumstances change, and avoiding the inconvenience of appointments of low clinical value.
- Developing Unscheduled Care; commissioning non-clinical response services for situational distress; developing community mental health acute care services offering treatment as an alternative to hospital admission; and Mental Health Assessment Units diverting people with Mental Health problems who do not require physical / medical treatment from Emergency Departments.

- Supporting faster discharge to the community; integrating health and social care to ensure joint prioritisation of resources; community services that support rehabilitation and recovery from complex mental health problems nearer to the home and in the least restrictive setting.

3.6 The service model (below) increases the level of psychiatric care delivered in the community. The Strategy refresh recognises that transitional finance is a challenge requiring alternative approach to support further community development. Longer term planning for Wellbeing and early intervention will be needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.



3.7 Similar reports with attached papers appendices 1-3 are being brought to each of the six HSCP Boards across Greater Glasgow and Clyde. Appendices 1-3 provide a copy of the full Strategy Refresh, a supplement to the Strategy Refresh and Glossary. The supplement is very much intended as a reference document which provides a level of additional detail on services which were not included within the frame of reference of the original five year strategy document.

4.0 IMPLICATIONS

The implications for the HSCP Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

The refresh of NHS GGC Mental Health Strategy supports delivery against the priorities above and is relevant to all national health and wellbeing outcomes.

4.2 Frontline Service to Customers – Service improvement is at the centre of the strategy refresh priorities, relevant to all national health and wellbeing outcomes in particular in relation to its aim to shift the balance of care to enhanced community supports and service provision.

4.3 Workforce (including any significant resource implications) – Staff engagement currently includes Area Partnership Forum membership on the Mental Health Strategy Programme Board and subgroups / workstreams. Staff engagement on specific issues will take place as detail emerges. The relevant HR policies and procedures will apply on implementation.

4.4 Legal Implications – None.

4.5 Financial Implications – The Strategy refresh recognises the current environment. The associated financial framework proposes a phased approach to delivery. Decisions will be taken on a system wide approach. As part of developing future implementation thinking, consideration will include what elements of cross funding between adult and older people's services might support implementation of the Strategy as a whole. This approach will target developments initially to those community services which will derive the greatest benefit with equity of investment by the end point. This is essential to secure the wider ambition of this programme.

4.6 Procurement – There will be a requirement for commissioning and procurement of services as implementation progresses.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Mental Health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. In addition to social determinants, the strategy recognises the need to focus on inequalities including people with protected characteristics in developing equalities sensitive services matching care to need. Programmes of work will be developed to address mental health wellbeing within such communities and groups.

4.10 Sustainability – The Strategy Refresh supports the shift in the balance of care within available resources. Over the next two decades however, expanded and recurring funding for public mental health, wellbeing promotion and early intervention will be

needed to more effectively create the infrastructure that prevents or reduces the need for downstream psychiatric service responses in secondary mental health care.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 For implementation, mitigation of risk will initially focus on where there is existing / spare capacity.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – There are no specific implications for the local authority other than to maintain the role it takes in aiming to mitigate against the social determinants of poor mental health.

6.3 **NHS GREATER GLASGOW & CLYDE –** Strategic planning for Mental Health Services continues to progress as a component of the Health Board's Moving Forward Together (MFT) programme.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No direction required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has not been classified as a change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** – NHS Greater Glasgow and Clyde Five Year Mental Health Strategy Refresh 2023-28

8.2 **Appendix 2** – Supplement to Mental Health Strategy Refresh 2023-28

8.3 **Appendix 3** – Glossary to Mental Health Strategy Refresh 2023-28

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
04/05/23	V McGarry	To CMT 04/05/23
12/05/23	V McGarry	Bed numbers updated - Child Psychiatry / Totals
17/05/23	V McGarry	Perinatal section – progress updated, service description moved to supplement
25/05/2023	D Harley	Narrative site number correction
03/08/2023	V McGarry	Recommendations numbering update

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1. Introduction: context, drivers and principles for change

1.1. Scope of this Strategy refresh

This strategy refresh updates on the NHSGGC five year adult mental health strategy 2018-2023 and expands on its scope to take account of the range of services relevant to the wider complex of mental health services and the continuing impact of COVID-19 as services go about restoring and refreshing the focus on Strategy changes, initially for the next 5 years.

The Strategy refresh approach to implementation will include:

- No wrong door, so any appropriate referral for secondary specialist mental health care will not be sent back to Primary Care with a suggestion of an appropriate response but discussed and progressed between secondary specialist services
- More people with lived and living experience, along with families and carers, will be involved in everything for co-production
- Prevention will be better explained as addressing wellbeing
- A focus on inequalities including people with protected characteristics and those affected by the socio-economic determinants of poor health.
- Improved access for Mental Health and situational crisis
- Commitment to more established points of access & clear referral pathways
- Self-management resources for people with long term mental health issues, that are accessible and do not exclude access to services where appropriate
- Workforce Strategy

COVID-19 Pandemic

The Scottish Government notes in its COVID-19 strategic framework February 2022 update[1] that "The past two years have tested the resilience of everyone in Scotland. There will have been very few of us who did not, at some stage, feel a strain on our mental health. It is crucial to understand that the mental health impacts of such a traumatic time will continue to emerge and evolve. The longer-term mental health effects will continue to be felt by many of us, across various levels of need. This will include mental ill-health in some cases." This sentiment also applies to the staff, who are to be thanked in demonstrating their commitment in the face of pressure and supporting patients. This strategy review and refresh recognises and responds to the significant impact of the COVID-19 Pandemic both in terms of those needing, and the staff and services delivering, mental health care and support at a time when demand for acute inpatient services is so high.

There are both positive and negative legacies of COVID-19 that will persist for a long time. Specific learning from the pandemic in areas such as Mental Health Assessment Units, digital developments, physical estate and infection control, will inform what we do.

The 2018 Adult Mental Health Strategy identified a range of principles on which service Strategies and implementation plans were based. The primary aims of increasing community based responses and increasing access to services remain relevant to and are inclusive of the whole complex of mental health services:

[1] Coronavirus (COVID-19): Scotland's Strategic Framework update - February 2022

1. **Integration and collaboration**
   A whole-system collegiate approach to Mental Health across Health and Social Care Partnerships (HSCPs) and the NHS Greater Glasgow and Clyde (NHSGGC) Board area, recognising the importance of interfaces and joint working with Primary Care, Acute services, Public Health, Health Improvement, Social Care and third sector provision.

2. **Prevention**
   Services should maintain a focus on prevention, early intervention and harm reduction as well as conventional forms of care and treatment.

3. **Choice and voice**
   Providing greater self-determination, participation and choice through meaningful service user, carer and staff engagement and involvement in the design and delivery of services. Staff wellbeing at work is recognised to be an important part of the provision of quality patient care.

4. **High quality, evidence-based care**
   Identification and equitable delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment.

5. **Data Analysis**
   Routine data collection and analysis is used to improve service quality, productivity and strategy implementation.

6. **Matching care to needs**
   - A model of stepped/matched care responding to routine clinical outcome measurement and using lower-intensity interventions whenever appropriate: "all the care they need, but no more".
   - A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of "easy in, easy out".
   - Shifting the balance of care from hospital to community services where appropriate.
   - Equalities sensitive services

7. **Compassionate, recovery-oriented care**
   - Attention to trauma and adversity where that influences the presentation and response to treatment.
   - Recognition of the importance of recovery-based approaches, including peer support and investment in user and carer experience that generates community and social impact.

Existing strategies covering the complex of mental health services continue to be jointly progressed by the six Health and Social Care Partnerships (HSCPs) within Greater Glasgow and Clyde, in partnership with NHS Greater Glasgow & Clyde (NHSGGC). All remain committed to the need to take a whole-system approach to the strategic planning of Mental Health Services, particularly given the interdependence and connectivity across HSCPs in relation to Mental Health services. The refresh should be read in conjunction with the current individual mental health strategies and proposals.

The production of strategies recognised the beginning of the change and improvement process and were open to further modification as necessary as implementation plans to support delivery of the proposed recommendations developed. The implementation plan will be supported by a further revision of workforce, financial and risk management frameworks designed to reflect the dynamic nature of the proposed changes, with careful checks and balances at each major phase of implementation. The impact of COVID-19 on people's individual and collective needs also continues to evolve and there remains therefore a commitment to engage further with key stakeholders to shape evolving plans.

1.2. Summary of the Proposed Service Changes and Improvements

What causes mental health issues is very complex. It is important to understand that just because we may not know exactly what causes someone to experience a mental health issue or distress, this doesn't mean it is any less serious than any other health issue, any less deserving of recognition and treatment or any easier from which to recover. Mental Health issues and distress can have a wide range of causes. It is likely that for many people there is a complicated mix of factors and different people may be more or less deeply affected by certain things than others. Factors that could contribute to a period of poor mental health or distress can include:-

- Childhood abuse, trauma or neglect;
- Social isolation or loneliness;
- Experiencing discrimination and stigma including racism;
- Social disadvantage, poverty or debt;
- Bereavement;
- Severe or long term stress;
- Having a long term physical health problem;
- Unemployment or losing your job;
- Homelessness or poor housing;
- Being a long-term carer for someone
- Drug & alcohol misuse;
- Domestic violence, bullying or other abuse as an adult;
- Significant trauma as an adult;
- Physical causes e.g. head injury and / or neurological condition
- Neurodevelopmental vulnerabilities, especially those previously unrecognised

There are separate and specific strategies for organised health and social care service responses for each of the NHSGGC wide mental health complex of services (Health Promotion & Prevention; Child and Adolescent Psychiatry [CAMHS]; adult mental health; older people's mental health; alcohol and drug recovery; Learning Disability and also Forensic mental health).

The recommendations described later in each section of this refresh will require implementation through multiple delivery work streams or other related strategies as appropriate to how they are interrelated or interdependent, such as those that contribute to the response to, or reduction of, Adverse Childhood Experiences.

The delivery of service responses are many and varied as illustrated by the following:

Primary and Community Care

Housing

Counselling services

Clubs, Activities, Social Groups

Recovery Peer Support Workers

Health Improvement and Prevention

Distress Response Services

GPs / Primary Care

Mental Health and Wellbeing in Primary Care Services (Hubs)

Welfare benefits and Income Maximisation

Social Work - Supported Accommodation, Community packages

3rd sector Commissioned, uncommissioned responses

Community Links Workers

Educational Settings

Recovery Colleges

Employment Support

Generic mental health assessment in Primary Care - Specialist Secondary Mental Health

3rd sector Commissioned / Uncommissioned responses

Guidance / Advice / Enhanced support to Primary Care - Specialist Secondary Mental Health

---

Secondary Specialist Mental Health Care

Mental Health Assessment

Emergency Departments

Acute Hospital Liaison Services

Group Therapies Service

Community Mental Health Rehabilitation

Child and Adolescent Mental Health Services

Primary Care Mental Health Teams

Adult Community Mental Health Teams

Older People Mental Health Teams

Community Alcohol and Drug Recovery Services

Specialist Community Mental Health Services

Recovery Peer Support Workers

Computerised Cognitive Behavioural Therapy

Community Learning Disability Services

INPATIENT SERVICES

Adult Rehabilitation

Adult / Older People Acute Admission

Intensive Psychiatric Care

Learning Disability

Forensic Mental Health

Child and Adolescent

Specialist Mental Health

Addictions

Social Work Integrated Discharge

Adult and Older People Hospital Based Complex Clinical Care

All services set out the issues and recommended actions necessary to deliver their aims. Particular, but not exclusive, attention was drawn to the following service changes proposed:

1.2.1. Prevention, Early Intervention and Health Improvement.

A range of organised mental health service responses can all contribute to their own versions of prevention, early intervention and health improvement and do this in very different ways.

This refresh makes more of a distinction between services that promote people's mental health and prevent people's mental distress and illness from services that are organised to respond to people's mental illness when they are referred to secondary care mental health services in the community and in inpatient wards. The relevant services will:

- Up-scale Mental Health training and support for all non-mental health and mental health staff in Partnerships and related services including; trauma informed, ACE-aware (Adverse Childhood Experience), one good adult, Mental Health first aid.
- Support community planning partners to develop and implement strategies to address adverse childhood experiences and child poverty within their area.
- Work with multiple partners to build awareness of practical steps to promoting mental wellbeing and challenging stigma and discrimination with a priority focus on groups with higher risk, marginalised groups and people with protected characteristics.

1.2.2. Physical Health

- On-going application of the Physical Healthcare and Mental Health Policy approach for people not in mental distress.
- On-going application of the Physical Healthcare and Mental Health Policy approach for people in mental distress who don't need contact with specialist mental health services.
- On-going application of the Physical Healthcare and Mental Health Policy for people in contact with specialist mental health services.
- Improve assessment and referral pathways to ensure that people with a serious mental illness have their physical health monitored and managed effectively with no barriers to service access.
- Continuing the commitment within Mental Health Services to a programme of training and development for mental health staff to ensure that the delivery of physical healthcare meets current standards.

1.2.3. Recovery Orientated and Trauma-aware services

- Collaboration with people with lived and living experience of mental health distress and / or of mental health illness
- Work with partners to pilot the introduction of Recovery Colleges in the Board area
- Develop and implement models of Peer Support Workers in the community

1.2.4. Community and Specialist Teams

- A focus on maximising efficiency and effectiveness of our Community Mental Health Teams (CMHTs) with standardised initial assessment, Patient Initiated Follow up Pathway (PIFU), Clinical risk reference panel development, peer support in CMHTs to reduce inpatient care, consider new roles, and refresh clinical outcomes measures.
- Implementation of Esteem review outcomes.
- Development proposals for child, adolescent and adult eating disorders.
- Trauma informed clinical practice training.

- The introduction of a matched care approach to the provision of care and treatment for Borderline Personality Disorder.

1.2.5. *Primary Care*

- To assess post pandemic the implications of the new GP contract, particularly around the potential for additional service and support options for people before needing to be referred to secondary specialist mental health community and inpatient services.
- Work to manage and support those with long term physical conditions should be expanded and prioritised. There should be a focus on effective communication of physical and mental health condition management requirements being shared between clinicians in both Primary Care / GP settings and also specialty secondary care mental health services in the community and in hospital.

1.2.6. *Social Care*

- An even more integrated management of supported accommodation (or equivalent) and care home placements with 'health' bed management to optimise "flow" in and out of integrated Health and Social Care beds/accommodation/places.
- Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to live as independently as possible in community settings.
- Review specialist and mainstream care home commissioning needs, including to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme
- Additional alcohol and drug recovery rehabilitation and harm reduction

1.2.7. *Child and Adolescent Psychiatry*

- Fuller implementation of the Child and Adolescent Mental Health Services (CAMHS) community specification, including supporting expansion of community CAMHS from age 18 up to 25 years old for targeted groups and those who wish it
- Additional transition planning to adult services and follow-up
- Implementation of the 2021 National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care
- Community waiting list initiatives

1.2.8. *Perinatal Mother and Baby*

- Increased investment in staffing for Mother and Baby inpatient services
- Review reimbursement support for families of Mother and Baby Unit (MBU) patients for transport, meals, accommodation
- Ongoing development of the new infant health service – Wee minds matter

1.2.9. *Infant Mental Health*

- Ongoing development and evaluation of infant mental health service – the wee minds matter team

1.2.10. *Learning Disability*

- Implement 'coming home', particularly focusing on developing plans to return people from where they are living out of area where this is appropriate for them
- Reduce reliance on bed-based models and support people who are at risk of admission, particularly where clinical need is not the primary reason.

- Provide a forum for multiple partner providers to explore and deliver on a range of alternative and innovative response support models for those individuals with complex needs

1.2.11. Community Services: Non-statutory Services

- Expand contact with non-statutory services for implementation plans and identifying priorities

1.2.12. Unscheduled Care

- Liaison / Out of Hours (OOH): provision of a single Adult Mental Health Liaison service across Greater Glasgow and Clyde, providing one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for departments.
- Crisis Resolution and Home Treatment / OOH: provide a consistent model of crisis resolution and home treatment across the NHS Board area available for community care and home treatment as an alternative to hospital admission
- OOH: streamline communications for all Unscheduled Care arising OOH including consideration of offering guidance to referrers, directing calls to local Community Mental Health Acute Care Teams (CMHACS) (or CMHTs and other daytime services)

1.2.13. Older People's Mental Health

- Focusing on early intervention to reduce admission to in-patient beds
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment
- Expanding access to psychological interventions, including non-pharmacological interventions for the management of ''stress and distress'' in dementia.
- Engaging with commissioning to further develop care settings in the community for care options for Older People with mental health issues as their condition progresses in terms of both individual care packages and residential care.
- A focus on reducing delays in discharge

1.2.14. Forensic Psychiatry Mental Health

- Focusing on maintaining safe and effective management of risk
- Continued investment in rehabilitation, repatriation of out of area placements and maintaining the flow of patients through levels of security and general mental health services

1.2.15. Shifting the Balance of Care / Bed Site Impact

- Collective approach for the complex of mental health services on site impact of end point inpatient investment and bed reductions
- Framework for collective engagement process
- Progress initial phase of bed reductions
- Reinvestment of mental health resources in community expansion

2. Strategic Context - Shifting the Balance of Care

2.1. Moving forward Together Transformational Plan and Clinical Services Review

The NHS GG&C extensive Moving Forward Together Transformational Plan, Clinical Services Review (CSR) and the Scottish Government's national vision of core principles set the main drivers for change.

2.2. Integration of Health and Social Care

The integration of Health and Social Care services under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014[2] has enabled Health and Social Care Partnerships (HSCPs) to re-examine how services are delivered to our services users to strive for improved outcomes through delivering and commissioning care in a more integrated, co-ordinated and efficient way. The specific actions for achieving this, along with achieving the statutory National Health and Wellbeing Outcomes, are set out in the respective Integration Joint Board Strategic Plans of HSCPs. In addition to the Service Improvements set out in the CSR, the 5 year strategy will build current developments and good practice delivered by HSCPs.

2.3. Mental Health Recovery and Renewal

The Mental Health Recovery and Renewal plan (MHRR) for Scotland forms part of the NHS Scotland recovery plan 2021-2026[3] which sets out key ambitions and actions to be developed and delivered now and over the next 5 years in order to address the backlog in care and meet ongoing healthcare needs for people across Scotland. The Plan commits to ensuring that at least 10% of frontline health spending will be dedicated to mental health with at least 1% directed specifically to services for children and young people by the end of this parliamentary session. The Plan contains over 100 actions, which focus on four key levels of need:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advise and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

2.4. National Care Service

The National Care Service (Scotland) Bill[4] was introduced to the Scottish Parliament on 21.06.22. The bill sets out the principles for the National Care Service (NCS). Its stated aim is to ensure that everyone can consistently access community health, social care, and social work services, regardless of where they live in Scotland. Subject to parliamentary approval, there is provision for a power to transfer accountability for a range of services, including adult social care and social work services, to Scottish ministers from local government.

The development of the National Care Service will remain a key area.

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[2] Public Bodies (Joint Working) (Scotland) 2014
[3] NHS Recovery Plan 2021-2026
[4] National Care Service (Scotland) Bill

2.5. Perinatal and Infant Mental health

The Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services (Mar 2019)[5] draws on the findings of the Perinatal Mental Health Network's NHS board visits, professionals' workshops and online survey of women's views, conducted in 2017-18, and the existing evidence base on service provision, to make recommendations on what services Scotland should develop to meet the needs of mothers with mental ill health, their infants, partners and families.

The report makes recommendations across all tiers of service delivery, with the aim of ensuring that Scotland has the best services for women with, or at risk of, mental ill health in pregnancy or the postnatal period, their infants, partners and families.

2.6. Child and Adolescent Mental Health

The Child and Adolescent Mental Health Services: national service specification[6] was launched in 2020 and sets outs a set of standards for CAMHS.

The Sottish Government also published the National Neurodevelopmental Specification[7] which identifies seven standards for services to support children and young people who have neurodevelopmental profiles with support.

2.7. Learning Disability

The Keys to Life: Implementation framework and priorities 2019-2021[8] are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland's disability delivery plan, A Fairer Scotland for Disabled People.

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report details engagement with people with learning disabilities and those who support them in exploring what was needed to be done next.

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services"

NHSGGC has been heavily involved in the shaping of national policy, in particular;
Coming home: complex care needs and out of area placements 2018[9] highlights that some people with learning disabilities and complex needs are living far from home or within NHS hospitals; there is an urgent need to address this issue. This report is the first time that a collective and comprehensive overview has been made available in Scotland on both the characteristics and

[5] Perinatal Mental Health Network Needs Assessment Report 2019
[6] Child And Adolescent Mental Health Services: national service specification
[7] Children and young people - National neurodevelopmental specification: principles and standards of care
[8] Keys to life: implementation framework and priorities 2019-2021
[9] Coming home: complex care needs out area placements report 2018

circumstances of people with complex needs who are placed into care settings that are distant to their families and communities, or who remain in hospital settings beyond the clinical need of them to be there.

Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge Feb 2022[10] builds on the earlier 2018 report. The goal is to provide high-quality, local, community-based services where, regardless of complexity of need or behavioural challenge, people's right to live a full and purposeful life, free of unnecessary restrictions can be realised. The report includes a recommendation (subsequently supported by the Scottish Government) for a Community Living Change Fund[11] to drive the redesign of services for people with learning disabilities and complex care needs.

A number of reviews associated with the mental health act are also likely to have an impact on Learning Disability services.

2.8. Older People's Mental Health

The National dementia strategy: 2017-2020[12] builds on progress over the last decade in transforming services and improving outcomes for people affected by dementia and emphasised the vision of a Scotland where people with dementia and those who care for them have access to timely, skilled and well-coordinated support from diagnosis to end of life which helps achieve the outcomes that matter to them.

2.9. Alcohol and Drugs Recovery Services

Scottish Government strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths is described in the document 'Rights, respect and recovery: alcohol and drug treatment strategy'[13]. This highlights commitments to achieve outcomes in the following four key areas, delivering evidence based interventions through a public health approach:

- Prevention and early intervention
- Developing recovery oriented systems of care
- Getting it right for children, young people and families
- A Public Health approach to justice.

The Alcohol Framework 2018[14] retains three central themes, which are well accepted and understood:

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

This document sets out the national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place.

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[10] Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge
[11] Community Change Fund - Coming Home Implementation
[12] National dementia strategy: 2017-2020
[13] Rights, respect and recovery: alcohol and drug treatment strategy
[14] Alcohol Framework 2018

The national focus on preventing drug related deaths increased in 2019 with the establishment of the Drugs Deaths Taskforce (DDTF). It aims to improve health by preventing and reducing drug use, harm and related deaths. There are 6 priorities:

- Targeted distribution of naloxone
- Implement an immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment (MAT)
- Target the people most at risk
- Optimise public health surveillance
- Ensure equivalence of support for people in the criminal justice system.

The national Drugs Mission was then launched by the Scottish Government in January 2021, including additional funding, focusing on:

- Whole family support
- Development of lived experience panels and community networks
- Residential rehabilitation

The national mission places significant responsibilities on ADPs to deliver on the Medication Assisted Treatment Standards and substance use treatment target to increase the numbers of people in treatment for opiate use.

The DDTF published the 'Medication Assisted Treatment (MAT) standards: access, choice, support'[15] in May 2021. The document lists 10 standards with 63 criteria aimed to enable 'the consistent delivery of safe, accessible, high quality drug treatment across Scotland'. The standards aim to put people at the center of their care and how it is delivered. They were developed following extensive consultation with multiagency partners delivering care, with individuals, families and communities with experience of problematic drug use. The 10 standards are:

1. Same Day Access - All people accessing services have the option to start MAT from the same day of presentation
2. Choice - All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.
3. Assertive Outreach an Anticipatory Care - All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. Harm Reduction - All people are offered evidence-based harm reduction at the point of MAT delivery.
5. Retention - All people will receive support to remain in treatment for as long as requested.
6. Psychological Support - The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. Primary Care - All people have the option of MAT shared with Primary Care.
8. Independent Advocacy and Social Support - All people have access to independent advocacy and support for housing, welfare and income needs.
9. Mental Health - All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. Trauma Informed Care - All people receive trauma informed care.

The Glasgow City ADRS Senior Management Team commissioned an independent review of Glasgow ADRS in Jan January 2021. This focused on the following key areas:

- Resource and capacity
- Workforce and development

[15] Medication Assisted Treatment (MAT) standards: access, choice, support

- Performance and governance
- MAT standards implementation
- Residential rehab.

2.10. Digital / eHealth

NHSGGC Digital Health and Care Strategy focuses on recovery priorities and transformation opportunities within the theme of “Digital on Demand”.

A changing nation: how Scotland will thrive in a digital world[16] goes beyond the adoption of the latest digital technology and focuses on the adoption of digital thinking, the way we lead organisations, and how we embrace the culture and processes of the digital age. It sets out the measures which will ensure that Scotland will fulfil its potential in a constantly evolving digital world.

2.11. Finance

The Scottish Government is committed to improving Mental Health, and as part of its evolving National Mental Health Strategy identified investment in Mental Health services, providing a commitment to ensure funding grows to 2027. The Scottish Government’s Resource Spending Review (May 2022) highlights the challenging financial climate and the constraints which exist in delivering investment in public sector services during the rest of this parliament. As a result of this and exceptional inflationary pressures being experienced across the sector it will be challenging to deliver a real term increase in funding. As a result, significant financial challenges remain;

- The balance of resource within Mental Health Services is not presently optimally deployed.
- Transitional monies need to be sourced to enable change.
- While the aims of the strategy are to increase community based services and improve access to services, changes in inpatient bed numbers will also be necessary to enable community and inpatient budgets to keep pace with inflationary pressures whilst keeping Mental Health in balance.

The purpose is to achieve marked improvement in the quality of people’s lives and to optimise the utilisation of resources across the GG&C system in support of the strategy.

Cost of living

The current cost of living crisis, inflationary pressures, impact upon people’s bills, childcare, housing, travel, energy and fuel costs are some of the social, physical and economic conditions in society that impact upon mental health. Financial restrictions will also impact on services’ ability to deliver. The actions arising from the strategy refresh will recognise and aim to ameliorate the impact of these.

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[16] Digital Education and Skills - A changing nation: how Scotland will thrive in a digital world

3. Public Mental Health

The term Public Mental Health means taking a systematic approach to working towards the best mental health possible for the whole population. Forming a key element of strategy, public mental health efforts work at multiple levels and across multiple sectors including those out with the health sector to address determinants of poor mental health as people's susceptibility to mental health problems can be influenced by settings and in turn by broader socioeconomic, cultural and political factors. Higher level recommendations are provided below with more specific recommendations indicated in the Prevention, Early Intervention and Health Improvement section as per the extant strategy.

3.1. Recommendations

Frameworks for action - The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks.

1. Review these existing frameworks, in the context of post-pandemic impacts and to ensure alignment with the new Scottish Government Mental Health Strategy (due Summer 2023) to ensure they are still fit for purpose.

Population Health

2. Use the results from the NHSGGC Health & Wellbeing, other surveys, and develop an ongoing programme of data analysis to support monitoring of changes within the population, understanding of needs and effective targeting of interventions.
3. Advocate for support or action to address where identified needs are not being met.
4. Review existing frameworks to ensure alignment with local and national strategies and ensuring they are still fit for purpose.

Inequalities - Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health. Groups who experience stigma and discrimination are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

5. Programmes of work will be developed to address mental well-being within such communities and groups.

Finding the right help at the right time - Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

6. Explore how people seek support for mental health and undertake an options appraisal to determine how to improve navigation of supports
7. Review and refine online resources and supports to ensure they are fit for purpose, easy to use and accessible.

Partnership Working - Many of the opportunities and mechanisms for action and change sit out-with the direct control of the NHS or HSCPs: e.g. in communities, Local Authorities and Third Sector.

8. Work through our partnerships to sustain and develop key interventions that promote connectedness, including volunteering, with community planning partners.

9. Work closely with Third Sector Organisations to support the use of the Communities Mental Health and Wellbeing Fund, supporting training, evaluation and other identified needs, to strengthen evidence of impact and expansion

3.2. Progress:

Scottish Government funding (2020/21 and 2021/22) was used by Partnerships to complement local provision to support those at risk of isolation, mental health recovery, bereavement and loss and suicide prevention activities and to develop innovative interventions and activities to address mental health stigma.

HSCPs have worked closely with Third Sector partners to rapidly use remobilisation funding and to support them in disbursing the Communities Mental Health and Wellbeing Fund from Scottish Government to complement local provision to address a range of impacts during the pandemic: e.g. loneliness and isolation, bereavement and suicide prevention.

We are working with national directory providers and Third Sector to work on joint solutions to support navigation.

'Aye Mind' – a digital resource for those working with young people has been updated and work is being developed to understand and mitigate online harms.

4. Prevention, Early Intervention & Health Improvement

4.1. Recommendations

1. Continue to work to improve the quality of care experienced by looked-after children and young people, for whom HSCPs have Corporate Parenting responsibilities.
2. Continue to improve processes that promote more integrated working across Adult Mental Health Services and Children and Family services.
3. Support community planning partners to develop and implement strategies to address child poverty within their area.
4. Significantly up-scale Mental Health training and support for all staff in Partnerships and related services (including trauma informed, ACE-aware, one good adult, mental health first aid).
5. Work with multiple partners to build awareness of practical steps to promoting Mental Wellbeing and challenging stigma and discrimination (linking to initiatives such as Walk a Mile, See Me and the Scottish Mental Health Arts Festival) – with a priority focus on groups with higher risk, marginalised and protected characteristics.
6. Work with community planning partners to extend the development of community-based initiatives that build social connection, tackle isolation and help build skills, confidence and productive engagement, with particular attention to marginalised groups.
7. Coordinate and extend current Partnership work for the prevention of suicide through joint training, risk management and acute distress responses, including with primary care.
8. Continue to support initiatives to promote physical exercise and active transport amongst Partnership staff as well as the general population
9. Access to 'distress' services delivered as part of the Unscheduled Care Review (see later chapter in this Strategy).
10. "Chronic" (long term, persistent) distress responses in collaboration with Primary Care for adults, relating to the Link worker role out and utilising social prescribing and allied methods. A programme to coordinate reduced exposure to ACEs, and to mitigate the effects of ACEs once they occur, for example by developing a 'Family Nurture' strategy in every Partnership with a community infrastructure of support. This should include relational and parenting support, especially for families with ACEs risks.
11. A new collaboration with Education and Social Care services to conduct and behavioural problems in primary-school age children.
12. A new collaboration with Criminal Justice services to develop and implement a Mental Health strategy for young people involved in the justice system, including early intervention access services.

Additional 2023 recommendation

13. Support community physical activity provision for the general population, given the significant contribution to supporting mental health, mental health recovery and maintenance of positive mental health and wellbeing.

4.2. Progress:

Each HSCP has first phase implementation plans in place for the national Children's and Young Persons Community Mental Health and Wellbeing Framework.

Healthy Minds training modules are accessed by approximately 1,000 people per annum.

Other mental wellbeing training, commissioned early 2020, has been delivered to over 4,000 staff across NHSGGC, HSCP's, Local Authorities and the Third Sector. This includes; looking after your wellbeing, supporting others, building resilience, healthy minds health awareness, Suicide Talk and Safe Talk.

Sessions have been developed & delivered, in addition to a one day skills and awareness course, supporting the network of educational psychologists trained as Trainers to deliver self-harm training to teaching and other staff.

- A Suicide Prevention Concordat was agreed December 2020 and provides for collaboration between NHSGGC, HSCPs, Community Planning Partnerships and other partners such as Police Scotland to enhance local suicide prevention action planning. Initiatives include: delivery of suicide prevention training across the Board area, despite pandemic-related challenges
- progress in developing a cluster response policy in conjunction with Public Health Scotland as a national development
- continued clinical liaison to track progress in suicide prevention and patient safety developments for clinical services
- Developing a focus on Youth and Young Adults
- Improving data and intelligence, including the "more timely data" initiative to ensure the availability of more current information.
- suicide-related bereavement support

Third Sector Interface organisations (TSIs) in each HSCP area were tasked to lead the dispersal of the Scottish Government Community Mental Health and Wellbeing Fund (2021/2022). Each HSCP supported the TSIs in developing their selection processes. Grants covered a wide range of areas including telephone befriending sessions, a community café with 'pay it forward', community growing and events to bring vulnerable and isolated residents together. These benefitted many people facing socio-economic disadvantage, diagnosed with mental illness, affected by psychological trauma, experiencing bereavement or loss and people with protected characteristics. Glasgow City alone awarded grants to 308 organisations and it is hoped the government will continue to provide this fund via the TSIs on an ongoing basis.

A children & young people's mental health subgroup of the Public Health Improvement Group (PHIG) has been established to bring together representatives specific to children and young people which can support prevention in this population. We have been active partners in the development and delivery of the annual Local Child Poverty Action Reports (LCPAR) in each of the 6 Local Authorities within GGC NHS. LCPAR's describe the actions taken to mitigate the impact of poverty in childhood, impacting on life chances and well-being. We have enabled significant programmes of delivery from the Children and Young People's Mental Health and Well-being (CYPMHW) investments within our six partnerships, enhancing earlier intervention services. We have built capacity in all 6 Local Authority education areas by ensuring there are Self harm trainers skilled up to deliver self-harm training within school communities.

5. Physical Health

5.1. Recommendations

1. The continued application of the measures set out within the Physical Healthcare Policy, including:
   - Systematic assessment of Mental and Physical Health and the Health Improvement needs of patients must be embedded in the provision of Inpatient and Community Mental Health Services and address issues appropriate to the individual's quality of life and well-being.
   - Once identified, Physical Health Care needs must be included within the individual's care plan and other health care records. Any action taken must also be recorded within the care plan and included in discharge or care transfer documentation.
2. Mental Health Services must work closely with patients, community based, Primary Care and Acute Care Services to improve assessment and referral pathways to ensure that people with a Severe Mental Illness (SMI) have their physical health monitored and managed effectively with no barriers to healthcare access.
3. Continuing the commitment within Mental Health Services to a programme of training and development for its staff to ensure that the delivery of physical healthcare meets current standards

5.2. Progress:

The Physical Healthcare Policy was updated and launched Sept 2019. A training post has been appointed to deliver a programme of training and development for staff to ensure that the delivery of physical health care meets current standards, that physical Health Care needs are being included within the individual's care plan and other health care records, that action taken is also recorded within the care plan and included in discharge or care transfer documentation.

6. Recovery-Oriented and Trauma-Aware Services

6.1. Recommendations

Strategies proposed increased collaboration with people with lived and living experience, local Mental Health and SRN taking a co-production approach to:

1. Work with partners to pilot the introduction of Recovery Colleges in the Board area.
2. Develop and implement a model of Peer Support Workers, and pilot for one to two years (This proposal will be considered as part of the financial framework for the implementation plan).
3. Provide Training/Awareness on Recovery Oriented Mental Health Services to staff, patients and carers.
4. Develop a Recovery Planning Tool to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.
5. Deliver a number of Recovery Conversation Café Events to build Recovery activities across our communities.
6. Promote a recovery ethos within all commissioned and directly provided services.

6.2. Progress:

Recovery Conversation Café Events (2019) were delivered and discussions included Peer Support models that promote the benefits of lived and living experience of mental health in service improvement and/or delivery.

Recovery Peer Support Workers were introduced into Adult CMHTs 2020 in six Community Mental Health Teams across three HSCPs. The aim of these workers, who have lived and living experience, was to;

- support staff to further understand the broader perspective of people with mental health issues
- support people being discharged from hospital
- help them reduce their contact with community mental health teams
- reduce hospital admissions and how long people might stay in the event of readmission

East Renfrewshire HSCP tested a commissioned recovery peer support model in Sept 2020, partnering with a 3rd sector organisation with experience of employing people with lived and living experience of mental health and recovery to support others. This model widens support to include those with Alcohol or Drug related issues as well from those recovering from Mental Health issues. Adding to a pre-existing workforce with those who intentionally bring their lived and living experience into their work was experienced as new and different by service users and helped people to feel a sense of trust and from there build towards and explore new recovery opportunities.

Peer support workers are also embedded in the service, where a recent evaluation has detailed the positive contribution this role provides services users.

East Renfrewshire have also trialled a Recovery College on a very small scale through a third sector partner, RAMH. The organisation was able to run another recovery college programme through funding secured from the Community Mental Health and Wellbeing Fund coordinated by the Third Sector Interface. Future work will include developing an NHSGGC-wide definition of, and meeting the key principles for, a Recovery College which reflect;

- being founded on co-production
- is inclusive
- operates on College principles
- is physical (and includes virtual elements where appropriate)

A benchmarking exercise was carried out in 2022, with the help of the Adult CMHTs, with a view to better understanding the range of recovery focused approaches in effect across NHSGGC, highlighting areas of good practice, and helping teams reflect on areas for improvement in recovery focused service provision.

A series of recommendations were also created as a reference for services to consider as part of any service development, ensuring that the recovery ethos is embedded as the golden thread that runs through all aspects of mental health service delivery.

7. Primary and Community Care (non-specialist mental health care)

7.1. Recommendations - Primary Care

The Primary Care environment extends to whole communities and the first port of call when experiencing mental health problems for people living in our communities can often be their GP.

1. To monitor, evaluate and share learning from the PCMH (Primary Care Mental Health) Fund demonstrator projects.
2. To engage and be influential in the process to implement the new GP contract in particular relating to possible additional Mental Health workers and to address use and alignment with this strategy, as part of Primary Care Improvement Plans.
3. To examine current GP arrangements within existing PCMHTs and CMHTs and propose steps to ensure regular and effective decision making.
4. The Mental Health Strategy should be considered as a contributing element of the Primary Care Improvement Plan.
5. The relationship between the Primary Care and Mental Health Interface Group and Primary Care strategic planning should be reinforced and accountabilities strengthened.
6. Work to support addressing long term physical conditions should be expanded and prioritised – such as the PsyCIS / Safe Haven work-to ensure effective communication of physical and Mental Health condition management requirements are shared between clinicians in both Primary Care and Mental Health settings.

7.2. Progress – Primary Care

HSCPs have been looking towards developing ‘mental health and wellbeing in primary care’ services. Local outcomes have been identified to improve access (journeys into and through) to mental health and wellbeing support. This is to increase primary care and mental health system capacity and to deliver integrated responses to promote good mental health. By improving access to the right support and treatment at the right time, existing demands on the wider system will reduce.

The role of specialist secondary care MH clinicians in the Mental Health and Wellbeing in Primary Care Services will be to provide:

- enhanced primary care support for consultation / advice *,
- support to guide primary care management of MH issues,
- education/learning to primary care,
- generic non secondary care MH assessment and
- medication prescribing support.

** Advice will include referral guidance when required to secondary care specialist services, Child & adolescent mental health teams, CMHTs, OPCMHTs, PCMHTs as well as to more specific service responses for people with BPD, eating disorder, psychosis, Perinatal, Esteem, etc.*

Some tasks currently carried out by GPs will be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. This includes additional professional clinical and non-clinical services including Community Mental Link Worker (CLW).

Community Links Workers (CLWs) have been introduced to support GPs and GP practices to signpost to community, 3rd sector and voluntary services and supports. They can case manage some

individual patients and can support patients with very complex needs as part of the practice team. Community Links Workers provide support to the whole community regardless of health condition and do not exclusively support people with Mental Health difficulties. They will support any patient referred to them by the GP of whom some at least will be experiencing Mental Health issues. CLWs are commissioned through 3rd sector organisations and support patients with non-medical issues associated with loneliness, social isolation, lack of community connectedness and associated 'social' issues (housing, physical inactivity and financial issues). This is sometimes known as social prescribing.

It should be noted (at time of writing, April 2023) that planning and development within NHSGGC has been paused following guidance from the national MHWPCS Group which is yet to be reconvened by the Scottish Government. Currently there is no direction on funding for 2023/24 (or beyond) and any changes to the level of national MHWPCS investment will require refreshed local plans to be developed. Sustainability of Community Links Workers will also be subject to the need for recurring funding.

7.3. Recommendations - Commissioned Social Care

1. Integrate management of supported accommodation (or equivalent) and care home placements with NHS Bed Management to optimise "flow" in and out of integrated Health and Social Care beds/places. Services will need to become more time limited and outcome-focussed.
2. Consider commissioning 'step-down' intermediate care provision to maximise the opportunity to support people to go onto live as independently as possible in other community settings.
3. Review service provision for complex care and challenging behaviour to ensure adequate placements are available.
4. Review specialist and mainstream nursing home commissioning needs, particularly to support people over 65 years of age potentially suitable for discharge as part of the re-provision programme.
5. Self-Directed Support providers are fully engaged in a co-production way to support the discharge programme.

7.4. Progress – Commissioned Social Care

Social work is a complex group of services. Social work departments provide and fund a wide range of specialist services for children, adults and families, and other specific groups. The services aim to improve the quality of people's lives and help people to live more independently. This includes particular service areas such as mental health. People with mental wellbeing and health issues includes people requiring care, support or protection. They can have complex problems and can be vulnerable and need support at different times or sometimes throughout their lives.
Services include:

Support for families Child protection Child and adolescent mental health Adoption services Kinship care	Residential care Care at home Mental health and addiction services Day care Hospital discharge coordination	Offender services Providing social enquiry reports Supervision of community payback and unpaid work Supporting families of prisoners

Support for children with disabilities and their families Fostering Child care agencies Looked-after young people Day care Residential care Supporting child refugees Supporting trafficked children Support for young people involved in offending behaviour	Dementia and Alzheimer's services Adult support and protection Intermediate care Provision of Aids and adaptations Services to support carers Re-ablement services Supported living Supporting refugee families Supporting people with disabilities Supporting victims of people trafficking	Supervision of offenders on licence

With this range of services the current approaches to delivering social work services will not be sustainable in the long term. There are risks that continuing pressure on costs could affect the quality of services. As part of mental health and other care Social Work services need to continue to look at ways to make fundamental decisions about how they provide services in the future. Social Work and mental health are working more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. Additional work is to further build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

There remains a fundamental shift in the balance of care proposed within the complex of mental health strategies from hospital to community services and to both extend and maximise capacity within community based services.
As overall Mental Health Inpatient beds reduce, the system needs to ensure an appropriate level of reinvestment into community care services including the following developments:

- Purchase of additional alcohol and drug recovery rehabilitation services
- Community social and health care treatment to deliver alcohol and drug recovery harm reduction
- Funding of social work discharge teams and increased number of social workers in integrated hospital discharge teams with rehabilitation clinicians, including in decisions on supported accommodation and resource allocation.
- Development of care homes quality assurance team
- Expand MHO capacity
- Increase psychological support for commissioned care homes
- Rapid response MDT frailty
- Hospital at home
- Fixed term support extending additional social workers in MHO to support weekend discharges
- Increase legal Adults with Incapacity capacity
- A digital standardised Care home portal to facilitate family choice
- Enhanced supported living first response
- Care at home
- Purchase enhanced packages of care to support discharge
- Additional 150 home care posts permanent

- New tender for commissioned Learning Disability and Mental Health placements including housing first
- New mental health commissioning team
- New advanced telecare service
- Step down from hospital care complex needs
- SPA personalisation new demand 2022/23 maximising independence
- Employees update of hourly rate of adult social care staff offering direct care in commissioned services in third and independent sectors
- Mental health support for people hospitalised with COVID-19
- Additional community staff and training to support people with eating disorder
- Additional staff to increase clinical capacity in CMHTs, OPMH, Groups service, ADRS, Trauma to reduce people waiting for psychological therapies

7.5. Recommendation - Community Services: Non-statutory Services

1. Continue to work closely with non- statutory services to shape the content of the implementation plan, including identifying priority areas for reinvestment, opportunities to improve pathways, access to services and support.

7.6. Progress – Community Services: Non-statutory Services

Arising from engagement with non-statutory services post recovery further joint consideration will include implementation plans for:

7.6.1. Further embedding recovery focused approaches

- Recognition that experience of trauma and adversity underlies Mental Health difficulties for many people; and that compassion, respect, engagement and a recovery-based approach should be fundamental to therapeutic service responses.
- Recognition that there is more to recovery than symptom reduction and that clinical services should be complemented by an ethos that promotes participation, empowerment and peer support, including the involvement of peer support workers.
- These recovery-based principles should inform all aspects of someone’s journey of care
- Better meeting the needs of people with multiple morbidities, with a particular emphasis on physical health.
- Self-Management should be a key feature and goal.
- Responding to the increased demands on carers in the community as a result of the proposed service changes, including the demands placed on young carers.

7.6.2. Improving Access to Services

- Make the most of community-based resources to offer early support.
- Consider further development of non-clinical responses to distress and suicidal behaviour, potentially including well-being centres, distress cafes, and short-stay crisis centres for people at risk of suicide.
- Align service user expectations with available help to facilitate straightforward access to the right kind of help and maximise the opportunities for self-management (e.g. through website and social media engagement, self-assessment, open access information and courses).
- Supporting services users and carers to navigate the service options and improve ‘signposting’
- Where appropriate, move away from traditional clinical models of referral and discharge from services, towards self-directed care, open access and brief and low-intensity interventions - ‘easy in, easy out’.

- A commitment to simplifying access routes (e.g. self-referral to PCMHTs) with the use of link workers and "choice"[17] appointments to build the therapeutic alliance and shared decision making, helping to work out how best to respond to more complex difficulties.
- Introducing a greater degree of flexibility into our commissioning processes to enable people to access a range of supports.
- The use of technological and IT solutions where possible to promote access to information and services.

7.6.3. Making Cultural Change

Addressing the culture change necessary to embark on much more of a collaborative and co-production approach with provider organisations, the independent sector, service users and carers to ensure the overall system of care is designed in the best way it can to meet people's needs;

- To support the shift towards care that is trauma-sensitive and psychologically informed.
- To meet the challenges of prevention, early intervention, recovery and assisted self-management.
- To strengthen the working relationship and knowledge base across statutory and non-statutory services.
- Developing a greater understanding of how risk is managed in the community across the service tiers.

[17] The Choice and Partnership Approach

8. Secondary Care Community Mental Health & Specialist Services

8.1. Recommendations

1. Progress work to ensure all of our CMHTs maximise their effectiveness and efficiency.” There will be a focus on reducing non-patient driven variation, review processes for complex cases and clinical outcomes will be utilised for all service users as appropriate.”
2. Review of ESTEEM to maximise efficiency, effectiveness and capacity.
3. Review of AEDS with consideration of investment in day service unit (This proposal will be considered as part of the financial framework for the implementation plan).
4. Extend a network of programmed care and treatment for people with Borderline Personality Disorder (BPD) Board-wide.

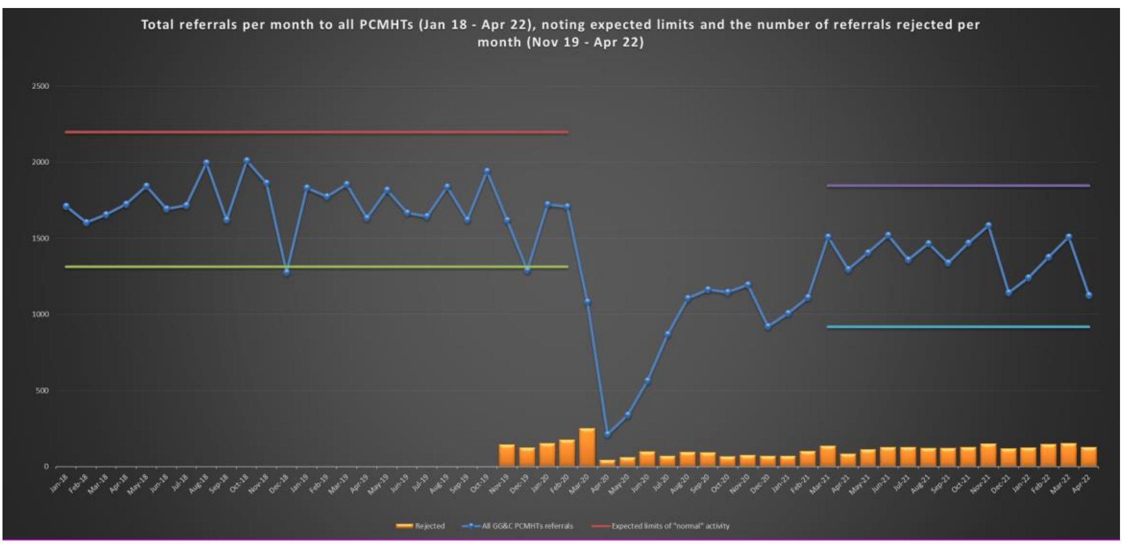
8.2. Progress - Primary Care Mental Health Teams

Primary Care Mental Health Teams were developed with the twofold intent of being able to offer General Practices more options for the high volume of patients who need specialist mental health secondary care when they present in practices with problems that have a psychological component (at least a third of all patients) and to prevent the unnecessary entry of individuals into other secondary specialist care Mental Health System services for common psychological problems.

These services are not about minor or ‘mild to moderate’ illness - they are designed to provide ‘high volume, lower intensity’ responses to common Mental Health problems, including depression, anxiety and lesser complex forms of Post-traumatic Stress Disorder (PTSD) and Obsessive Compulsive Disorder (OCD). There is a focus on brief psychological interventions, mainly Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and various forms of self-help and psycho-education.

The implementation of an outcome measure (CORE-Net) for all of the teams was to allow clinicians continuous outcome monitoring for all their patients.

The total referrals without full group work is returning to pre-pandemic levels.



The PCMH teams successfully implemented self-referral – which enables easier access and reduces the need for patient to first see their GP. Developments around ‘lower-intensity interventions’ are on-going and the teams will continue to consider ways of making use of the resource more efficient – for example through use of computerised self-help or clinician supported cognitive behavioural

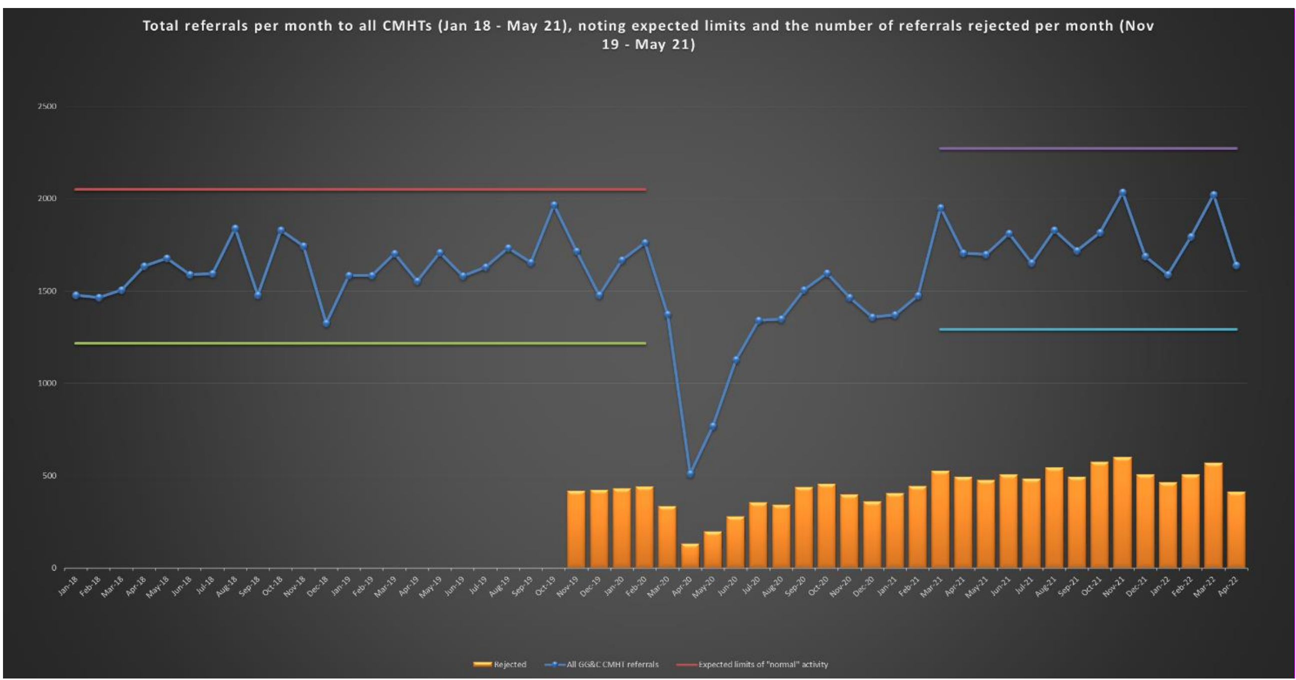
therapy or by directing people to services more suited to their needs and this will include third sector commissioned non-clinical services. Development in this area will be careful to avoid overlap and duplication in respect of primary care, models of recovery, community support and commissioning and prevention and early intervention and the development of the Mental Health and Wellbeing in Primary Care Services.

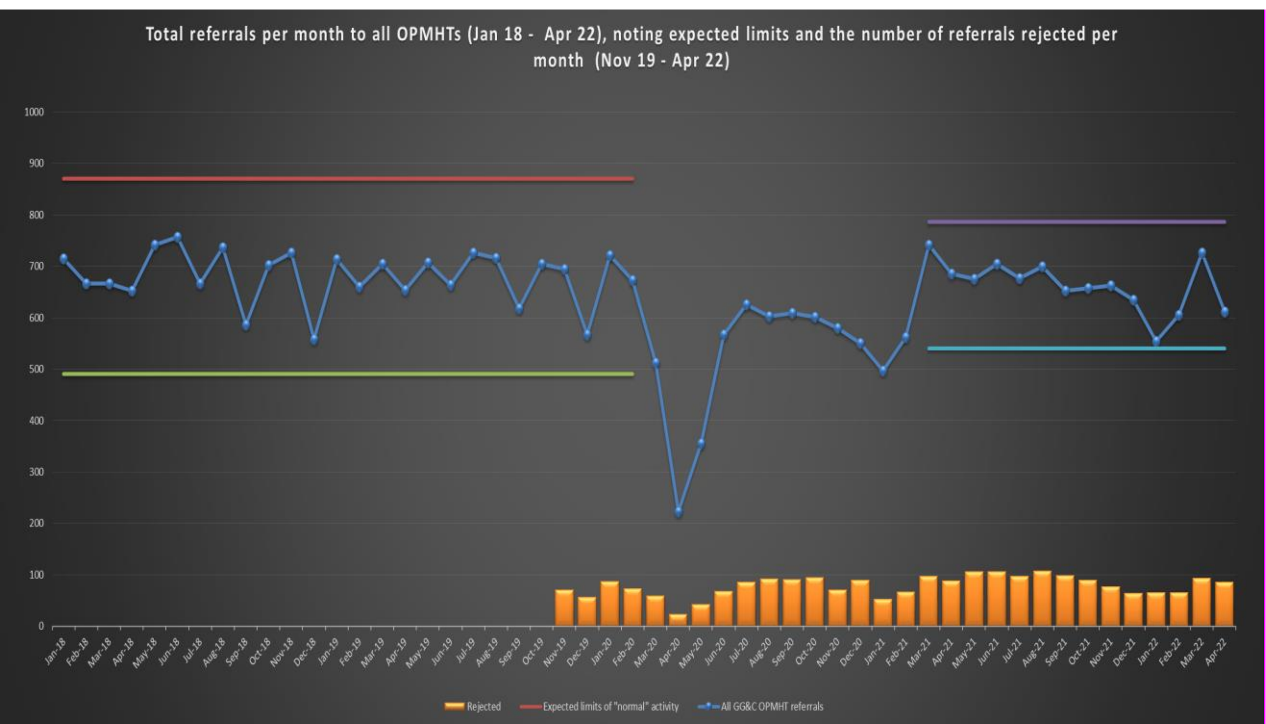
Further work will be progressed on Primary Care Mental Health Teams using the outcome measures more systematically across Community Mental Health and other teams. Additionally the re-instatement of full group work will also be an area for development and progress following the impact of COVID-19.

8.3. Progress - Community Mental Health Teams

The Community Mental Health Teams have continued to work on reducing non-patient driven variation. The COVID-19 pandemic event impacted on referrals to CMHTs.

The tables below highlight activity information across Community Mental Health Teams:





A standardised initial assessment tool across all CMHT's has been delivered with a planned rollout to crisis and inpatient services. This reduces variation in initial assessment and allows for a needs based and person centred approach to assessment and care planning.

The developed Patient Initiated Follow up Pathway (PIFU), as a way to facilitate a graded transition from secondary care services and support a recovery based approach to care planning, has been introduced. This is designed to improve efficiency of services while also supporting patients manage their care more collaboratively.

A Clinical risk reference panel continues to be developed and is designed to support clinicians in reviewing decision making and care planning for complex high risk cases.

A pilot of Peer Support was developed and implemented. Although affected by the ability to access people in inpatient care during COVID-19, the outcome of the pilot is to roll out Peer workers in CMHTs working into Inpatient wards across GGC as part of new financial framework priorities. A Recovery Planning Tool was to be piloted in the Peer Support test of change areas to promote realistic medicine approach for clinicians working in partnership with the patient.

Further work requires revisiting and refreshed for clinical outcomes. Initial progress was delivered in PCMHT psychotherapy and psychological therapies within CMHTs. Consolidation and rollout requires further consideration following COVID-19 in light of new ways of hybrid working and PIFU and will require a review on alternatives to CoreNet and quality standards and outcome data.

Further review current staffing data is being progressed through the establishment of CMHT Workforce Sub group which will also undertake further gathering of comparison data on CMHT activity and baseline patient experience data to inform the next phase of implementation planning.

There has been a significant increase in demand for assessment for attention deficit hyperactivity disorder (ADHD) since 2018. This will require a review of the pathways for neurodevelopmental disorders (including Autism) and tie in with the neurodevelopmental specification for children and young people.

8.3.1. *Pharmacy*

The Scottish Government allocated specific funding for four years (2021/22 to 2024/25) to be targeted towards Mental Health Pharmacy as part of the Mental Health Recovery and Renewal Fund. A number of transformational change projects have commenced. These will test the contribution pharmacy can make to the delivery of care within community based mental health services and to create a supportive infrastructure that will establish the capability of the service to sustain and develop its own workforce. In addition to Community Mental Health Teams, the pharmacy innovation projects will also span ADRS, CMHTs, CAMHS, Forensic Mental Health, Learning Disability and Older People's Mental Health.

8.4. Progress - Specialist Community Teams

There are a number of Mental Health teams that specialise in the assessment and treatment of specific conditions. These specialist services will also be reviewed to ensure they are equipped to meet future demand and include:

8.4.1. *Esteem*

This service which provides specialist early intervention for psychosis in young people, including those who have faced significant structural adversity and multiple traumas, works in a psychologically informed way to maximise recovery and promote self-management of complex mental health.

A 2018 service review focussed on: Eligibility and inpatient admission criteria, alternatives to inpatient admission, extended contact for some patients, employability and service development. The Esteem review was completed in 2019 with all recommendations described above adopted. It is noted that the COVID-19 pandemic has led to a 30% increase in demand with more first episode psychosis cases described across all health boards in Scotland.

Esteem has contributed to the development of, and works to, Scottish Government priorities through the Early Intervention in Psychosis in Scotland Action Plan (2019), supporting development of such services within other health boards.

8.4.2. *Eating Disorder Services (EDS)*

The Adult Eating Disorder Service (AEDs) was established in Glasgow and subsequently extended across the GG&C Board area to provide a coordinated multidisciplinary service for patients with moderate to severe EDs, working in conjunction with the CMHTS.

Prioritising intensive community intervention has enabled NHS GG&C to achieve the lowest inpatient bed use for ED across Scotland and the UK (from available data). In order to maintain and improve this further, consideration was given to measures that could reduce admissions to Adult Mental Health short stay beds. This included consideration of a proposal for the development of an eight place hospital based day unit. Other measures may include a service for people with an ED illness of a severe and enduring nature.

One consequence of the COVID-19 epidemic is a surge in the number and severity of eating disorder presentations. NHSGGC have utilised Recovery and Renewal funding across both the child and adolescent and adult eating disorder services to improve service capacity, physical health

monitoring, training, transitions from CAMHS into adult services, meal management, support in communities and expand access to psychological therapies.

A review of AEDS (2018) made a number of recommendations aimed at improving patient care, reducing clinical variance and taking more cases from the CMHTs;

1. Take psychiatric responsibility for AEDS ED cases
2. Developing a pathway to enable the core psychiatric needs of patient with primarily eating disorder needs to be held by the service rather than shared with the CMHT.
3. Enable direct transfer of patients with ED from CAMHS to AEDS This change was successfully implemented.
4. Increased the number of medical monitoring clinics
5. Improved care of patients with EDs in acute (and MH) settings
6. Work jointly with the Acute sector on the development of GGC guidelines for the management of eating disorder in acute hospitals. This guideline is now fully complete. Further improvement will come from a formalised medical link to support the medical management of eating disorders in MH beds ideally in a new specialist unit.
7. Develop a day unit / inpatient facility
8. The principle of a hospital based day unit was fully supported however COVID-19 made this impractical. Development of a specialist inpatient treatment facility remains a priority.
9. Develop a new pathway including medical monitoring for severe and enduring presentations
10. Develop the psychiatric role within AEDS to include a treatment change promoting greater evidence based therapy alignment, creating improved capacity for those patients actively engaged in treatment. This is alongside a new pathway for patients with a severe and enduring illness course that protects CMHTs from having to hold and monitor these cases if they are unable to engage in active treatment. This pathway will allow patients to be medically and psychiatrically risk assessed for a fixed timeframe instead of discharging to secondary care. This service development is in active consultation and discussion currently (October 2022).

8.4.3. Glasgow Psychological Trauma Service

Glasgow Psychological Trauma service is a multi-disciplinary Mental Health Service which offers assessment, training, consultation and multi-disciplinary psychological interventions to vulnerable service users who present with complex post-traumatic stress disorder (CPTSD) following experiences of significant trauma. The Trauma Service also delivers some National and Regional services across Scotland including a national service for trafficked individuals, Future Pathways Scotland and Major Incident Psychological Responses. External funding is provided for those services.

Training and consultation ensures all services are trauma informed and staff supported and equipped in their contact with trauma survivors in line with NES Transforming Trauma Framework. This leads to early identification of service users and their needs reducing unnecessary service contact time and eliminating failure demand.

Internal pathways between Community Mental Health Teams and Trauma team are established and maturing. Recent innovation has increased pathway flow with CMHTs providing additional support back to Trauma team to meet demand for trauma input.

8.4.4. Borderline Personality Disorder Network

People with a Primary or Secondary diagnosis of Borderline Personality Disorder (BPD) occupied an average of 24 adult acute inpatient admission beds across the system at any given time.

Individuals with BPD account for substantial levels of service utilisation across a range of settings including CMHTs, Primary Care and Acute Services. Due to the risk of self-harm and suicide, BPD accounts for substantial levels of contact with Crisis and unscheduled care services. BPD is the commonest Mental Health diagnosis apart from substance misuse among high-frequency repeat presentations at A&E. As a diagnosis, it accounts for a disproportionately large number of completed suicides that were investigated, underlining the risks associated with the disorder.

The community BPD network has been established offering at least one of the two therapies (MBT, DBT) across the whole board area. The network includes colleagues from Psychology and Psychotherapy Teams. The future model of delivery will be considered as the network develops.

Coordinated Clinical Care (CCC) training is now being delivered to community and crisis mental health services staff to address staff experiencing challenges in working with people with such conditions. Additional training and support is required to improve skills and support an empathic attitude. A key component is a focus on minimisation of harm induced by the words or actions of the clinician through promotion of rational prescribing and considered use of inpatient admissions. Initial limited feedback from service users/BPD Dialogues Group identifies a difference in attitude and response from their mental health / crisis team staff member who had completed the training. A more empathic and curious stance from staff resulted in de-escalation of a developing crisis.

The network works closely with the Psychological Therapy Group service and refers patients experiencing emotional regulation difficulties to the Emotional Coping Skills (ECS) package. STEPPS (Systems Training for Emotional Predictability and Problem Solving) is another evidence-based, structured psycho-educational group approach that was developed as an intervention for people with Borderline Personality Disorder (BPD) as part of its therapeutic toolkit.

8.4.5. Post COVID-19 Mental Health Team

The Scottish Government published a report by Dr Nadine Cossette on the mental health needs of patients hospitalised due to COVID-19 which contained a number of recommendations. One specific outcome for NHSGGC was the establishment of a post COVID-19 mental health team to support the mental health needs of patients hospitalised as a result of COVID-19 through screening and signposting or referral onto mental health or other services where appropriate.

9. Older People's Mental Health

9.1. Recommendation

1. A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

9.2. Progress

Existing Strategic priorities for Older People's Mental Health are:

- prevention, early intervention and harm reduction
- providing greater self-determination and choice
- shifting the balance of care
- enabling independent living for longer
- Public Protection
- The third national Dementia Strategy (21 commitments.)

9.2.1. Community Services

A community framework, which sets out the full range of services and supports that should be accessible to Older People, is being implemented. The purpose of the framework is to ensure equity of services across all individual Health and Social Care Partnerships. The framework acknowledges that services will be developed and delivered in different ways across each HSCP, reflecting of their individual population needs.

Each health and Social Care Partnership will undertake post pandemic review of the community supports in their area with the aim of identifying gaps and areas for future implementation.

Community prevention approaches should support wellbeing, enable independent living and the self-purpose needed with this group at risk of isolation, increase in alcohol consumption etc. Local community activity / supports are required to maximise health and wellbeing in the longer term for the ageing population.

9.2.2. Access to, and Interface with, Services

In order to ensure that Older People have access to the right service at the right time in the right place we are aiming to increase clarity about the pathways and access to services both for patients, their families and health and social care services and staff. Services will adopt a 'no wrong door' approach to referral and where required, will facilitate joint working work with partners and stakeholders to ensure a patients assessed needs are met by the most appropriate service.

There are a number of aspects to this work being taken forward to further improve access to services is efficient, effective and equitable

- Transition of patients between Adult to Older People's Mental Health
- Access to and support for Older People from Specialist Mental Health Services and services with no upper age limit, e.g. Alcohol, and Drug Recovery Services
- Interface with General Practice and Community Health and Social Care Services for referral to services and access to support

- Interface and pathways with Acute Care.
- Interface with Acute Care Services at its Front Door and Emergency Care Hubs

9.2.3. *Services for People with Dementia*

Areas of development for national Dementia Strategy include:

1. Ongoing monitoring and review of Dementia Post Diagnostic Support, the models used within the different HSCP's and the effective utilisation of additional funding to support provision
2. Adoption of the Dementia Care Co-ordination approach and pathway developed by Inverclyde HSCP with support from Healthcare Improvement Scotland, should be implemented by each of the Health and Social Care Partnerships in a way that reflects the services, supports and structures that are currently in place and the needs of their populations.
3. The formal adoption of the referral pathway for the identification, diagnoses and support for Young Onset Dementia.
4. Facilitating clear routes into clinical research, offering patients access to available clinical research including dementia treatment trials.
5. An NHSGG&C wide group established to review the operational process and practice of OPMH Community Teams, with the aim of identifying sharing and adopting good practice;
    - review and revise the existing service specification, identify changes to ensure a consistent service specification is in place
    - contribute to the review of the OPMH Community teams workforce
    - make recommendations for a series of performance indicators which act as a useful barometer for the service and the data for which can be gathered via existing systems

These priorities are guided by a set of principles

- OPMH's future development should primarily be viewed through the prism of older people's services rather than adult mental health.
- The principles underpinning the wider Older People strategy should also apply here; i.e. risk enablement not avoidance; a system that responds to the reality that care needs are not static, but can increase or decrease.
- The overall system design is patient-centred, with professional and organisational supports working into that
- We should think of "care needs" rather than assuming hospital beds are required and there is a presumption that a shift in the existing balance of care is possible,
- We will develop a future service model based on gradations of care up to and including in-patient beds
- In-patient beds should be located in the best estate, with geography a secondary consideration
- Emerging MFT principles around providing community-based care as locally as possible should apply, with a proviso that hospital care won't always be local
- Any shift to non-hospital based care must be resourced from ward reinvestment, both in terms of staff ratios and skill mix
- Maximise the opportunities around integration
- Timescales will be stepped and risk assessed at each stage of beds/ward reduction change programme

- Engagement across the clinical community at all stages of conception and implementation of the strategy
- Engagement and co-production with service users and carers

10. Child and Adolescent Mental Health

10.1. Recommendations

1. Develop and recruit to an MDT workforce plan to increase capacity at Tier 3 to reduce the waiting list backlog and meet the waiting times standards
2. Undertake Tests of change to expand the core MDT in CAMHS to included other professional groups such as Physiotherapy, Pharmacy and Art therapy
3. Engage with Young people and families to co- create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated.
4. Deliver a programme to refresh the principles and compliance to CAPA for all CAMHS team
5. Complete and extend the condition specific Care Bundles. Implement the application of the Care Bundles through a Board wide launch and L&E plan with robust evaluation.
6. Implement Welcome conversation for all CAMHS staff to listen about what matters to our staff. Ensure there is a review proves for themes in exit interviews continue to showcase and appreciate submissions to our Learning from Excellence system
7. Continue to develop bespoke induction and personal development opportunities for our staff that focus on skills development and wellbeing
8. Work with adult services to agree the Targeted groups of young people who will be supported through strengthened transition care planning.
9. Create pathway development posts and tests of change to develop pathways and consider how and where young people can be best supported
10. Transition care planning be undertaken by all young people who require to transition to Adult Mental Health Service
11. Extend capacity to undertake research to better understand what our Children and Young People want and expect from us and what works to help them manage their mental Health
12. Develop a workforce plan across CAMHS and Community Paediatrics to Increase capacity to undertake specialist Neurodevelopmental assessments
13. HSCP's to work with partner agencies to develop supports for children and young people that helps them thrive.
14. Creation of a regional CAMHS Intensive Psychiatric Care Unit (IPCU) adjacent to the existing Adolescent inpatient facilities, Skye House located on the Stobhill site in GGC.
15. Establishment of delivery of regional CAMHS services for children and young people with learning disabilities, forensic needs and those who are in secure care.
16. Develop services and tests of change involving Allied health professionals and psychology over 22/23 to ensure services develop to meet the needs of the young people and families we work in partnership with.

10.2. Progress

Most young people requiring Child and Adolescent Mental Health Services (CAMHS) will present with mental health problems that are causing significant impairment in their day-to-day lives, and where the other services and approaches have not been effective, or are not appropriate. These presentations can result in both the need for scheduled and/or unscheduled care.

10.2.1. Access

CAMHS services are currently accessed via professional referral (GP, Education etc). CAMHS services are striving to reduce the waiting lists and to meet waiting times standards. The service specification

describes that CAMHS should see children within 4 weeks of referral and treat within 18 weeks. CAMHS are also asked to support self-referral.

The CAMHS service specification asks that CAMHS publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS. The format and substance of this will be informed by consultation with young people, and will be provided via the NHSGGC website and social media channels. In addition CAMHS are asked to support self-referrals and support an 'Ask once, get help' principle

10.2.2. *Effective / Efficient / Sustainable*

CAMHS continue to operate the Choice and Partnership Approach (CAPA)[18]. CAPA is a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management. CAPA brings together:

- The active involvement of clients
- Demand and capacity ideas/Lean Thinking
- An approach to clinical skills and job planning.

CAMHS offer a range of therapeutic and treatment options, delivered through an MDT. Work is underway to develop standardised and evidence based Care Bundles, which will clearly describe what a child or young person can expect from CAMHS and for clinicians a pathway to the delivery of the treatment in keeping with the psychological therapies matrix.

10.2.3. *Transitions*

The Mental Health Recovery and Renewal plan requests CAMHS to extend transitions for targeted groups and those who wish it, up to the age of 25yrs. NHSGGC has developed transition guidelines in partnership with adult services and has already strengthened governance and planning across the mental health complex. This will include the relevant elements of the neurodevelopment specification and transition into adult services.

10.2.4. *(Adolescent) Intensive Psychiatric Care*

There is currently no direct inpatient service provision for adolescent patients who require Intensive Psychiatric input in NHS Scotland. This means patients are often referred to, or remain cared for, in services that do not fully fit their needs.

10.2.5. *Regional Pathways*

Scottish Government funding has been provided to review the current pathways and establish capacity for extended Learning disability and forensic pathways and support into secure care services.

10.2.6. *Eating Disorders*

Referrals have been increasing year on year since 2017. The eating disorder response has been expanded and developed in line with evidence-based practice. This includes expansion of Specialist

[18] The Choice and Partnership Approach

Dietetic roles, extension of psychological therapies into family-based therapy and cognitive behavioral therapy.

11. Perinatal Mother and Infant Mental Health Care

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

11.1. Recommendation

1. NHS GGC Perinatal services aims to provide assessment and treatment of woman and infants who are at risk of, or who experience, significant mental disorder whilst pregnant or in the 1st year postnatal.

11.2. Progress

Implementation of recommendations in the Delivering Effective Care report[19] resulted in the introduction of additional staffing across the Mother and Baby Unit and in the Community Team, an increase in Psychology resource with the aim of improving timely access to psychological therapies and interventions, Coordination and delivery of evidence based parent-infant interventions. A national consultation is under way regarding the provision of additional Mother and Baby inpatient Unit (MBU) beds across Scotland.

11.2.1. Mother and Baby Inpatient Unit

The West of Scotland MBU is situated in purpose-designed facilities at Leverndale Hospital. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care. The unit is staffed by a multi-disciplinary team of professionals across many disciplines. The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

Work is ongoing to;

- Promote psychologically informed care within the ward
- Build relationships with wider regional perinatal services
- Establish Psychology Pathways within the MBU (ensuring speedy and equitable access to psychological
- Develop therapeutic options available within ward
- Develop the peer support worker role.
- Develop a Fathers and Partners pathway to provide a systemic pathway to care and ensure they are included in the patient's journey

11.2.2. Community Perinatal Mental Health

The community team is a specialist service providing assessment and treatment for women who have, or are at risk of having, significant mental disorder in pregnancy or the postnatal period, currently up to 12 months postnatal. The service will also see women with pre-existing severe mental disorder for pre- pregnancy advice on risk and medication management. Work is continuing

[19] PMHN-Needs-Assessment-Report.pdf (scot.nhs.uk)

to expand the service to allow assessment for new patients to be seen between 6 and 12 months postnatally. The PMHS will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

11.2.3. Infant Mental Health

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

11.2.4. Maternity & Neonatal Psychological Interventions (MNPI)

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life. The team is working to:

- Improve access to maternity and neonatal psychological interventions
- Improve engagement with maternity services
- Improve support to specialist areas
- Improve support to maternity and neonatal staff and improved awareness of psychosocial issues in this staff group
- Improve data collection, outcome monitoring and quality improvement
- Improve pathways of care and support to community and universal services
- Improve staff confidence and expertise

Work is ongoing to improve and embed access to a range of therapies including clinical psychology, parent-infant therapy and occupational therapy. There has been significant progress made in the interfaces between perinatal mental health, IMH and MNPI. Pathways of care have been strengthened to ensure access to appropriate services and transitions of care between teams. This includes developing and delivering psychological therapy groups within the service i.e. perinatal anxiety management group, perinatal Emotional Coping skills group, Compassion Focussed Therapy group.

12. Learning Disability

12.1. Recommendations

Coming Home 2018 makes 7 recommendations under three themes;

1. Strengthening Community Services
2. Developing Commissioning and Service Planning
3. Workforce Development in Positive Behavioural Support

The 'Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde, 2018' report makes a number of recommendations;

4. Create a shared vision with as many stakeholders as possible, including families and people with learning disabilities.
5. Hold yourselves accountable to the vision, and share it widely so that others can hold you accountable too.
6. Ensure the principles and values already identified are clearly embedded in the vision.

Develop a shared strategy. Coming Home 2022 recommends;

7. The current sample Dynamic Support Register should be developed into a tool for national use.
8. "By March 2024 we want and need to see real change with out-of-area residential placements and inappropriate hospital stays greatly reduced, to the point that out-of-area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment."

Specifically, the community living change fund is to be used to:

9. Reduce the delayed discharges of people with complex needs.
10. Repatriate those people inappropriately placed outside of Scotland.
11. Redesign the way services are provided for people with complex needs.

12.2. Progress

Plans in respect of Learning Disability are consistent with wider Mental Health strategy and the complex of mental health services with a strong focus on integrated practice towards stepped matched care, improvements in quality and effectiveness of community services and fewer inpatient beds and out of area care.

East Renfrewshire leads on redesign of Learning Disability inpatient services and an NHSGGC Programme Board has been established to provide support and oversight of developments across HSCPs. Similar to all strategies across mental health, aspirations are to develop community alternatives to hospital admission, discharge people who have been delayed for some time and reconfigure inpatient services to better support community services and third sector partners. A Community and Inpatient redesign Group brings together local leads with responsibility for development of community and inpatient services and ensures parallel progress leading to Inpatient reconfiguration.

HSCPs are developing their own approaches to increasing community support for those at risk of admission with the overarching strategic aim to reduce reliance on the bed base and develop more responsive ways of supporting people earlier, in partnership with people, third sector and the wider system. A Multi-Agency Collaboration Group has been established given the need to enhance third sector alternatives and improved joint working across statutory and third sector partners. This

group is made up of senior reps from third sector organisations, social care, clinical staff and commissioning and aims to influence commissioning and frontline practice and encourage wider joint working within HSCPs and across HSCPs where this would be helpful.

12.2.1. Coming Home

A variety of responses to 'coming home' have been developed across the HSCPs, including;

- Local review all of the people living out of area and plans to support people to return to the area where this is appropriate for the person. Reviewing and refreshing outdated institutional models of respite and residential support, taking a co-production approach.
- Further embedding integrated systems and ways of working. Increasing the range of services providing the right support from the right people at the right time. For this reason, including supported living in either shared or individual settings.
- Flexible working with inpatient services and future plans to increase the range of person centred solutions which can be delivered by joint working with the inpatient team.
- Further embedding the risk register / management process into current review systems, providing detail on crisis responses available in an area.

It is clear from extensive work taking place there are a very broad range of multi-layered issues. Varying solutions are emerging across the partnerships based on local needs, demographics, availability of skilled third sector providers and therefore our challenge is to support the development of these local ways of working and at the same time create and deliver on a Board wide plan which ensures people across NHS GGC receive robust flexible support when they need it most.

Consistency can be achieved by ensuring we have broadly consistent approaches to the variety of issues in terms of management of risk, threshold for hospital admission, adaptability in how we use our inpatient and other community resources; however it is inevitable this will achieved in different ways across NHS GGC.

12.2.2. Bed modelling

There are 27 beds across two facilities and the aim is to reduce reliance on bed-based models and re-invest resources in Community Services designed to support people who are at risk of admission, particularly where clinical need is not the primary reason for admission. Our aspiration is to reduce to around 18 to 20 beds and our modelling supports this ambition. Redesign of the inpatient estate will require capital investment and this will be closely linked with the wider Mental Health strategy to ensure system wide capital and estate planning includes plans for Learning Disability.

Providing more accessible information to patients about the service prior to and within the first few weeks of admission, providing more homely and quieter areas within the units, providing more opportunities for patients to maintain and develop their daily living skills, staff training in the impact and influence of power, and improving communication with all involved from hospital admission to discharge.

Patient hospital attendance as a 'day patient' tailored more specifically to individual patient needs allowing immediate access to full inpatient care if the patient requires this rather than establishing a day hospital. Adults with Learning Disability needs are so heterogenous that a day hospital could not be designed to meet all needs.

12.2.3. Outreach

Increasing the flexibility and range of options provided by the inpatient service and the ability of

community services to support patients in a person centred way and adapting the service during the most difficult periods, smoothing out the interface between inpatient and community services rather than adding to it by introducing additional layers of specialist services or teams (outreach or crisis)

12.2.4. Inpatient referral

All Learning Disability Psychiatrists referring patients at risk of admission and/or placement breakdown i.e. at a much earlier stage than currently to test what inpatient assessment and support can be provided other than admission.

Establishing a register of people at risk of admission or placement breakdown, to help identify people earlier and keep track of actions taken to reduce the risk.

Referrals to be discussed by the bed management group to consider for day patient attendance or part-time admission.

Inpatient teams prompted to explore the options for providing more robust post-discharge support. Shifting the current inpatient admission service to one of inpatient assessment & support as well as admission, and starting to provide more flexible inpatient support for those at risk of admission and/or placement breakdown.

Making accommodation more homely and flexible with more options for individualised and quieter living areas, maintaining independent living skills and links with local communities.

Addressing the mismatch between the understanding of inpatient and community staff about each other and the way they work.

12.2.5. Community Living Change Fund

A Learning Disability programme board has been established to adopt a whole system approach to:

- Agree a programme of work for the community living change fund, over three years, which leads to reduction in demand for beds and creates local and, where required, shared alternatives.
- Agree a financial programme which bridges the programme and leads to the reduction of beds and transfer of resource to fund longer term alternatives.
- Seek to return people from Out of Area, and where there are savings commit to a proportion of these funds being redirected to new local arrangements aligned to strengthening community services.

This will include two key work streams:

Community and Inpatient redesign to support the development of local services to improve the response to people at risk of admission / OOA. The group will also lead on the development and implementation of improved joint working across the system –embedding pathways, standards and support the development of workforce modelling and proficiency utilising effective and efficient ways of working.

Multi-agency collaborative commissioning to provide a forum for teams, commissioning and third and independent sector partner providers to explore and deliver on a range of alternative innovative and responsive support options for those individuals with complex needs. Exploring the availability of alternative short term accommodation opportunities for people who are reaching crisis as an alternative to hospital admissions will be key to this.

13. Alcohol and Drugs Recovery (ADRS)

13.1. Recommendations

1. Implement the recommendations of the Alcohol and Drugs Recovery Services (ADRS) reviews
2. Implement the Medication Assisted Treatment (MAT) standards
3. Move to deliver inpatient services from a single site within NHSGGC (from the NHSGGC Clinical Services Review)
4. Improve digital / eHealth systems, the access to, and use of these to reduce duplication and improve reporting of performance. (*ADRS teams comprise of health and social care staff using different recording systems)*
5. Review post-pandemic accommodations needs
6. Review and revise team structures to ensure board wide co-ordination of locality delivered services and consistent approach to delivery between the six ADPs, minimising the impact of varying priorities in each HSCP.
7. Ensure alignment of ADRS and mental health planning in relation to:
    a. MAT standard 9, where mental health care pathways are required to ensure 'All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery'
    b. In-patient services
    c. Crisis outreach services in relation to mental health crisis pathways and services
    d. The development of Mental Health and Wellbeing in Primary Care Services
    e. The duty on HSCPs to respond to Mental Welfare Commission "Ending the Exclusion" report on joined up mental health and substance use provision to people with co-occurring conditions
8. Ensuring access to residential rehabilitation services across the Board area, participating in regional and national commissioning work to influence this
9. Recognising the impact on families of substance use and ensuring provision of support for family members in their own right, in line with the Whole Family Framework for Alcohol and Drugs

13.2. Progress

There is a work stream established in GADRS to take forward the implementation of recommendations from the review. Inverclyde and Renfrewshire concluded service reviews prior to COVID-19, which still require full implementation.

The Crisis Outreach Service is a recently implemented assertive outreach service based at Eriskay House, Stobhill Hospital. It provides a rapid outreach response to individuals who are in addiction crisis of drugs, alcohol and non-fatal overdose of street drugs. The team provides a period of assessment, engagement and brief interventions, including Naloxone provision, Dry Blood Spot Testing, Injecting Equipment Provision (IEP), safer injecting advice, alcohol brief interventions and supported access to community teams, to people with highly complex needs. The team liaises and interfaces with Mental Health assessment units, GADRS Community Addiction Teams (CATs), A&E, Scottish Ambulance Service, Police Scotland, Third Sector and Voluntary Services.

The Enhance Drug Treatment Service (EDTS) is an innovative and unique service in Scotland, it aims to engage with those patients who traditionally do not engage well with treatment services, offering injectable diamorphine, oral Opiod Replacement Therapy (ORT) and other medication. The service

links to other treatment services including the Complex Needs Team, CATs and the Blood Borne Virus (BBV) team. Patients receive support with social care and housing. The service was launched in November 2019, however due to the impact of COVID-19, including social distancing measures, and a shortage of diamorphine which affected supplies for almost 12 months, the service has been unable to increase patient numbers as planned.

The development of a new drug checking programme for Scotland, funded by the Scottish Government through the Drugs Death Task Force and the Corra Foundation, was launched in January 2021. This initiative will see the creation of infrastructure to support the delivery of three city-based projects in Scotland. These projects will enable members of the public to anonymously submit drug samples for forensic analysis, and subsequently receive individualized feedback of the results together with appropriate harm reduction information. Glasgow will be one of the three cities to participate in this project.

In 2017 NHSGGC and Glasgow City Council submitted proposals to develop a co-located Heroin Assisted Treatment Service and Safer Drug Consumption Facility (SDCF). Whilst the proposal for the heroin assisted treatment service could be progressed without any alteration to current legislation, and the EDTS was opened in November 2019, the Lord Advocate did not feel that the SDCF proposals could, at that time, be progressed. Following recent discussions with Scottish Government, Crown Office and Procurator Fiscal Service and Police colleagues, a new SDCF proposal has been submitted to the Lord Advocate, seeking to work within the current legislative framework. The SDCF will provide an opportunity for staff to engage with service users, who may otherwise have no or little contact with treatment services, and offer harm reduction advice, whilst also highlighting pathways into treatment, including EDTS.

The Renfrewshire Recovery Hub (CIRCLE) is a newly established recovery service within Renfrewshire, offering unique recovery support to people with mental health and substance misuse difficulties. Its primary focus is to provide recovery opportunities enabling individuals' authority over their own lives, recognising the many pathways to recovery, building a service that is person centred, focuses on strengths and resilience of individuals, families and communities. The workforce is recovery orientated and service provision is led by individuals with lived and living experience. A comprehensive activity program, offering opportunities for recovery, will include; volunteering, peer support, education and employability, low level psychological support through anxiety management, and other activities. The service will act as a central recovery hub with recovery activity delivered across local communities throughout Renfrewshire.

14. Unscheduled Care

14.1. Recommendations

14.1.1. Community response

1. Integrate crisis, home treatment and OOH models so that they are provided consistently across the Board area.
2. Develop a framework for the operation of a Community Mental Health Acute Care Service (CMHACS)* model across NHSGGC which includes the following:
    a. Home / Community Treatment capacity - with individuals offered treatment safely in a community setting as an alternative to hospital admission.
    b. Management of access to adult inpatient services - with CMHACS taking lead responsibility in collaboration with Bed managers to facilitate admissions to hospital.
    c. Supporting early discharge from hospital – by working to minimise the length of stay in acute inpatient settings by supporting discharge where the clinical risk can be managed within the community.
3. Community services interface with new “distress” pathways as described in (11) below.

Additional 2023 recommendation

4. Where patient groups are not covered, ensure effective links between CMHACS with other community responses.

14.1.2. Emergency Department (ED) and Acute

5. There is a single Liaison service Board-wide, providing cover to EDs 24/7.
6. Liaison will provide one point of access for referrals for each Acute Hospital, with defined response and accessibility criteria for supporting departments such as AMU, IMU & MAU
7. Liaison services to provide input to the EDs, AMU, IMU etc and inpatient wards from 8am to 8pm on weekdays, and 5pm at weekends. A single OOH Liaison team provides cover at other times, coordinated centrally and pooling staff resources where needed with the CMHACS
8. Implement a face to face response time of <1h for referrals from ED, including some prompt productivity changes to support this new target.
9. Secure recurring investment for liaison services transformational posts received and to enhance and develop CMHACS to cover GGC area (currently funded non-recurringly from Scottish Government funding). (This proposal will be considered as part of the financial framework for the implementation plan)
10. Pathways from primary care, police, NHS 24 and self-referral will be clarified.
11. An alternative care pathway is developed, which diverts all assessment and treatment for people with Mental Health problems who do not require medical treatment (or otherwise to be managed by a clinical unit for behavioural reasons) out of the main ED. Those pathways would work with third sector organisations in collaboration with health services to provide a compassionate, therapeutic and safe response without “leading” with diagnosis and risk assessment. This will include planned "tests of change" around e.g Distress Hubs; Crisis cafe models
12. Review the number of acute assessment sites Board-wide, with consideration of the potential to reduce the current number of acute admission sites. (Note: there is an extant plan to reduce from 6 to 4 with the closure of Parkhead Hospital in Spring 2018 and the transfer of the remaining 15 bed acute admission ward from Dykebar to Leverndale Hospital.)

Additional 2023 recommendation

14.1.3. CAMHS

13. To establish CAMHS Unscheduled Care provision planned regionally and integrated with regional adolescent inpatient pathways. And to establish/extend capacity and provision of CAMHS Liaison Services delivered by paediatric acute inpatient and outpatient services.

* Recommendations have been updated to reflect a revised approach, replacing the proposed Crisis Response and Home Treatment service with a Community Mental Health Acute Care model.

14.2. Progress:

Unscheduled care responds to a lot of activity in the Mental Health system. People seeking this kind of help are usually exposed to immediate and serious risks to their health or safety. Unscheduled care services also carry most of the risk associated with Mental Health care. Demand for "unscheduled" can be predicted and a key goal for the Strategy is to match demand to a prompt and effective response consistently across the Board area. While recognising that some flexibility is required to meet local needs, there is scope for a more standardised approach to maximise efficiency and effectiveness.

14.2.1. Community response

Distress Response Services have been established across the HSCPs, mostly commissioned through local mental health associations alongside the national NHS24 Distress Brief Intervention Service which is also commissioned through the Scottish Association for Mental Health (SAMH). Further work to look at options for reducing variation and increasing consistency of response is proposed.

Plans are being developed for a Community Mental Health Acute Care Service (CMHACS) as an alternative to the previously proposed community response home treatment service (CRHT). The CMHACS will be a comprehensive mental health acute care service whose first goal is to provide mental health care, treatment and support as a credible alternative to hospital admission or prolonged inpatient care, promoting emotional strength and reducing the impact of mental health crisis through intervention, education, prevention and community collaboration. Core functions will be to offer short term intensive community based treatment, manage all requests for access to inpatient care and provide assessment of suitability for home treatment as an alternative to admission. The service will also work in collaboration with acute mental health inpatient services to facilitate and support discharge from hospital for individuals that home treatment is deemed to be appropriate for. Medical recruitment is proving to be a challenge and will need to be addressed to support this development.

Reducing the number of points of contact out of hours within each HSCP and across the Health Board and linked more directly with Social Work responses is also proposed.

14.2.2. Emergency Department (ED) and Acute

The COVID-19 pandemic forced considerable change to the delivery of unscheduled care services and accelerated the implementation of Mental Health Assessment Units (MHAUs). These units are being retained as a long term approach.

MHAUs ensure that people experiencing distress and with a Mental Health presentation get the most appropriate and timely care treatment response, diverting people with Mental Health problems who do not require physical / medical treatment from the main Emergency Departments. MHAUs support the principle of joint working and shared responsibility and are directly accessible by 1st responders (Fire, Police Ambulance) and GPs. Originally only for adults, Older People are supported and Child and Adolescent Mental Health Services (CAMHS) staff are now attached to the units out of hours to support young adults and adolescents. These closely link with the Out of Hours G.P service, NHS 24 and the NHS 24 Mental Health Hub, the Flow and Navigation Hub, the Urgent Resource Care Hub (URCH) and the Glasgow City Compassionate Distress Response Service (CDRS). MHAU staff and the Scottish Ambulance Service provide a first responder service for mental health assessment within a patient's home. The digital Consultant Connect system provides support for GP surgeries across NHSGGC to access same day mental health assessment for patients presenting in mental health crisis.

These units were funded 'at risk' and clarity is required on how they will be funded on a sustainable basis.

A single Acute Hospital Liaison service has been established covering all acute hospitals within NHSGGC ensuring cross-cover on all sites with guaranteed response times, including up to 1 hour to Emergency Departments or longer, appropriate to the support required.

Crisis, Liaison and Out of Hours Teams services have been reconfigured to address historical gaps and ensure mental health support is provided 24/7.

14.2.3. CAMHS

An unscheduled/intensive and liaison review was completed in January 2022 and has moved into implementation. The review aimed to meet the requirements of the CAMHS specification and ensure a 24/7 response across unscheduled and liaison pathways and intensive responses to be developed to meet the needs of young people. Work will be developed to deliver the regional approach with regional inpatient services.

15. Forensic Mental Health

15.1. Recommendation

1. Delivery, alongside mental health rehabilitation services, of low secure inpatient accommodation in a dedicated unit which offers safe and secure accommodation for patients whose presenting behaviours cannot be safely treated within an open ward and who require a higher level of security over a longer period of time, expanding the offer available within forensic and mental health rehabilitation services.

15.2. Progress

Implementation proposals to increase low secure rehabilitation and increase integration with general adult psychiatry Intensive psychiatric care, acute admissions and intensive rehabilitation are in development.

Continuing pathway review with general adult and rehab psychiatry pathways and development of the forensic rehabilitation function in parallel with adults & rehabilitation.

16. Shifting the Balance of Care

16.1. Recommendations

1. Short stay acute assessment beds be reduced, alternative capacity in community services to manage the rebalanced system of care. Consideration of the location of proposed bed closures and the implications for hospital sites will be considered as part of the development of an Implementation Plan. It was not anticipated the potential risks of reducing the number of IPCU beds could be mitigated to a level that would result in a ward closure. Review the number of acute adult assessment sites Board-wide, with consideration of the potential to reduce the number of acute admission sites. (Note: the existing plan reduces sites from 6 to 4 with the closure of Parkhead Hospital completed 2018 and to transfer the 15 bed acute admission ward from Dykebar to Leverndale Hospital.)
2. In order to support the bed reductions (set out below), while managing existing and future demand for inpatient care, the recommendation would be for the development and adoption of acute care pathway across all acute inpatient sites, which would allow for clarity about the role and purpose of an acute inpatient service within a redesigned mental health system. This would also allow for greater operational consistency in the implementation of care pathways and reduce variance across sites.
3. An emphasis on quality improvement processes within inpatient care settings and a rollout of SPSP and AIMS across all acute inpatient sites. This would, in conjunction with greater operational consistency in implementation of care pathways and standards, reduce variation across inpatient sites within NHS GG&C.
4. A greater focus on addressing delays in discharge and ensuring a pro-active approach to discharge planning. This would include closer integration with community and social care services to ensure joint prioritisation of resources and smoother patient flow across inpatient and community settings.
5. Ensuring that individuals are appropriately placed within acute inpatient services based on need rather than availability. This would require further work around developing and clarifying interface arrangements across care groups, in line with the newly developed Acute care pathway.
6. A further recommendation would be around the harmonisation of bed management and data collection to ensure dynamic monitoring of inpatient bed availability as well as ensuring a focus on patient flow.

Mental Health Rehabilitation and Hospital Based Complex Clinical Care (HBCCC) Beds

7. Operational consistency across all rehabilitation services via standardised care pathways that are co-ordinated and reviewed on an integrated system wide basis. In this model there would be system wide access to rehabilitation beds across GG&C when necessary, and a system-wide bi-monthly review of admissions, discharges and bed-utilisation. This system-wide review should include social work professionals and overall, a more integrated approach should be taken to co-ordinating the system of care across rehabilitation services and community provision.
8. Admission to dedicated inpatient rehabilitation services needs to be reserved for a subgroup of people with specific complex Mental Health presentations and a profile of need responsive to rehabilitation. There is wide-variation in how rehabilitation beds are used across the system. The proposed changes to rehabilitation services would include system-wide implementation of agreed standards for assessing suitability for rehabilitation, referral guidelines and what is delivered in the care pathway.
9. Inpatient rehabilitation services designated as either “Intensive” or “High Dependency” Rehabilitation & Recovery Services. Intensive wards would reduce prolonged lengths of stay

to promote patient throughput, with high dependency wards equally reducing prolonged lengths of stay.

10. The recommendation is that a non-hospital based unit(s) for service users requiring longer term, 24/7 complex care is commissioned. The implementation plan will consider whether these should remain NHS beds or whether an alternative model should be commissioned.
11. There should be a move to benchmark bed levels proposed by Royal College of Psychiatrists for adult rehabilitation services, equating to a reduction of approximately 50 beds. The detail of this will be developed as part of the implementation plan, including the timescales, recommended locations for residual hospital beds and reinvestment proposals. This work will include the development of a risk management framework to ensure the system of care is able to cope with each phase of the proposed reduction in beds.

16.2. Progress

Changing bed numbers and where they are located is very complex, even when reinvesting funds back into community mental health services.

The complex of Mental Health Services' includes Child and Adolescent Mental Health (CAMHS, Older People's Mental Health (OPMH), Adult Mental Health Care, Mental Health Social Care, Alcohol and Drugs, Learning Disability and Forensic Services. Existing Strategies identified proposals to shift the balance of care to more community options and to deliver increased specialist in-patient care where identified. The various individual plans for each of the mental health services for beds is as follows:

16.2.1. In Patient Beds and Care Home Provision

Continue with the journey on shifting the balance of care, moving away, where appropriate, from institutional, hospital led services towards to investment in local people, neighbourhoods and communities to enable services to be delivered locally and support people in the community.

Analysis confirms that NHSGGC remains a relatively high user of Older People's Mental Health in-patient beds. In addition, day of care and other audit activity has consistently confirmed high numbers of patients who could more appropriately be supported in other settings, including care homes and within the community. As we move forward it is the aim to reduce the overall number of in-patient beds, whilst utilising the best estate.

The following areas have been identified as key to supporting this.

- reinvest in our community services, as indicated across the strategies
- strengthening the responses to patients in crises situations to prevent admission wherever possible
- review the current provision for those patients who can no longer live independently at home.
- Via case note review and audit (in collaboration with info services and clinicians), we will seek to develop a robust understanding of who is using OPMH inpatient beds and their journeys into these beds. This will help inform what sort of alternative care arrangements would be effective.
- Focusing on early intervention to reduce admission to in-patient beds. Options include providing a short period of intensive input at home, supporting patients and their families through period of crisis.
- Continued investment and focus on Care Home Liaison Services to support Care Homes to maintain residents in their Care home environment, and prevent and reduce admissions to in patient settings

- Expanding access to psychological interventions, including non-pharmacological interventions for the management of 'stress and distress'' in dementia.
- Engaging with commissioning colleagues to further develop care settings in the community that are equipped and supported to deliver care to Older People with mental health issues as their condition progresses
- A focus on reducing delays in discharge back to home or an appropriate care setting in line with the persons care needs.

Reducing the total number of beds and wards generates a huge number of options for which inpatient bed services could be delivered and on which sites. Pragmatically therefore implementation proposals will consider the first phase of bed changes within an overall end point. This is so the first step of changes can be pragmatically tested for safety and quality purposes. It means we stay within broad end point principles and the overall direction of the Strategy. It also means initial phased implementation moves do not pre-empt endpoint solutions but also allow an evolving end point based on what we learn in practice due to our experience of change along the way.

Mental Health Inpatient Service	Current Strategy End point Bed Nos.	Refresh End point Bed numbers		Initial Phase Change endpoint	
Child Psychiatry	6	6		6	No change
Adolescent Psychiatry	24	24		24	No change
Adolescent Eating Disorder / Intensive	0	4		4	Increase in beds for adolescents with greater acuity of need and site linked to Adolescent service and Adult Eating disorder service
Eating Disorder (Adult)	4	10		10	Increase in beds to meet identified need and site linked to adolescent eating disorder beds and adult acute beds
Perinatal (Mother & Baby)	6	8		8	Increase in beds to meet identified need
Alcohol and Drugs Recovery	35	25		25	Reduced beds to meet need and maximise expertise
Learning Disability Assessment & Treatment	28	20		20	Reduced beds and move from isolated site to increase support options
Learning Disability Long Stay	8	0		0	Reduced beds to social care community support
Forensic Learning Disability	9	9		9	No change
Forensic Medium Secure Care	74	74		74	No change
Forensic Low Secure Care	44	59		44	Increase in forensic rehabilitation to meet need, repatriation of out of area placements and patient throughput efficiency
Intensive Psychiatric Care Unit	44	44		44	No change – review of secure acute assessment for people from prisons and Courts
Adult Acute Short Stay Assessment & Treatment	285	232		285	No initial phase 1 change due to full capacity. Consideration of possible future distribution of beds.
Adult Rehabilitation and Hospital based Complex Clinical Care including Enhanced Intensive Rehabilitation	128	87		113	One ward reduction to allow testing change in inpatient focus including Enhanced Intensive Rehabilitation beds to facilitate patient throughput efficiency in IPCU & Adult Acute Assessment & Treatment and repatriation of people and funding contribution to community rehab service
Older People Acute Short Stay Assessment & Treatment	205	119		205	One ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and consideration of possible future distribution of beds and functional and dementia split
Older People Hospital based Complex Clinical Care	152	60		132	Two ward reduction to allow testing and funding of Community service and change in inpatient – transfer of resource to community alternatives and further options of distribution of beds and functional and dementia split
Total	1052	781		1003	

16.2.2. *Overview*

Current Mental health beds in NHS GG&C
- 1,052 mental health beds
- distributed across thirteen sites and
- 65 wards

Changing mental health bed numbers and the number of wards on any site affects services on all sites. When reducing or increasing bed numbers and wards a key question is which wards should be placed where and for what purpose.

Start Point Initial Phase Distribution of Mental Health beds across GG&C

Bed Numbers by Location	Addictions	Adolescent	Adult Long Stay	Adult Rehab	Adult Short Stay	Child Psychiatry	Eating Disorders	Elderly Long Stay	Elderly Short Stay	Forensic LD Low*	Forensic Low Secure	Forensic Medium Secure	IPCU	LD Assessment & Treatment	LD Long Stay	Perinatal	**Bed Total**		**Nos. Wards on Site**
Blysthwood														*16*			***16***		***1***
Dumbarton Joint								*12*									***12***		***1***
Dykebar			*12*	*8*	*15*			*42*									***77***		***4***
Gartnavel Royal	*20*		*18*	*12*	*80*			*20*	*45*				*12*	*12*			***219***		***12***
IRH Orchard View, Langhill, Larkfield			*12*		*20*			*30*	*20*				*8*				***90***		***5***
Leverndale			*35*	*11*	*94*				*38*	*9*	*44*		*12*			*6*	***249***		***16***
Netherton															*8*		***8***		***1***
Darnley - G4								28									**28**		**1**
Rowabank Clinic												*74*					***74***		***8***
RAH									*40*								***40***		***2***
Royal Hosp for Children						*6*											***6***		***1***
Stobhill	*15*	*24*	*20*		*76*		*4*	*20*	*44*				*12*				***215***		***12***
Vale of Leven									*18*								***18***		***1***
Total	**35**	**24**	**97**	**31**	**285**	**6**	**4**	**152**	**205**	**9**	**44**	**74**	**44**	**28**	**8**	**6**	**1052**		**65**

** LD – Learning Disability*

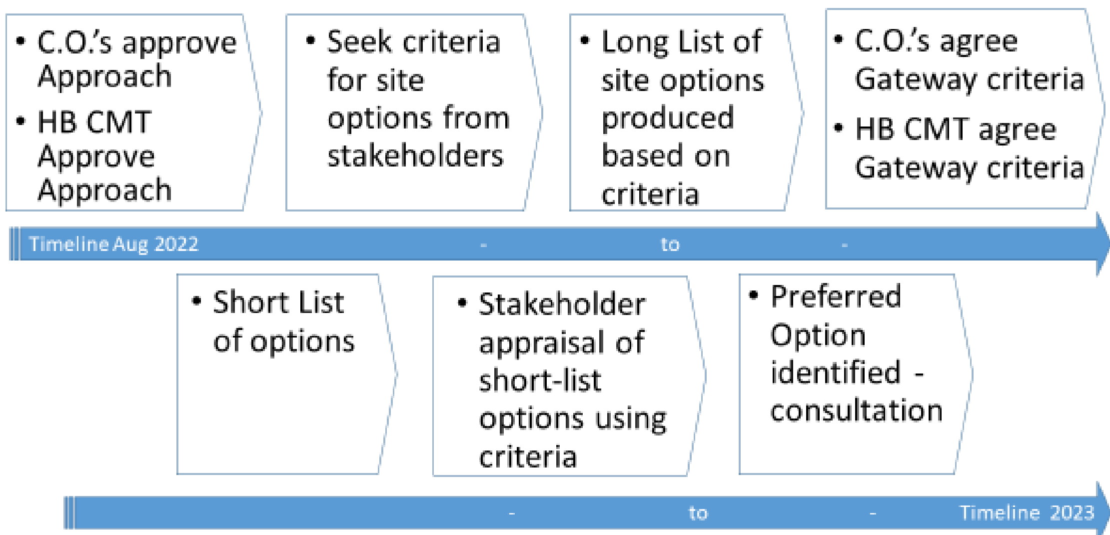
Mental Health Services benefit from a collective approach across HSCPs and NHS GG&C. This will include co-ordinating the delivery of all the mental health family inpatient services.

Dependences include that although sites are linked to community services people who need to be admitted can be admitted to any site. Particular wards and sites within NHSGGC/HSCPs do not solely belong to particular localities, but are managed on behalf of the whole system.
Some of the specialist services such as Perinatal Mental Health and the Adult Eating Disorder Service are single wards and also provided to anyone from within the six HSCPs and Health Board-wide area.
- Consultant Psychiatrist on-call cover is for Adult Mental Health, Learning Disability, Alcohol & Drug services, Older People's Mental Health Services is provided out of hours by one rota operating North and one rota operating South of the Clyde. There are single rotas for Forensic and Child and Adolescent Mental Health Services (CAMHS) operating Board-wide.
- Junior doctor out-of-hour rotas are managed system-wide to maintain cover while adhering to the European Working Time Directive.

- In some care groups with smaller critical mass of staff (e.g. clinical psychology in Learning Disability and in Alcohol and Drugs) system wide approach provides cover when required during vacancies, maternity leave and illness.
- During times of challenge ward nursing cross cover is also routine within sites, across sites and across the different mental health complex of specialty inpatient care.

Initial bed rationalisation has been delivered through incremental changes to acute sites (Parkhead), rehabilitation sites (Phoenix House) and also to older peoples hospital based complex clinical care nursing home site accommodation (Rowantree / Rogerpark).

The next step will be agreement to progress site impact engagement as follows:



Engagement on site impact across the range of sites and whole mental health complex of services will be the next main enabler for implementation progression.

17. Service User & Carer Engagement

17.1. Recommendations

1. Ensure staff are aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult (including older adult) carers and young carers.
2. Ensure staff are promoting adult carer support plans and the young carer statement.
3. Supporting delivery and achievement of the Triangle of Care standards
4. Develop performance indicators to evidence impact of the above.
5. Service users' and carers' experience of their care, in line with the national health and wellbeing outcomes, should be regularly monitored and evaluated
6. Ensure that service user and carer networks are a core component of future service planning and implementation

17.2. Progress

Involving service users and their representatives in service planning is a core component of the development of the Service Strategies. Service user involvement and representation has been provided through the Mental Health Network.

Each HSCP commissions Advocacy services to ensure the rights of individuals who are subject to the Adults with incapacity (Scotland) Act (2000); Adult support and ,Protection (Scotland) Act (2007); the Patient Rights (Scotland) Act (2011); Charter of Patient Rights and responsibilities (2012); and the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Advocacy Services are provided via a procurement process and are monitored to ensure they meet the requirements of the agreed specification of service provision.

Service user involvement will remain a core component of the implementation plans that are to be developing.

17.2.1. Carers

Supporting carers is a key priority at a local and national level. To date, we have rolled out 'the Triangle of Care' tool across all mental health services to improve carer engagement and support. The Triangle of Care is a therapeutic alliance between each service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. HSCPs are working on an on-going basis to support the delivery and achievement of these aims.

Key Messages from Service Users and Carers

- Carers – given the increased emphasis on home treatment particularly when people are ill it is imperative that carers are better supported in order to enable them to continue their vital role in the longer term. Carers should be supported to both be effective in their caring role and enabled to look after their own health.
- Poverty – Scotland's new Mental Health Strategy explicitly recognises the links between poverty and poor Mental Health. Models of support that are to be developed must be able to encompass this work.
- Social isolation – the Scottish Government recognises the damage social isolation causes, future models of "recovery" must encompass the social dimension and help ameliorate the impact of poor mental health.
- Rights –People can sometimes feel disempowered by the mental health system. A rights based approach should mean people enjoy a better relationship with services and a greater say in their care and treatment, leading to greater personalisation of their support.

- Prevention – A large amount of resource is directed at supporting people who have a repeated number of episodes of mental ill-health. A system wide approach that looks at learning from mental health crisis on a personal level and embraces preventative planning could greatly reduce service usage for such individuals.
- Engagement – Early engagement with key stakeholder groups is crucial in order to identify solutions to the issues faced, e.g. people with a lived and living experience and mental health carers as well as 3rd sector groups.

The Mental Health Network (of people and carers, with a lived and living experience of mental health issues) are commissioned within NHSGGC to support service user engagement and also sit on the board-wide Mental Health Strategy Programme Board and support the strategy.

A process to engage with public and staff on what is important to them when considering changes to bed numbers and site impact is in development. Pre-engagement is taking place with heads of services and leads from Third Sector Interface organisations in each HSCP, including leads from groups that represent people with protected characteristics to support co-production of the process itself.

Public and staff engagement on site impact has been delayed by COVID-19 and will continue in more normal times.

The Borderline Personality Development Network have formed a 'BPD Dialogues' group. This is a group of people who have a diagnosis of Borderline Personality Disorder and lived and living experience of using NHS services in Greater Glasgow and Clyde (NHS GG&C). They contribute to the planning and development of better services for people with a diagnosis of personality disorder through:

- Designing information leaflets and resources for people with the diagnosis, and their families and friends
- Contributing to the content and delivery of staff training on BPD
- Providing feedback on any aspect of the BPD implementation plans from the perspective of having lived and living experience

Other work streams are looking to develop similar engagement groups. e.g. CAMHS - An eating disorder reference group has been set up with representation from a member with lived and living experience and a third sector representative.

Performance indicators are to be developed with user and carer input to evidence staff are:

- aware of their roles and responsibilities in respect of duties and powers of Carers Act for adult carers and young carers;
- ensuring staff are promoting adult carer support plans and the young carer statement; and
- supporting delivery and achievement of the Triangle of Care standards

18. Workforce

18.1. Recommendation

1. Future workforce requirements and implications will continue to be assessed as part of the development of the implementation plan. It will be important to ensure on-going professional and staff side representatives have the opportunity to engage fully in this process and for the outputs to dovetail with HSCP Workforce Plans

Additional 2023 recommendation

CAMHS

2. Create dedicated strategic CAMHS pharmacist posts across Tier 3 (specialist multidisciplinary teams) and Tier 4 in line with services across the rest of the UK.

18.2. Progress

Mental Health services face several workforce issues which are relevant to this strategy, and these are summarised below. However, given the nature of the bed reduction changes proposed within this strategy, it should be noted that the following section focus primarily on health staffing issues.

In particular, workforce issues that require to be taken into account include the following:

- An increase in retirements, associated with:
  - An ageing workforce
  - Mental Health Officer Status
  - Changes to NHS pension provision
- Recruitment and retention, an issue for all professions, specialties and localities, but particularly intense in some areas;
- Nursing workforce standards
  - Application of the national workforce and workload planning tool
  - Nursing staffing standards for inpatient care

Specific issues relevant to the main professional groups and services are set out below.

18.2.1. Nursing

Full implementation of the 5 year strategy anticipates a reduction in Mental Health beds across GG&C, which will result in a reduced inpatient nurse staffing compliment. However, given current challenges in filling a number of nurse vacancies and anticipated turnover and retirements, the Programme Board remains confident that a phased approach to the implementation of the strategy will see the successful redeployment of all staff into the future service model. Such change would be managed in partnership with staff-side representatives, and in accordance with organisational change policies.

For those remaining hospital wards, there is a need to ensure that nurse staffing levels continue to meet the needs of the patients. The Royal College of Nursing (RCN) recommends a minimum percentage skill mix of registered to unregistered nurses at a ratio of 65:35. Further local NHSGGC work is equally based on a body of evidence that reports safer and improved outcomes for patients where there are more registered staff working on the wards. Future staffing levels and skill mix will therefore be measured against national workforce planning tools and it is likely this will result in a need to reinvest funding into some wards to improve skill mix.

18.2.2. <u>Medical</u>

Psychiatrists hold an essential role in diagnosing and treating complex and high risk patients and overseeing compulsory treatment under the mental health act. Additionally, medical staff have a clinical leadership role, supporting multidisciplinary mental health teams to work effectively.

NHS GG&C has traditionally been able to recruit to consultant posts, though Speciality And Specialist (SAS) Grade doctor posts were often more challenging. There are likely to be recruitment problems in some specialties in future.

Career-grade doctors typically work to a defined catchment area, and are expected to manage their workload across inpatient, community and specialist teams depending on the needs of the service. Referrals to CMHTs have been increasing by 3% per annum in recent years, and a proportion of this activity has been absorbed by the posts set out above.

As service gaps appear, clinical safety and service viability usually means that locums must be used and this can have disadvantage if it results in changes to clinical leadership and reduced continuity of care, such as occurred during COVID-19. Board-wide locum costs for medical staff across Mental Health, Learning Disability and Addictions services were contained in 2016/17, and were largely generated by vacancies relating to retirement and maternity leave which could not be filled using existing staff. Assertive use of local cover arrangements, GG&C locum bank staff and new arrangements with commercial agencies led to a reduction in costs of about 25%. However, the cost of locum cover is an ongoing challenge to NHSGGC.

Redeploying medical staff in response to the changing requirements of the strategy (for example from inpatient to community work) can often be achieved by negotiation over existing job plans. Any requirement to move consultant posts across localities would require meaningful engagement, time and careful planning and balancing of service need, medic wellbeing and career development to mitigate staff losses to avoid the risk of service gaps needing to be filled by non-NHS locums.

Psychiatrist involvement will always be required for the diagnosis and treatment of complex and high-risk patients, and in relation to mental health act work. With potentially fewer psychiatrists available, there will be an increasing need for medical staff to focus their resources on these groups of patients with role / task sharing with other disciplines in place to manage less complex and lower risk patients.

18.2.3. <u>Psychology</u>

Overall, in recent years, across NHSHHC, there has been a slight increase in clinical psychology staffing however some care groups have seen a reduction.

Some of the main challenges faced in the Clinical Psychology workforce are:

1. The small critical mass of Psychology staff in certain care groups including Learning Disabilities, Alcohol and Drugs and Older Adults.
2. Services have small numbers of clinical psychologists and other psychological therapists meaning they are vulnerable to not being able to provide care as expected when vacancies and forms of leave occur.
3. A significant number of staff have MHO status and can retire within the next five years.
4. Both a national and local analysis of gender and part-time working profile suggests that the Psychology workforce is a largely female profession and that many who join the profession reduce working hours within 3 years post training

The Scottish Government has recognised the importance of evidence based interventions for service users. A key element of this approach has been the development of a strategy to increase access to evidence based psychological therapies for many health conditions.

A major challenge in recent years within NHS GG&C has been achieving and maintaining the HEAT Standard on Access to Psychological Therapies across all Care Groups.

As the Scottish Government's Strategy develops this will continue to be a challenge and it will be a core element of NHS GG&C's Mental Health Strategy. Maintaining and increasing a critical mass of clinical psychology staffing will be an important part of the strategy.

18.2.4. Occupational Therapy

Occupational Therapy continues to have a role to play in the work streams of the GGC 5 year strategy. With its roots in person centred recovery focused practice, occupational therapists play a crucial role in helping people maintain their optimum level of independence within their communities. This is important at all stages of the patient journey from community and hospital to discharge. Shorter admissions will require robust discharge and support packages and planning to begin at the point of admission. Occupational Therapists will continue to make an essential contribution to this part of the pathway in terms of assessment and making recommendations about the level of support required for successful discharge. In addition consideration should be given to the review of such packages over time by an occupational therapist in order that adjustment of resource can be made based on need.

Within mental health services in the board, the majority of the Occupational Therapy workforce remains within secondary care services. There is growing evidence nationally that supports earlier intervention to Occupational Therapy gives better outcomes to patients. By working with people earlier in their journey, it enables occupational therapists to facilitate supported self-management techniques. This has been recognised by some of the HSCPs in GGC and they have included occupational therapy posts as part of their plans for the development of the Mental Well-Being Hubs. A newly developed service in Renfrewshire HSCP has introduced mental health occupational therapists into primary care. This service works alongside GPs and other primary care providing assessment and intervention with the principle of early intervention and supported self-management at the core of service delivery.

Occupational Therapists are experts in vocational rehabilitation. Employment and meaningful occupation/therapeutic activity are important to recovery and maintaining positive mental health. Earlier intervention by Occupational Therapists is likely to impact positively on people sustaining their employment, making reasonable adjustments at an early stage and helping people to find appropriate work which in turn assists with recovery. The recent legislation enabling occupational therapists to sign Fit Notes requires exploration with the development of an agreed governance framework within GGC.

A newer area of development for occupational therapists in mental health relates to neurodevelopmental work. Within Glasgow HSCP occupational therapy staff have been involved in the waiting list initiative, assessing people for ADHD. Specific to the profession has been the development of the occupational therapy SPARKS programme, a bespoke group work programme for people diagnosed via the WLI, with ADHD. This continues to be in the developmental stages and is being delivered by staffing working additional hours. If a GGC service was to be developed then it will be crucial that occupational therapy is core within its structure.

There is not a standard workforce model in place within the organisation for Occupational Therapy. Within mental health services an occupational therapy data base has been developed which captures detailed and up to date analysis regarding workforce. This system is now being tested across other care groups within Partnerships.

18.2.5. Psychotherapy

Psychotherapy departments across NHSGGC include colleagues with a variety of backgrounds. Psychotherapists and Psychotherapy practitioners offer individual and group psychodynamic psychotherapies. Services include specialist city wide Personality Disorder and Homelessness team (PDHT), working with complex Personality disorder. Psychotherapy is currently exploring the future model of delivery and, similar to other services, have workforce planning issues.

18.2.6. Allied Health Professionals

In addition to Occupational Therapy, other allied health professions can also have a role in supporting a sustainable workforce across Mental Health, whether from within AHP services or from within the mental health team:-

Physiotherapy can deliver improvement in physical health / wellbeing that correlates to a reduction in depression and anxiety and better patient outcomes. Demographic data for Scotland highlights that the prevalence of mental health complaints can directly relate to a reduction in physical health and wellbeing.

Art Therapists can offer equitable access to psychological interventions for those who struggle to engage in talking therapies.

Mental Health Dietitians offer interventions to correct dietary inadequacies, address increased nutritional requirements, address special dietary requirements, to provide health improvement and education and to address where physical or mental health conditions impact on dietary intake or nutritional status.

The efficacy of Podiatry treatment could be enhanced for patients with mental health conditions such as anxiety and depression, which would help improve overall health outcomes for these patients.

Speech and Language Therapy can have a positive impact across several areas. These include: Identifying and ensure appropriate response to speech, language, communication and swallowing needs, providing a differential diagnosis, providing (targeted) training for staff to ensuring the links between speech, language, communication and swallowing needs are addressed, supporting people with Speech , Language & Communication Needs (SLCN) who are neurodiverse during periods of crisis and increasing the understanding of the links between speech, language and literacy and mental ill health and social potential.

18.2.7. CAMHS

Our workforce is key to the delivery of service to Children and Young People. The Pandemic and the MHRR funding has created significant movement in staff, some retiring, some moving to promoted posts and some joining CAMHS at the start of their career. Ensuring our workforce feels welcomed, supported and developed will lead to better sustainability of our services.

Example development: CAMHS Pharmacy trials

A CAMHS pharmacist would bridge a current gap in pharmacy services to the CAMHS teams and bring GGC in line with government strategy in expanding and diversifying the CAMHS workforce to

meet service pressures. A trial is beginning where a pharmacist will provide both a clinical service and develop a pharmacy and medication strategy for CAMHS.

18.2.8. OPMH

The workforce supporting patients and families in the community should reflect the wide range of services required to meet their needs. The workforce within Older People Community Mental Health Teams has developed over time with investment in services and staffing resource including Care Home Liaison, Acute Hospital Liaison and intensive / crises support services.

Whilst the framework recognises the need for HSCP's to develop services and teams in a way that best fits their local population and services, it has been agreed that there should be consistency and equity in the roles and skills present. This should also reflect the integrated nature of Health and Social Care Partnerships.

Work is required to revisit and refresh the role, function and skills within the teams, ensuring that as we move forward our teams are fully integrated and include a wide range of health and social care professionals.

In common with many other services there are a number of workforce pressures within the Mental Health System. A number of actions require identifying to alleviate these pressures including considering how we become an "employer of choice", supporting our staff to utilise the full extent of their knowledge, skills and expertise, whilst also develop new roles to address the needs of the population, and offer opportunities for progression for staff. These include:

- Access to a broader range of Allied Health Professionals
- Development of Advanced Practitioner Roles (e.g. Advanced Nurse Practitioners / Allied Health Professionals)
- Addressing vacancies in Consultant Psychiatry Staffing and achieving a sustainable workforce
- Addressing vacancies in the nursing workforce, and considering how we attract newly qualified nurses into the range of mental health services
- Reviewing the current level of Psychology staffing
- Embedding Social Work and Social Care staff in all Community Mental Health Services/Teams

Further engagement is also likely to be required for educational bodies to attract sufficient applicants to fill available training places as well as expand them to meet current and future staffing needs.

18.2.9. ADRS

Similar to the wider workforce, all ADRS teams report increasing levels of staff vacancies. This in turn leads to increased demands on existing staff, with increased caseloads, which in turn is resulting in difficulty to retain staff in post. Issues relating to staff recruitment are experienced at all levels and in all posts within ADRS.

Staff have identified that, due to increasing patient caseloads and during the COVID-19 pandemic, it is increasing difficult / there is a lack of opportunity to undertake development or participate in existing training programs. The GADRS Review and thematic analysis of SAEs has evidenced that a Training Needs Analysis is required within an implementation of a workforce development plan.

19. Digital and eHealth

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. The importance of these were evidenced through the COVID-19 pandemic which also demanded we move further and faster with our plans. This section, specifically focusing on digital and eHealth, was included in the strategy as a result.

19.1. Recommendations

1. Develop a data Strategy for Mental Health Services
2. Expand and ensure widespread access to Clinical Informatics
3. Continued investment in Mental Health Digital Team to support the progression of digital technologies within mental health services
4. Develop a patient facing application which allows patients to self-refer to services (where appropriate), choose appropriate assessment/treatment appointment slots and be able to complete information relating to equality
5. Continue IT investment in systems that improve delivery and quality such as Hospital Electronic Prescribing Medicines Administration and a full Electronic Paper Record (EPR)
6. Align EPR development with the data strategy to ensure the appropriate clinical and performance measures are captured to support quality improvement
7. Identify clinical 'champions' and develop forums that encourage staff engagement and ownership
8. Continue to engage actively with citizens and patients to inform service improvements
9. Replace paper processes with digital alternatives
10. Modernise and enhance existing systems to be fit for the future
11. Maintain our ability to respond to future challenges such as another pandemic
12. Increase the use of technology to support patient care, including virtual consultations
13. Provide the digital developments that support hybrid / blended working for our staff

19.2. Progress

During the COVID-19 epidemic Strategy recommendations have accelerated the rapid pace of development and the importance of 'digital' in terms of both advances in technology and clinical applications.

19.2.1. Access and Choice for Patients

Virtual Patient Management (VPM) includes telephone consultations and video conferencing. This has become a new way of working within mental health services since the onset of the COVID-19 pandemic. Mental health services implemented these solutions to ensure that where appropriate, consultations could continue while not all being face to face. Supporting guidance was developed for both staff and patients in relation to engaging with remote consultations. Virtual appointments will continue post-pandemic with clinical staff, in partnership with patients, continuing to assess suitability as per clinical guidance, utilising these appropriately.

19.2.2. Virtual Front Door and direct patient access.

Work is currently being undertaken to utilise patient facing applications that support patients within mental health services to receive results and appointments.

19.2.3. Self-Management

Mental Health will be part of a patient-facing Self-Management mega support app being developed in collaboration with four other specialties and the NHS Scotland DHI Right Decision System.

19.2.4. Safe And Secure Clinical Applications And Systems Which Support Patient Care And Information Sharing

The process to migrate from paper to digital records continues. There are four cornerstone applications which form the electronic patient record (EPR) within mental health services, these being; EMIS Web, TrakCare Order Comms, Clinical Portal and HEPMA. Considerable work has been carried out to ensure that each of these applications have had a planned and structured rollout within both inpatient and community services. This work is ongoing with current rollout of HEPMA to all mental health inpatient wards during the summer of 2022 and the further development of inpatient electronic record on EMIS which is due to be completed by summer of 2023.

Digital Champions Forums across community and inpatient services promote the use of digital applications within clinical areas, provide an opportunity to share learning, highlight challenges and input into future developments/functionality within these applications.

19.2.5. Evidence Based Reliable Data Driven Decision Making, Clinical Informatics

The value of high quality accurate clinical data in the ongoing provision of clinical care, operational decisions, future planning and scientific developments needs to be acknowledged and facilitated. Work is required to; improve data quality, improve the consistency of information recorded, support availability of accurate reports on service activity.

19.2.6. Digital Literacy

Digital literacy is defined as, “those capabilities that fit someone for living, learning, working, participating, and thriving in a digital society". These capabilities extend beyond just technical proficiency in using specific clinical systems, but include more conceptual knowledge such as data use, digital safety. It is the broad nature of these capabilities that make digital literacy foundational for all staff working in modern healthcare settings. Knowing which tools to use, and when, can support the delivery of care.

Our vision for digital literacy of the workforce in NHSGGC is to:

- Not assume staff are digitally literate
- Define a framework of recommended core and area specific digital skills for all staff.
- Evaluate the digital literacy of staff to enable a conversation on learning for digital success
- Adopt digital skills in the induction, and the learning and development process for mental health staff
- Provide the tools and technologies required for staff to work at their best digital capacity
- Promote an “I need digital to do…” approach to discovery and curiosity

For service users and carers, there can be both benefits and disadvantages of ‘digital’. These will need to be weighed against each other when deciding on the most appropriate type of appointment. It will be essential to avoid exacerbating or creating inequality among people seeking and accessing health care.

Challenges include the level of digital literacy, access for people experiencing digital barriers and others who may find this type of interaction difficult.

Benefits include where increased use of video consulting could improve access to services for those with barriers related to travel.

The Scottish national strategy, A Changing Nation: How Scotland will Thrive in a Digital World[20], looks to address digital exclusion. Digital mental health services will be developed and delivered with 'no one left behind'.

19.2.7. Telehealth / Telecare and Digital Solutions

In addition to universal/general challenges, the challenges faced by Older People with Mental Health issues and specifically cognitive decline has resulted in limited use and proved to be an additional barrier. As we move forward we need to continue to maximise opportunities for Older People to engage with technology that enables and improves access to a broad range of health, wellbeing and community resources.

19.2.8. CAMHS

Have also embraced a range of digital developments: Near Me, SMS text messaging, Order Comms and winvoice pro. In addition to the digital innovation we are working to extend our relationships with Universities and our Research agenda

[20] A Changing Nation: How Scotland will Thrive in a Digital World

20. Finance

20.1. Recommendation

1. Complete a forward financial framework for GGC to support implementation and delivery of the strategy based on the financial assumptions

20.2. Progress

20.2.1. Financial Context

Mental Health Services currently operates within a budget of £185m across Greater Glasgow and Clyde. This budget is made up of a number of funding streams:-

- Core service budgets
- ‘Action 15’ funding which was secured from the government’s national mental health strategy to increase the workforce, giving greater access to mental health services to A&Es, GPs, the police and prisons.
- The Mental Health Recovery and Renewal Fund (established 2021) focuses on four overarching themes:-
  - Promoting and supporting the conditions for good mental health and wellbeing at a population level.
  - Providing accessible signposting to help, advice and support.
  - Providing a rapid and easily accessible response to those in distress.
  - Ensuring safe, effective treatment and care of people living with mental illness.
- Winter Planning for Health and Social Care (Oct 2021) was initially provided to help protect health and social care services over the winter period and has also been provided on a recurring basis to support longer term improvement in service capacity across our health and social care systems. Within mental health services this has been used to:-
  - Increased capacity OPMH and AMH discharge teams
  - Increased Mental Health Officer capacity
  - Testing an increase in psychological support for commissioned care homes.
  - Complex Care Discharges which require purchasing enhanced packages of care to support discharge from mental health adult and OP wards
  - Commissioned LD and MH purchased placements including Housing First (in Glasgow City)
- Other dedicated funding from Scottish Government which gives guidance in how it is to be utilised. For example, perinatal and infant mental health

The Scottish Government had provided a clear commitment to Mental Health as part of its Programme for Government 2021-22, which commits to “Increase direct mental health investment by at least 25% over this Parliament, ensuring that at least 10% of frontline NHS spend goes towards mental health and 1% goes on child and adolescent services.” However, the Scottish Government has also subsequently recognised the challenging fiscal environment which it currently operates within the Resources Spending Review. This document outlines the Scottish Government approach which seeks to hold the total public sector pay bill at the same value as 2022-23, with staffing levels in total terms returning to pre-pandemic levels. It also highlights the need for the delivery of at least 3% savings each year. This context and the impact on funding specifically for Mental Health Services will be required to be considered when developing the financial framework to support delivery of this strategy.

20.2.2. Financial Framework

A new financial framework is being developed to support the implementation of this strategy. As a result of the financial context outlined above, the Mental Health Strategy will require a phased approach to implementation, with implementation being phased as funding becomes available.

The 2018 strategy financial framework identified the potential for a release of funding from disinvestment in services which could be used to further develop community services and deliver on the objectives of the strategy. The COVID-19 Pandemic and currently increased demand for mental health services will impact on the ability to deliver to the level originally planned by the 2018 strategy. A new approach will be required in order to continue supporting the Strategy from 2023 onwards.

In some cases, the change programme required to engineer and deliver a significant shift in the balance of care will need to be enabled by access to transitional funding or bridging finance. It is critical that new alternative services are able to be put in place in advance of any existing services being reduced and before any current mainstream resources can be released.

The financial framework will indicate the priorities, phasing of investment and where funded from existing budgets / funding or requiring new investment. This will help identify from where new investment can be sourced.

Developments will be fully costed as part of future updates to this strategy.

20.2.3. Capital Funding

The extant capital proposals to realign the inpatient estate to the service strategy utilised a mixed approach to sources of funding and was designed as a pragmatic response to enable immediate implementation of the more urgent service imperatives whilst rephrasing implementation of less urgent areas that are to be linked to the projected timing of treasury capital and capital receipts. The phasing of implementation was as follows:

- Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that saw the withdrawal of the final 2 AMH acute wards from Parkhead Hospital reprovided on the Stobhill site, and 2 wards of Older People Mental Health complex care beds from the Birdston Complex Care facility reprovided on the Stobhill & Gartnavel inpatient sites.
- Phase 3 – The consolidation of Alcohol and Drugs Addiction inpatient services at Gartnavel Royal.
- Phase 4 – The consolidation of acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

Capital monies are already committed for Phases 1 and 2 outlined above.

More detailed plans for the implementation of phases 3 and 4 above are to be developed through the site impact process as the number of potential location of services in future evolves along with HSCP and NHSGGC capital planning processes. Implementation timescales will depend on the availability of inpatient accommodation, future fixed term revenue costs for some inpatient wards that were not built using one off capital money and existing accommodation that will be retained for future inpatient use. Agreement to engaging on the site impact process now requires HSCP and NHSGGC signoff.

21. Managing Risk

21.1. Recommendation

1. The implementation plan should include the development of a risk management framework to identify, pre-empt and mitigate risks to the system of care to inform each phase of change.

21.1.1. Risk Management Framework

This will aim to provide robust service user and service indicators to inform of how the system of care is responding to the stepped changes in provision as each ward change occurs. The consensus of professional opinion from those involved in developing strategy remains that the scale and timing of the proposed changes to inpatient care, results in a gradation of risk that can be broadly split into three categories;

- delivering the first 1/3 of the inpatient redesign carries a low-to-medium level of risk.
- delivering the second 1/3 of the inpatient redesign carries a medium-to-high risk.
- delivering the last 1/3 represents a stretched target and therefore carries a higher risk.

This gradation of risk is summarised below.

Estimated service risk at different levels of change

Ward Type	LOW to MEDIUM RISK		MEDIUM to HIGH RISK		HIGH RISK
Mental Health Acute Short Stay specialties	Reduction of	1 ward	Reduction of	2 wards	Reduction of 3 wards
Mental Health Rehabilitation & Long Stay specialties	Reduction of 1	to 2 wards	Reduction of	3 wards	Reduction of 4 wards
Other Specialist Mental Health Services	Increase of 1	to 2 wards	Increase of	3 wards	Increase of 4 wards

Therefore, while the strategies demonstrate that it will be possible to make on-going transformational changes with system redesign in the next few years, it also shows the vulnerability of a system that can become destabilised by relatively minor changes in its component parts.

It is proposed that the risk management framework includes a prospective 'dashboard' of potential warning signs to inform each phase of implementation. An example of a suite if indicators to help estimate risk at different stages of change is set out below;

Risk	Early warning signs
Lack of bed availability when needed	• Bed occupancy persistently >95% • Boarding rates persistently >1% • increase in suicide rate • Increased detentions under the Mental Health Act • Increased / unusual rates of readmission
Recruitment and retention problems across the service tiers, both in statutory and non-statutory services	• % shifts covered by agency/locum/bank staff • Number of vacancies unfilled despite advert • Staff turnover • Sickness absence rates
Demand exceeds capacity for community teams and commissioned community services, both statutory and non-statutory services	• Rising waiting lists • Failure Demand • Conditions becoming more chronic and then requiring greater levels of intervention at higher cost • Lack of suitable accommodations or funding to move people through the system of care – people become 'stuck' in the wrong service tier for their needs • Increasing Delayed Discharge rates
Community Care becomes more episodic and fragmented	• A tightening of eligibility criteria • Increases in referrals to crisis services
Adverse impacts for other interdependent services or plans	• 'cost-shunting' or evidence of significant pressure on other parts of the care system • Delays in implementation plan timescales due to lack of co-ordination
Feedback from service users and carers	• Perceived reductions in the quality of care or service experience • Increase in formal complaints

22. Management and Governance

22.1. Recommendations

1. HSCPs and NHSGGC should maintain a whole-system approach to the strategic planning of Mental Health Services.
2. The remit of the Programme Board should be extended to include closer coordination with Older People's Mental Health and other care groups.
3. The implementation of the 5 year Strategy should be aligned with the Moving Forward Together transformational plans set out by NHS GG&C Board.
4. The scope and responsibilities of the whole-system "coordinating" role for adult mental health held by the Chief Officer of Glasgow City HSCP should continue.
5. Consideration is required on the governance and engagement arrangements surrounding the development and progression of an Implementation Plan, following approval of the 5 year strategy.

22.2. Progress

An Adult Mental Health Strategy Programme Board was established to provide overall coordination with membership from HSCP management, professional leadership, staff partners, and representation from the mental health network on behalf of users / carers. Implementation of the mental health strategies continues to be aligned with the Moving Forward Together transformational plans as set out by NHSGGC.

Multiple work streams have been established under the programme board to progress implementation:

- Prevention, Early Intervention and Health Improvement
- Recovery
- Effective and Efficient Community Services
- Commissioning
- Communications and engagement
- Workforce
- Unscheduled Care
- Digital / eHealth
- Rehabilitation
- Inpatients and bed modelling

Strategies have tended to focus on a single system approach to mental health across the board area but less so across services. The remit and membership of the programme board has been expanded to ensure greater connection across the wider mental health complex, including Older People's Mental Health, Adult Mental Health, Learning Disabilities, Child and Adolescent Services and Addictions which will require closer working across the different governance and strategy delivery structures.

Some HSCP Chief Officers hold responsibility for co-ordinating the strategic planning of mental health services on behalf of other HSCPs within NHSGGC (e.g. Adults, OPMH, LD) and this continues to be recognised. NHSGGC-wide professional leaders are in place and have a strong connection with NHSGGC Board responsibilities for governance and public health. These function alongside the collegiate management responsibility across HSCPs and NHSGGC.

A Learning Disability Programme Board, led by the East Renfrewshire Chief Officer, has been established to plan inpatient redesign and increase the resilience of community teams and commissioned services to improve pathways and sustain community placements for services users. This Learning Disability programme board reports into the Mental Health Strategy board and covers two key work streams: Community and Inpatient redesign and multi-agency collaborative commissioning.

Older People's Mental Health services have a board-wide strategy group to ensure a shared approach.

The governance and engagement arrangements surrounding the development and progression of implementation continues to be considered on an on-going basis.

System-wide clinical governance is co-ordinated e.g. by a Mental Health Quality and Care Governance Committee, chaired by the Associate Medical Director for Mental Health, and reported through the Board Quality and Governance Committee to the NHS GG&C Medical Director and ultimately to the NHSGG&C Chief Executive.

SUPPLEMENT

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

25 05 2023

Document Version Control

Date	Author	Rationale
25/05/23		

Contents

This supplement adds to the 2017-2023 Adult Mental Health Strategy and the subsequent 2023-2028 Refresh in providing additional or new information on the roles and functions of the wider mental health complex and the additional focus on Digital / eHealth.

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1. Introduction

This supplement to the 'Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028' provides, or adds to, information on services not included in the original strategy for adult mental health services 2018-2023, reflecting the expanded scope that now takes account of the wider complex of mental health services.

The following table shows how the chapters in the Supplement map across to the Strategy Refresh.

	Section	
Section	**Supplement**	**Refresh**
Public Mental Health	2	3
Older People's Mental Health	3	9
Child and Adolescent Mental Health Services	4	10
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2. Public Mental Health

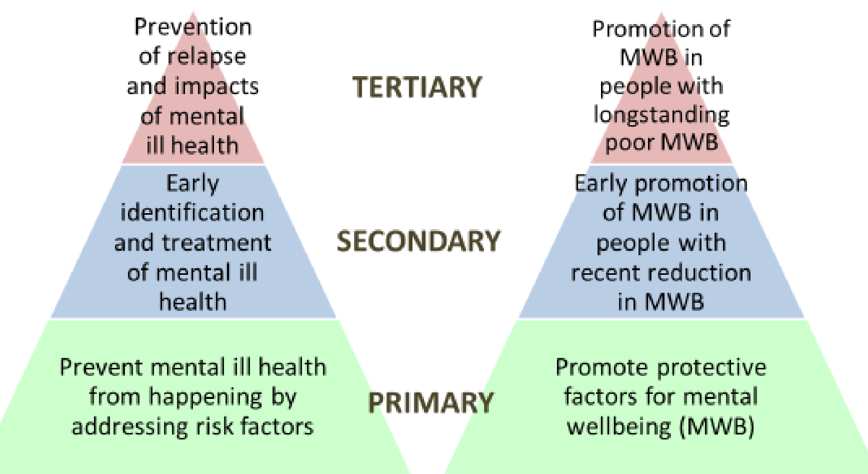
The term 'public mental health' means taking a systematic approach to working towards the best mental health possible for the whole population. This includes addressing both the root causes of poor mental health and strengthening the factors that boost positive mental wellbeing, in active partnership with relevant communities.

It seeks to address the social, environmental and individual determinants of mental health and:

- improves population mental health through the promotion of mental wellbeing, prevention of mental health problems and improving the quality of life of those experiencing mental ill health
- reduces inequalities in mental health
- reduces the health inequalities of those experiencing mental health problems

This should be done using a proportionate universalism approach, which addresses whole population mental wellbeing promotion and provides additional targeted support for high risk groups proportionate to the level of need.

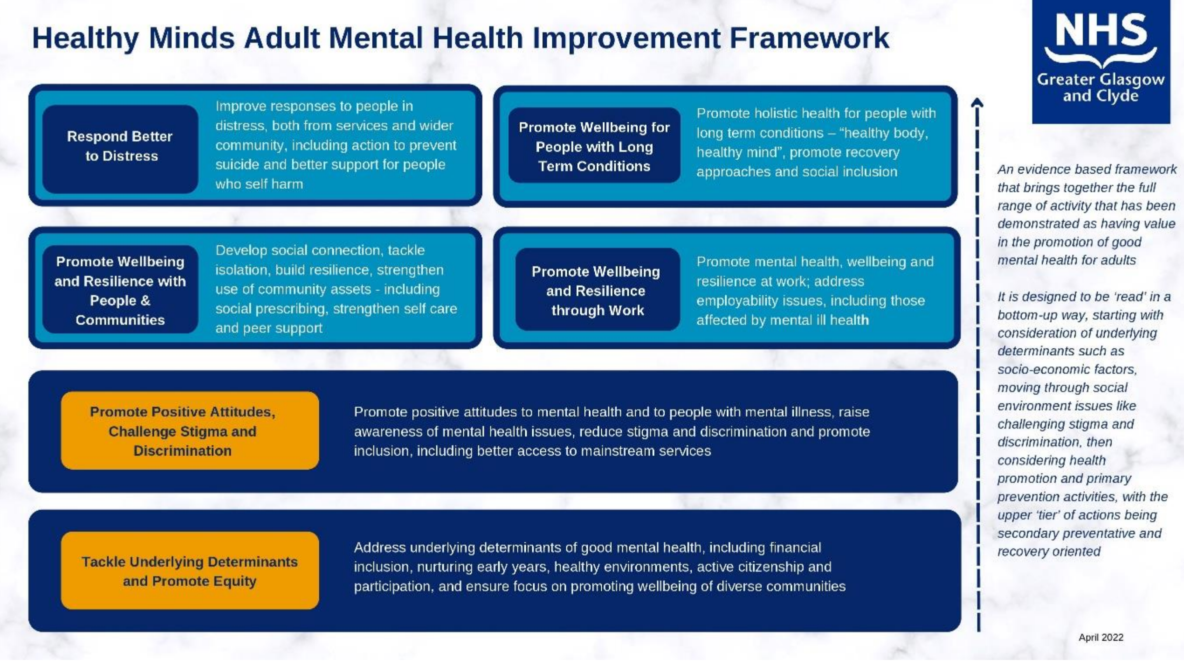
Splitting action into prevention and promotion, including primary, secondary and tertiary, helps to map out existing work and priorities for future focus.

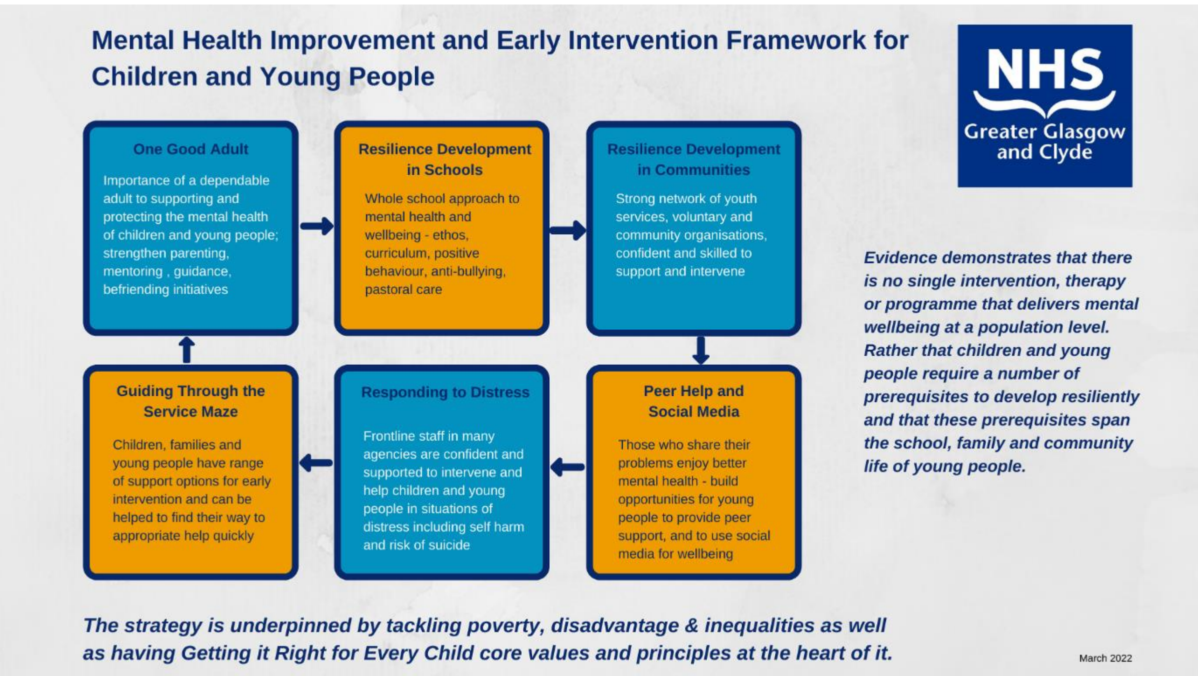


Mental wellbeing promotion and mental ill health prevention are considered and described across the life course, examining the main protective and risk factors at different stages of life and what can bolster or mitigate these factors.

2.1. Frameworks for action

The key elements of a public mental health approach are summarised both for adults and children and young people in separate evidence based strategic frameworks[1,2].





2.2. Children and Young People

The majority of mental health problems will develop before age 24 with 50% of mental health difficulties established by age 14. Mental health and wellbeing is declining in children and young people, with the COVID-19 pandemic having a disproportionately negative impact on this group, especially older young people.

2.3. Inequalities

Mental health is not experienced equally across the population, with higher risk of poor mental health in specific groups. These inequalities are driven by the wider determinants of mental health: poverty, employment, education, housing, social capital etc. Groups who experience stigma and discrimination such as BAME, LGBTQ+ and people with disabilities, are also more likely to experience poor mental health. The pandemic has had a disproportionately negative impact on those who already had higher risk of poor mental health.

2.4. Finding the right help at the right time

There is a wide spectrum of mental health support needed from preventative to acute distress response. Finding and accessing the right support at the right time is imperative to supporting good mental health and early or acute intervention when needed.

2.5. Training

Raising awareness and developing skills within the workforce and wider society around mental health continues to be a priority.

2.6. Partnership Working

Many of the opportunities and mechanisms for action and change sit out-with the NHS's direct control: e.g. in communities, Local Authorities and Third Sector and it is important to influence change through encouraging partners to view and consider issues through a public mental health lens.

3. Older People's Mental Health

Older Peoples Mental Health Services provide services and support to Older People (typically aged over 65), with moderate to severe mental health illness. Support and services are provided in a variety of settings including in the Community, Care Homes, Acute Hospital Liaison Service (Secondary Care) and In Patient Services in specialist Older People's Mental Health Beds.

Service users primarily access services via referral to an Older People's Community Mental Health Team by their General Practitioner. The Older People's Community Mental Health teams are well established multi-disciplinary teams, with a range of health and social professionals within the teams. These include medical, nursing allied health professionals, (for example Psychology/Psychological Therapists and Occupational Therapy), social work and social care colleagues.

Patients may present with a variety of issues including Functional Mental Health which includes support for conditions such as depression, anxiety, psychosis, or Organic Mental Health needs, which would include people with a potential or diagnosed dementia or cognitive impairment.

3.1. In- Patient Beds

In – Patient Beds fall into two categories; Acute Admission and Hospital Based Complex Care Beds and within this to Organic (i.e. for patients with a potential or actual diagnoses of Dementia or Cognitive Impairment) and Functional (i.e. for patients with conditions such as depression, anxiety, psychosis).

3.1.1. Acute Admission

Patients are admitted to an Acute Admission bed when they are in crises and require the full range of support available in a hospital in patient setting. Patients are admitted to these beds when their illness cannot be managed in the community, and where the situation is so severe that specialist care is required in a safe and therapeutic space.

Patients remain in these beds for a short period of time**.** As patients move through their treatment journey, discharge planning will commence and will include an assessment both of their mental health and social care needs.

3.1.2. Hospital Based Complex Clinical Care

The Scottish Government's national guidance for Hospital Based Complex Clinical Care (2015) set out a vision to disinvest from long stay beds by finding alternative strategic commissioning solutions in the community, stating "as far as possible, hospitals should not be places where people live – even for people with on-going clinical needs".

Patients admitted to a Hospital Based Complex Care Bed require care that **cannot be provided in any other setting**, these patients are reviewed every three months and as their care needs change may be discharged from HBCC to another care setting.

3.2. Liaison Services & Support

Our liaison services are aligned with our OPMH Community Teams. There are two different liaison responses; Secondary Care (Acute Hospital Liaison) Care and Care Home Liaison.

3.2.1. Care Home Liaison

The Glasgow City HSCP Care Home Liaison Service offers an effective and time limited response to the challenges associated with increasing demands for complex care beds for residents living with dementia. The service aims to promote a model of person-centred care that takes into account patients' needs, preferences, strengths, drives consistency of service delivery processes; as well as setting out a framework of key performance measures. It also aims to ensure care is delivered in the least restrictive manner. This is achieved through undertaking comprehensive mental health assessments, developing care/interventions plans with the emphasis on preventing and reducing acute admissions to hospitals, and through the reduction of anti-psychotic prescribing. The service also promotes proactive and preventative strategies to managing distressed behaviour through the promotion of non-pharmacological interventions. The service supports care home staff to develop their skills and competencies in mental health and in managing stress & distress behaviour through the delivery of training, which is matched to their skill level of expertise as outlined in the Promoting Excellence Framework. The service is delivered by Community Health Liaison CPNs, Psychiatrists with some resourcing for Clinical Psychology.

3.2.2. People's Mental Health Acute Hospital Liaison Service

The strategic priority of the Older People's Acute Hospital Liaison Service is to improve integration between physical and mental health care in the acute hospital context. A collaborative, multidisciplinary approach is adopted to care and discharge planning with the following aims:

- to improve the overall quality of care;
- reduce barriers to discharge and unnecessary re-admissions;
- to provide smooth transition to appropriate HSCP and third sector services; and
- to increase access to mental health care in underserved groups with high level of need (e.g. older adults with multi-morbidities, long term conditions, cognitive impairment).

Acute Liaison Services have been shown to offer excellent value for money, with improved health outcomes for patients and significant cost-savings for the NHS, namely due to more timely discharges and fewer unnecessary re-admissions, particularly among older patients (see Parsonage and Fossey, 2011).

The Glasgow City HSCP OPMH Acute Hospital Liaison service is a multidisciplinary team comprising of Psychiatry, Clinical Psychology and Nursing staff. Teams are attached to North East, North West Glasgow and Glasgow South localities. Clinical Psychologists within the team provide assessment, formulation & intervention for older people during their admission to acute or rehabilitation hospital wards. They also provide consultation and training to multi-disciplinary colleagues on supporting psychological aspects of patient care (e.g. Psychological interventions in response to Stress and Distress in Dementia and trauma-informed care). The service will assess and treat older people aged 65 years and above who are within an inpatient acute hospital ward; where there is a concern that the individual's mental health needs are impacting their physical health care/treatment or causing a delay to their discharge from hospital.

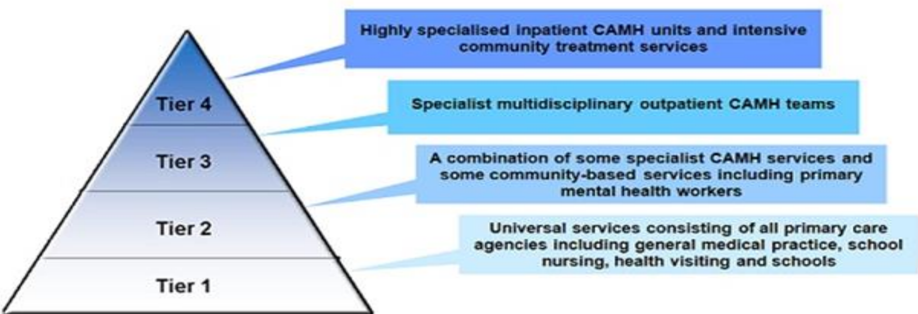
4. Children and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families. CAMHS supports children up to age 18yrs and for targeted group up to age 25yrs.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people and their families should also be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

Mental Health supports for Children and Young People are delivered through a Tiered approached



There are eight Tier 3 Community CAMHS teams within NHSGGC spanning the six Health and Social Care Partnerships. These services are supported by a range of Tier 4 Board wide services: Intensive and Unscheduled CAMHS, Forensic CAMHS, Connect Eating Disorders team, and a range of mental health services delivered in to Women and Children's Directorate. GGC hosts the national Child Psychiatry Inpatient unit and the West of Scotland Adolescent Psychiatric inpatient unit.

5. Perinatal Mother and Infant Mental Health

Perinatal refers to the period during pregnancy and up to one year after the baby is born. During this period new and expectant parents (mums, dads, partners) can experience issues with their mental health also known as perinatal mental health problems. This includes mental illness existing before pregnancy, as well as illnesses that develop for the first time, or are greatly exacerbated in the perinatal period. These illnesses can be mild, moderate or severe, requiring different kinds of care or treatment.

Around 1 in 10 women will experience postnatal depression after having a baby. Depression and anxiety are equally as common during pregnancy. Most women recover with help from their GP, health visitor, midwife and with support from family and friends. However severe depression requires additional help from mental health services.

The symptoms of postnatal depression are similar to those in depression at other times. These include low mood, sleep and appetite problems, poor motivation and pessimistic or negative thinking.

Two in 1000 women will experience postpartum psychosis. The symptoms of this illness can come on quite rapidly, often within the first few days or weeks after delivery, and can include high mood (mania), depression, confusion, hallucinations (odd experiences) and delusions (unusual beliefs). Admission to a MBU is advised for most women, accompanied by their baby. Women usually make a full recovery but treatment is urgently necessary if symptoms of postpartum psychosis develop.

5.1. Perinatal Mental Health Service

Scotland's first specialist perinatal mental health inpatient and community service for mothers, babies and their families provides a comprehensive service which consists of:

The West of Scotland Mother and Baby Unit (MBU) is situated in purpose-designed facilities at Leverndale Hospital and is staffed by a multi-disciplinary team of professionals admits women who are experiencing severe mental illness in the later stages of pregnancy or if their baby is under 12 months old. It allows for the joint admission of mothers accompanied by their babies, where the woman requires acute inpatient mental health care and enables mothers to be supported in caring for their baby whilst having care and treatment for a range of mental illnesses including:

- postnatal depression
- postpartum psychosis
- severe anxiety disorders
- eating disorders

The unit offers a wide range of therapies including biological, psychological and psychosocial interventions including interventions to enhance the mother-infant relationship.

The Community Perinatal Mental Health Team (CPMHT) are a specialist multi-disciplinary team service providing care and treatment to women who are pregnant or postnatal and are at risk of, or are affected by, significant mental illness in pregnancy or the postnatal period. They also offer expert advice to women considering pregnancy if they are at risk of a serious mental illness on risk and medication management, and provide a maternity liaison service to all NHSGGC Maternity hospitals.

The service will work in partnership with partners and families, maternity services, primary care (including health visiting and Family Nurse Partnership), adult social services, children & families social services and other agencies, to design, implement and oversee comprehensive packages of health and social care to support people with complex mental health needs.

The Infant Mental Health Service is a specialist community multidisciplinary team who can draw on a range of expertise and experience to offer needs-led support for infants and families. A key aim of the service is to ensure that the voice and experience of the infant is held at the centre of work with families across the health board.

The multi-disciplinary Maternity & Neonatal Psychological Interventions (MNPI) Team will address the common and/or mild to moderate psychological needs of the maternity and neonatal populations by providing in-patient and out-patient assessments and a range of evidence based psychological interventions. The central focus in all of these interventions is to enhance the parent-infant relationship, improve parental and infant mental health and to prevent a range of psychological difficulties (emotional and cognitive) in childhood and later life.

6. Learning Disability

"We believe that people with learning disabilities should be given the right support so that they can live fulfilling lives in the community. This support should always be person centred, preventative, flexible and responsive. People should only be admitted to inpatient assessment and treatment services when there is a clear clinical need which will benefit from hospital based therapeutic intervention. Challenging behaviour, with no identified clinical need, is not an appropriate reason to admit people to inpatient assessment and treatment services."[1]

A learning disability is a significant, lifelong, condition that starts before adulthood. It affects a person's development and means they need help to:

- Understand information
- Learn skills
- Cope independently

Learning difficulties, such as dyslexia, ADHD, dyspraxia and speech & language difficulties are not defined as a learning disability due to the specific nature of their developmental delay.

Policy and practice guidance commonly distinguishes between two reasons why people with learning disabilities may require or be at risk of admission to inpatient assessment and treatment services:

- people who have mental health problems may need assessment and treatment for an acute episode of ill health or, for example, to manage a change in medication under close supervision
- people who have a history of behaviour that challenges (or an unexplained change in behaviour) may need admission for very detailed investigation; sometimes admission is seen as the only option for people who need time away from their usual home

East Renfrewshire is host HSCP for managing specialist inpatient learning disability services with community services directly managed by each HSCP.

7. Alcohol and Drug Recovery Services

The Alcohol and Drug Recovery Service (ADRS) comprises integrated multi-disciplinary teams of health, social care workers, qualified social workers and administrative staff, providing a Recovery Orientated System of Care to adults and young people with drug or alcohol dependency and significant problem substance use.

Services include: alcohol in-patient and community detoxification and supportive medications, opiate replacement therapy, psychosocial support, harm reduction advice and interventions, needle replacement, blood borne virus testing and treatment, access to alcohol and drug Tier 4 services, psychiatry, psychology, occupational therapy, specialist inpatient and outpatient services. ADRS also provides access to a range of commissioned services delivered by third sector partners such as residential, crisis, rehabilitation and stabilization services and community Recovery Hubs, and recovery communities.

[1] Designing an Effective Assessment and Treatment Model, NHS Greater Glasgow and Clyde 2018

ADRS staffing comprises NHS and local authority comprising: health, qualified social worker, social care and admin.

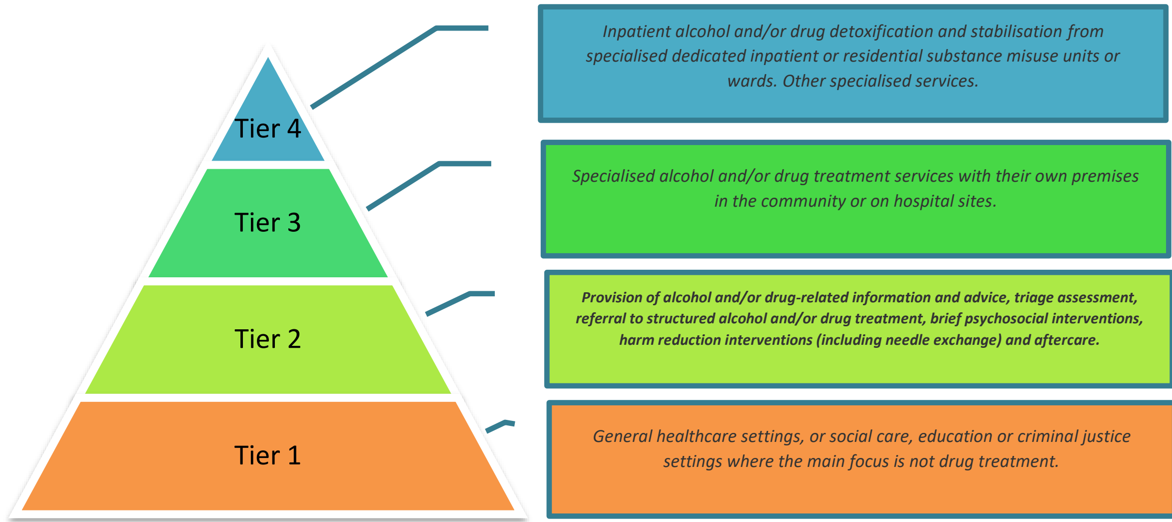


Figure 1 ADRS Tiers

7.1. NHSGGC Service Tiers

7.1.1. Tier 1

Information regarding ADRS services, and pathways into treatment including self-referral, are available from a variety of sources including GP practices and community pharmacies, and in a variety

7.1.2. Tier 2

Injecting Equipment Provision (IEP)

WAND (Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing) Initiative (Glasgow City)

Naloxone Supply - Supply may be made from GP shared care, Police Custody, Acute Addiction Liaison team, Prisons, Scottish Ambulance Service and SFAD in addition to ADRS.

7.1.3. Tier 3

Community alcohol and drug teams are delivered from 16 sites

7.1.4. Tier 4

There are a number of tier 4 services delivered by GGC ADRS: Inpatients, Occupational Therapy, Psychology, Dietetics, Alcohol Related Brain Damage (ARBD) Team, Enhanced Drug Treatment Service (EDTS), Glasgow City Centre Outreach Team, Glasgow Crisis Outreach Service, Acute Addiction Liaison Teams.

Glasgow City hosts board wide ADRS services such as in-patient wards at Stobhill and Gartnavel, however most ADRS services are delivered and managed in each HSCP area. Heads of Service for each locality manage locality multi-disciplinary teams. Board wide systems exist to ensure governance and sharing of best practice and information. Clinical and Care Governance is via the

relevant HSCP and NHS GG&C governance leads and groups. Incidents and complaints are managed through HSCP processes utilising the NHS GG&C Significant Adverse Event Policy.

In addition to the local HSCP specific roles, there are a range of roles with a board wide responsibility e.g. the Associate Medical Director, lead nurse, lead psychologist, and lead pharmacist.

There is a heavy burden of drug harms in GGC. In 2020, there were 444 drug-related deaths in GGC, and the age-standardised rate of drug-related deaths was 30.8 per 100,000 population (95% confidence interval 29.4-32.3), higher than any other large NHS Board area and nearly 50% higher than the rate in Scotland as a whole. Since 2015, there has also been an outbreak of HIV amongst people who inject drugs in GGC, and the estimated prevalence of chronic active hepatitis C infection amongst this population is 19%. Alcohol prevalence data is not readily available, however previous research has demonstrated that the vast majority of dependent drinkers are not engaged in treatment. In recent years alcohol referrals tend to dominate presentations to the ADRS teams.

7.2. Alcohol and Drug Partnerships

The ADPs act as the strategic and planning group for alcohol and drugs in their locality. In the six localities, the ADP is hosted by the local authority and involves a range of relevant partners including ADRS.

The ADPs are tasked by the Scottish Government with tackling alcohol and drug issues through partnership working, membership includes health boards, local authorities, police and voluntary agencies. They are responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs. The ADPs work to the framework 'Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs (2019)'. ADPs also have action plans in relation to the national Drugs Deaths Task Force (DDTF) priorities. The ADPs deliver annual reports and other reports to government as requested. ADP action plans are approved by local IJBs.

8. Forensic Mental Health & Learning Disabilities

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are managed by forensic mental health services because they are deemed to be at a high risk of harming others or, rarely, themselves under civil legislation.

The Directorate of Forensic Mental Health and Learning Disabilities provide services to the NHS Greater Glasgow Clyde area (NHSGGC). There are both national and regional services located within the medium secure service at Rowanbank Clinic, which forms a key component of the Scottish Forensic Estate.

Multi-disciplinary forensic teams include, Forensic Psychiatrists, Clinical Psychologists, Occupational Therapists, a Speech and Language therapist, a Dietician, a Pharmacist, and Nursing Staff.

Central to management of forensic patients is the Care Programme Approach and all our patients are subject to enhanced CPA as set out in national guidance for Forensic Services. Risk management is a key feature of the forensic service, and all patients case-managed by the service will have a risk assessment, formulation and risk management plan to inform the individualised care-plan.

8.1. Medium Security

The service provides medium secure care for male mental illness patients from the West of Scotland region (NHSGGC, NHS Lanarkshire, NHS Ayrshire & Arran, NHS Dumfries & Galloway and the "Argyll part of NHS Highland"). Rowanbank Clinic provides a female medium secure service for NHSGGC patients, occasionally taking female patients from across the regions on a case by case basis. It also hosts the National Medium Secure Intellectual Disability service for Scotland.

8.2. Low Security

Low secure in-patient services for NHSGGC are based at Leverndale Hospital serving male mental illness (MMI), male learning disability beds (LD), male pre-discharge beds (MMI & LD) and Low Secure Women Beds.

8.3. Forensic Community Services

There are 2 Forensic Community Mental Health Teams covering NHSGGC. Both teams have a caseload comprising mainly patients subject to compulsory measures. Within NHSGGC all restricted patients are managed within forensic services (with the exception of pre-trial remand patients who may also be managed in IPCUs, depending on the level of offending and presentation). The service does look after some informal patients, particularly complex cases with significant risk issues, but will aim to move patients back to general psychiatry community teams when appropriate.

8.4. Forensic Intellectual Disability Services

There are both medium and low secure Intellectual Disability beds as noted above. The medium secure beds are provided as a National service on a risk share basis through the National Services Division (NSD) of NHS National Services Scotland. Low secure male LD beds are provided for NHSGGC patients, although out of area referrals are accepted if capacity allows. There is no specialist provision for female LD patients. In terms of community forensic Intellectual Disability services, a small team covers the NHS Greater Glasgow & Clyde area for those patients who require ongoing forensic input (including restricted patients) in the community.

8.5. Forensic Liaison Services

8.5.1. Prison

The Forensic Directorate provides consultant forensic psychiatry support 3 prisons and although not managed by forensic services, each prison has a specialist mental health team which includes RMN input and psychology. Prisoners can be referred by the prison GP and may also self-refer. Referrals are assessed by a nurse and may then be seen by the visiting psychiatrist.

8.5.2. Sheriff Court Diversion Schemes

The Forensic Directorate provides 5 day per week cover to one court diversion scheme covering Glasgow Sheriff Court and Clyde Sheriff Courts (Greenock, Paisley and Dumbarton). A Forensic CPN is on call each morning to receive and assess referrals of individuals who are having their first appearance in court. If a psychiatric assessment is required then there is an on-call psychiatrist (specialist trainee), supervised by an on call forensic consultant. There is no additional funding from the court to provide this service.

8.5.3. Forensic Opinion Work

The Directorate frequently receives requests for forensic opinions and risk assessments and attempts to respond as quickly as possible. Requests may be refused because they do not seem appropriate at the outset. It would only be in exceptional circumstances that formalised risk assessment work would be undertaken, often in liaison with the STAR service.

8.5.4. Psychiatric Reports for Procurator Fiscal

Requests for psychiatric reports may be allocated to a trainee under the supervision of a Consultant Forensic Psychiatrist. Consultant Psychiatrists may also provide psychiatric reports for patients known to them, especially if this is integral to their ongoing care however, there is no agreement to provide court reports routinely.

8.6. STAR Service

The Specialist Treatments Addressing Risk (STAR) service accepts referrals from secondary and higher level services. Individuals can be referred to the service if they have a presentation consistent with a major mental disorder, present a risk of harm to others and there appears to be a functional link between the client's mental disorder the risk of harm. In addition to providing consultations, assessments and interventions regarding risk and mental disorder the STAR service also offers specialist assessments regarding and a prescribing service for anti-libidinal medication and a specialist assessment service for autistic patients.

8.7. Forensic Service Governance Structure - Nationally, Regionally and Locally

The core function of the forensic governance groups are to monitor and provide assurance. Groups monitor all aspects of the service and provide regular reporting under the headings of the six dimensions of healthcare quality (Institute of Medicine) proposed in the Healthcare Quality Strategy for NHS Scotland: Person Centred, Safe, Effective, Efficient, Equitable and Timely.

The other main functions of the Groups are to share good practice and to support each NHS Board area in delivering services to a consistent and high quality level.

8.8. Multi-Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements (MAPPA) are the way in which legislation is implemented. The approach to implementing MAPPA, supported by National policy and guidance, has been to develop local Implementation Groups, comprising all relevant agencies. MAPPA are organised within the structures and boundaries of Community Justice Scotland and for NHSGGC this involves three Authorities covering nine local authorities, one police force and three NHS Boards. NHSGGC are represented on all steering groups. The Strategic Groups are supported by MAPPA Operational Groups. The MAPPA Strategic Groups report to the Chief Officer's Group which has been established in each local authority area and on which the Health Board's Chief Executive sits. These Chief Officers' Groups regularly receive reports on operational, strategic and performance issues related to MAPPA and other public protection matters such as Adult Support and Protection and Child Protection.

NHSGGC Nurse Director is NHSGGC board lead for MAPPA. This role is strategically and Operationally supported on a day to day basis by the General Manager and Service Manager from the Forensic Service who provide oversight, approval of protocols and procedures so as to ensure the NHS Board fulfils its duty as Responsible Authority in respect to Restricted Patients and its duty to co-operate role with other agencies where any individual comes within the MAPPA process.

In addition the NHSGGC Board has a designated MAPPA manager who is the single point of contact (SPOC) for all communications relating to MAPPA from and to MAPPA Co-ordinators within the Authorities regarding Registered Sex Offenders and MAPPA extension cases in or who are about to be placed in the community.

9. Mental Health Rehabilitation (Service)

The 2018 iteration of the mental health strategy provided a brief description on mental health rehabilitation. This section provides additional information:

In NHSGGC, rehabilitation services specialise in supporting people who typically have a long-term primary diagnosis of schizophrenia, other psychosis (e.g. delusional disorder), or bipolar disorder. However, on a case-by-case basis, it may be that an inpatient rehabilitation need may be justified on an individualised case conceptualisation for people who do not have the above presentations. Typical difficulties may include:

- Ongoing (e.g. positive and negative syndromes) psychotic features (sometimes referred to as “treatment resistant” from a medication perspective, leading to high dose anti-psychotic medications)
- Difficulties or a high likelihood of difficulties sustaining community residence (recent extended duration of hospital admission, high frequency admissions, recent loss of a supported living environment). Low prospect of successful and safe living in the community without specialist rehabilitation.
- Vulnerabilities due to cognitive impairment, difficulties engaging with services, risk of harm to self/others, self-neglect, difficulties with motivation & daily life skills, risk of exploitation, and/or complex physical health problems.
- Experience of severe ‘negative’ symptoms that impair motivation, organisational skills and ability to manage everyday activities (self-care, shopping, budgeting, cooking etc.) and placing and individual at risk of serious self-neglect.

Most require an extended admission to inpatient rehabilitation services and ongoing support from specialist community rehabilitation services over many years.

Although some users of rehabilitation services may be subject to Mental Health or Incapacity legislation it is imperative to gain consent and work towards mutual goals wherever possible. Consequently matching the goals of an individual with the service best placed to empower them to achieve this is the most important consideration.

Maintaining a positive and therapeutic environment and culture within inpatient rehabilitation units is very important.

The social and individual functioning and engagement of an individual is a key consideration. Significant deficits in functioning and engagement should not be a barrier to accessing rehabilitation care but may influence decisions about when an individual is most likely to benefit or which type of unit is most suitable.

The physical health and intellectual capacity of the individual again may influence their ability to engage in rehabilitation however intellectual disability or physical health should not by itself preclude the opportunity of rehabilitative care.

Diagnosis alone should not be a barrier to accessing rehabilitation services in those with a primary functional mental disorder.

10. Digital and eHealth

Mental health services have a dedicated structure responsible for delivering and implementing IT / eHealth systems across mental health services. This involves close working with corporate eHealth services to deliver on the digital agenda and to manage practice change required with clinical services.

Before the pandemic, mental health services were already evolving to make better use of data and digital tools. COVID-19 demanded that we move further and faster with our plans, by providing the ability for people to connect face-to-face without being in the same room, or to enable clinicians to monitor a patient's health in their own home. These demands created an increasing requirement to deliver more consultations remotely and to have a more agile work force who can meet the increased demand.

Data and digital technologies impact on every element of our lives and this applies to mental health and mental health services, including:

- Existing and emerging people and patient facing technologies, extending beyond virtual consultations (e.g.cCBT)
- The use of digital to support decision making and provide clinical informatics
- Systems development to support electronic patient records for better patient care and information sharing
- By necessity, the need for digital literacy for people to learn and develop alongside digital

A dedicated work stream, directly reporting to the programme board, has been established to ensure the focus that is warranted in order to support the progression of digital technologies within mental health services.

Glossary

to

A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028

Document Version Control

Date	Author	Rationale
25/05/23		

Glossary

ACE	Adverse Childhood Experience
acute	Sharp / severe / sudden
Acute sector	The hospital sector where patients receive active, short-term treatment for a physical health condition
ADHD	Attention Deficit and Hyperactivity Disorder
ADP	Alcohol Drug Partnership
ADRS	Alcohol and Drugs Recovery Services
ARBD	Alcohol Related Brain Damage
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Services
CDRS	Compassionate Distress Response Service
chronic	Persisting for a long time or constantly recurring, contrasting with 'acute'
CLW	Community Links Worker
CMHACS	Community Mental Health Acute Care Service
CMHT	Community Mental Health Team
College	an organized body of persons engaged in a common pursuit or having common interests or duties
Collegiate	of, relating to, or comprising a college
CPMHT	Community Perinatal mental Health Team
DDTF	Drugs Deaths Taskforce
Dyspraxia	Difficulty in performing coordinated movements
EDTS	Enhances Drug Treatment Service
GP	General Practice
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
IPCU	Intensive Psychiatric Care Unit
LD	Learning Disability
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer (or questioning)
MAT	Medication Assisted Treatment
MBU	Mother and Baby Inpatient Unit
MDT	Multi-Disciplinary Team
MH	Mental Health
MHO	Mental Health Officer
MHWPCS	Mental Health and Wellbeing in Primary Care Services
MNPI	Maternity & Neonatal Psychological Interventions
NHSGGC	NHS Greater Glasgow and Clyde

Non-statutory Services	Not, or only, partially government funded, supported by the public, and generally registered as a charity
NSD	National Services Division
OPCMHT	Older People Community Mental Health Team
OPMH	Older People Mental Health
PCMHT	Primary Care Community Mental Health Team
PIFU	Patient Initiated Follow Up
PsyCIS	Psychosis Clinical Information System
SAS	Specialty and Specialist Grade (Doctor)
SMI	Severe Mental Illness
Statutory Services	Services paid for through taxation, funded by the government and established in law.
Third Sector	Non-governmental and non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.
WAND	Wound Care, Assessment of injecting Risk, Naloxone and Dried Blood Spot Testing Initiative

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 05.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16 NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/05**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER: 0141 232 8237**
SUBJECT TITLE:	**HSCP WINTER PLAN 2023/24**

1.0 PURPOSE

1.1 The purpose of this report is to present for member's approval the HSCP Draft Winter Plan for 2023/24 and associated financial framework.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the Report.

2.2 Approve the actions described in the Draft Winter Plan 2023/24 and the use of funds as described in the financial framework to deliver these.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The HSCP Winter Plan 2023-24 is part of a suite of HSCP Business Continuity plans and articulates winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff. The HSCP Winter Plan 2023-24 is informed by wider NHS and Council planning processes. The HSCP Winter Plan 2023-24 has also provided our local contribution to the overarching NHSGG&C Winter Plan.

3.2 The HSCP Winter Plan 2023-24 identifies and addresses local issues across primary care and community services for which the East Dunbartonshire Health and Social Care Partnership is responsible, while also supporting the ongoing whole system delivery of effective unscheduled care.

3.3 The current financial position of the HSCP necessitates that, so far as possible responses to any increase in demand related to winter are contained within existing financial resources. Provision, however, has been made to test developments for the duration of the winter period through use of the HSCPs Winter System Pressures Reserve drawn from the 2022/23 allocation to Health Boards and Councils or through the use of previously committed recurring investment as set out in the Financial Framework at section three of the Plan. The total existing recurring funding to be used in the delivery of the 2023/24 Winter Plan is £288,144, the total non-recurring funding to be used is £953,900. A total of £1,242,044.

3.4 It should be noted, as has been highlighted regularly to the IJB, that the HSCP is operating all year round at an increased level of demand from the position last year, thus any additional winter pressure would be severe for the partnership. The whole system has noted 'winter levels of pressure' throughout 2023.

3.5 Action for winter 2023/24 largely falls in to two categories; Business As Usual (core business) such as local service continuity and contingency planning (e.g. in the event of severe weather) and Additionality; East Dunbartonshire HSCP contribution to whole system winter pressures (e.g. in relation to ensuring the continuation of efficient whole system flow between community and secondary care). Actions are articulated in line with agreed winter planning themes. These are:

Resilience	Ensure services are prepared for any risk realising
Capacity Building	Create capacity in the system from existing and any additional resources, including staffing, or more effective use of current resourcing (including the option to be more flexible in service and staff hours and in the deployment of resources)
Whole System Flow	Prevent avoidable hospital admission, reduce length of stay, and avoid delays to discharge to support whole system flow
Infection Control	Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens
Communication and Information	Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures (including the use of and

	development of digital solutions to maximise information system interoperability/ communication).
Staff Support and Wellbeing	Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (e.g. use of digital solutions)
Cost of Living	Support staff and service users with information, advice and practical support if necessary to support them in work or at home
Monitoring and Escalation	Ensure appropriate monitoring and escalation routes are in place and understood by all relevant stakeholders

3.6 A suite of measures is used to evidence impact in relation to each action. Much of this relates to unscheduled care and is core to the performance monitoring undertaken as standard by the HSCP. Additional measures have been added as necessary. Where any investment has been proposed appropriate quality improvement documentation has been developed to illustrate the intended outcome of the action and will be evidenced to ensure monitoring of value for money and to inform future investment/disinvestment options.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – The Winter Plan 23/24 seeks to ensure that action is taken to secure the delivery of core services to vulnerable local people and to minimise adverse impacts on care and support.

4.3 Workforce (including any significant resource implications) – Developments included in the Winter Plan 23/24 that relate to workforce are clearly noted. Tests of Change initiated by the plan make use of voluntary changes to the nature of working styles and/or the use of Bank or Extra to Contracted Hours with no requirement for Organisational Change impacting permanent staff in the workforce. All implications have been discussed with HR and have been agreed with the HSCP Staff Partnership Forum.

4.4 Legal Implications – None.

4.5 Financial Implications – Section 3 of the Winter Plan 23/24 provides the financial framework upon which it has been developed.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 Risks arising from the delivery of services and developments contained within the Plan will be reflected in the HSCP Corporate Risk Register and managed accordingly. Key risks the Plan seeks to mitigate are:

Risk	Impact Description
Recruitment	Inability to recruit or recruit within timescale will impact on the ability to deliver core services.
Reduced resilience of workforce	Continued use of overtime to fill vacant hours may result in staff burnout and unwillingness to do additional hours.
Adverse weather	Adverse weather may disrupt the ability of staff to attend work or deliver service.
High sickness absence levels	May impact on the ability to deliver core services
Impact of cost of living crisis	Sustained cost of living and poverty related pressures may have an impact on overall health and wellbeing and home environment

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The deployment and/or recruitment of workforce in line with the requirements of the HSCP Winter 2023/24

6.3 **NHS GREATER GLASGOW & CLYDE** – The deployment and/or recruitment of workforce in line with the requirements of the HSCP Winter 2023/24.

6.4 **DIRECTIONS REQUIRED TO BOTH COUNCIL AND HEALTH BOARD –** The IJB issues direction to both partner organisations to deploy and/or recruit staff are illustrated in the HSCP Winter Plan 2023/24 is pursuance of the aims stated therein, per Direction Appendix 5b.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** - East Dunbartonshire HSCP Winter Plan 2023/24
8.2 **Appendix 2** - Direction

East Dunbartonshire HSCP Winter Plan 2023/24

1. Executive Summary

1.1 Introduction

This plan sets out the core and additional activity to be undertaken by the HSCP in preparation for Winter 2023/24. Greater Glasgow and Clyde Health Board have an overarching Winter Plan for 2023-24, which includes East Dunbartonshire HSCP and has been reflected in the local EDHSCP Winter Plan. This plan supplements the GG&C plan with specific, localised planning arrangements to ensure the partnership is prepared for winter pressures.

Winter planning focuses on the period from December through to March with specific arrangements made around the festive public holidays.

1.2 Key Risks

The winter plan has been developed in the context of the following key risks:

Risk	Impact Description
Recruitment	Inability to recruit or recruit within timescale will impact on the ability to deliver core services.
Reduced resilience of workforce	Continued use of overtime to fill vacant hours may result in staff burnout and unwillingness to do additional hours.
Adverse weather	Adverse weather may disrupt the ability of staff to attend work or deliver service.
High sickness absence levels	May impact on the ability to deliver core services
Impact of cost of living crisis	Sustained cost of living and poverty related pressures may have an impact on overall health and wellbeing and home environment

Risks will be monitored through the daily/weekly oversight huddle and escalated according to the HSCP's business continuity plans and GG&C identified escalation routes, with appropriate escalation into East Dunbartonshire Council as required.

1.3 Summary of Actions

Our preparations for winter are built around:

Resilience	Ensure services are prepared for any risk that may realise
Capacity Building	Create capacity in the system from existing and any additional resources, including staffing, or more effective use of current resourcing (including the option to be more flexible in service and staff hours and in the deployment of resources)
Whole System Flow	Prevent avoidable hospital admission, reduce length of stay, and avoid delays to discharge to support whole system flow
Infection Control	Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens
Communication and Information	Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures (including the use of and development of digital solutions to maximise information system interoperability/ communication).
Staff Support and Wellbeing	Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (e.g. use of digital solutions)
Cost of Living	Support staff and service users with information, advice and practical support if necessary to support them in work or at home
Monitoring and Escalation	Ensure appropriate monitoring and escalation routes are in place and understood by all relevant stakeholders

2. Action Plan

2.1. Resilience - Ensure services are prepared for any risk that may realise

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Review business continuity plans for all services and update with details of escalation points, essential service provision, and adverse weather guidance including details for accessing 4x4s, main contact details, on call rotas, pharmacy arrangements	Nov 23	Plans in place to manage risks	N/A	0	A Cairns
BAU	Liaise with GP practices to ensure resilience planning is in place including refreshed GP buddy arrangements	Nov 23	Resilience measures in place for GPs	N/A	0	J Johnstone
BAU	Ensure all services have sufficient capacity in place over the festive period, with management cover arrangements in place	Nov 23	Services have sufficient capacity over the festive period	N/A	0	Team Leads/ Managers
BAU	Review and regularly update customer RAG ratings and the Critical Persons List across all relevant services	Ongoing (BAU)	Refreshed customer RAG ratings in place	N/A	0	Team Leads/ Managers
BAU	Develop and distribute an essential items list and ensure all pool cars have a supply which will be monitored and maintained	Nov 23	Essential items list distributed	N/A	0	R Murphy
BAU	Maintain register and training of staff able to work across services	Ongoing (BAU)	Services able to dynamically respond to workforce shortage	N/A	0	Team Leads/ Managers

2.2. Capacity Building - Create capacity in the system from existing and any additional resources, including staffing, or more effective use of current resourcing (including the option to be more flexible in service and staff hours and in the deployment of resources)

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Maximise recruitment to achieve full establishment in key services in advance of winter and prepare to deploy additional resourcing with agency and overtime as required	Dec 23	Pre and post UCC	Pan GGC Care at Home resilience measures	£128,000 (from winter planning reserve - new)	D Pearce
Additionality	Introduce increased flexibility in workforce resourcing in the Care at Home service (atypical rotas, weekend only working, recruitment of sessional only staff, and peripatetic working)	Nov 23	Pre and post UCC Maximise capacity	Pan GGC Care at Home resilience measures	Potential additional overtime – included above	R Murphy
Additionality	Test of change to introduce access to rehab services at weekends to support front door redirection	Nov 23	Pre and post UCC	UCC performance indicators/ Test of change indicators per driver diagram	£19,000 2 wte Band 6 weekend enhancements only (from Winter pressures reserve -new)	F Munro

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
Additionality	Full implementation of the DNANP model in core district nursing services	Oct 23	Reduced unscheduled admissions to hospital for that cohort Achieve preferred place of death	UCC performance indicators	£85,000 1.3 wte Band 7 (from Continuing Care funding)	K Halpin
Additionality	Extension of the role of the DNANP to provide senior clinical decision making cover at weekends to cover palliative and end of life care in care homes over the winter period.	Oct 23	Reduced unscheduled admissions to hospital for that cohort Achieve preferred place of death	UCC performance indicators	£1,700 Bank (1 weekend a month/ Bank Band 7) (Winter pressures reserve - new)	K Halpin
Additionality	Test of change to extend the core hours of Care Home Liaison Nurses to 7 days through the use of bank hours	Nov 23	Support to care home staff and residents to reduce hospital admissions	Test of change indicators	£16,400 (Bank band 6 hours every weekend) (15 hours) (from Care Home Collaborative dispersed funding - new)	K Halpin

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
Additionality	Provide additional Care Home Liaison Nurse support to care homes over festive public holidays	Dec 23	Support to care home staff and residents to reduce hospital admissions	Test of change indicators	£500 (4 x 7.5 hours) Band 6 Enhanced public holiday rate) (from Care Home Collaborative dispersed funding – new)	K Halpin
BAU	Refresh active engagement with providers to facilitate additional capacity to deliver care at home in line with demand increases	Nov 23	Pre and post UCC	UCC performance indicators	£ 153,800 Additional over budget commissioned care at home (From Winter Pressures reserve - new)	G Healey R Murphy
Additionality	Implement an OT function in Care at Home to enhance reablement	Jan 24	Increased capacity through tailoring of packages of care	Packages of care reduced after reablement	£123,144 (Agreed via Winter System Pressures Funding – existing funding)	R Murphy

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
Additionality	Implement specialist respiratory role test of change for 12 months	Dec 23	Pre and post UCC Upskilling core services to manage respiratory illness and access to expert clinical management for complex presentations	UCC performance indicators/ Test of change indicators per driver diagram	£61,000 (Winter System Pressures reserve - new)	F Munro
Additionality	Increase the capacity of the HAT to enable a HAT presence in targeted acute sites to support participation in Older Peoples huddles and MDT discharge planning	Dec 23	Improved discharge planning	% of HAT time in targeted sites pre and post change/ UCC performance indicators	£225,000 SW/SWA / Homemaker / Mat leave / (Agency) (Winter Pressures prior agreed investment and reserve – 2 SWA new)	L Miller
Additionality	Scope the potential for practical discharge support roles in house and/or through third sector	Dec 23	Improved discharge planning	UCC Performance indicators		L Miller
Additionality	Implement specific capacity in HAT to manage data and reporting requirements	Dec 23	Improved performance information to support team planning	Improved and efficient data reporting		L Miller
Additionality	Work with acute north sector to rollout HIS GRI Frailty pathways	Oct 23	Increased turnaround of patients back to community where appropriate	UCC performance indicators	0	F Munro

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Continue to deliver the SAS GGC falls pathways in community and care homes	Ongoing	Reduced instances of falls/ conveyance due to falls	Falls data	0	E Marsh
Additionality	Explore access to OOH medications for palliative and end of life care	Nov 23	Improved outcomes for patients	Availability of medicines in community	0	K Halpin C Fitzpatrick
Additionality	Extend pharmacy support to care homes	Oct 23	Increased resilience in care homes to manage the needs of patients and reduce medicines related risk	Medicine waste indicators / Prescribing costs re care homes/ Patient outcomes indicators	£42,000 Band 5 Pharmacy technician from transformation reserve – existing funding	C Fitzpatrick
Additionality	Maximise opportunities to support community volunteering, local groups and third sector support for non-registered activities	Oct 23	Increased resilience in local communities to support each other	Number and level of community group and resource uptake	£20,000 (Small grants for community groups from Winter pressures reserve - new)	D Radford K Gainty J Johnstone

2.3. Whole System Flow - Prevent admission, reduce length of stay, and avoid delays to support whole system flow

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Maximise the utilisation of intermediate care as a means to reduce delays to discharge and support rehab and enablement for people who can regain their function. model to reduce delayed discharges	Ongoing BAU	Pre and post UCC	UCC performance indicators	£57,000 Spot purchase additional intermediate care home beds with AHP input from CRT (Winter pressures reserve - new)	L Miller
Additionality	Use interim beds via short term placement in care home for people awaiting their preferred long term care placement and/or care at home when demand pressures arise	Ongoing	Reduce delays to discharge from hospital	Delayed Discharge rate Bed Days Lost to Delayed Discharge	Included in cost assumptions above (winter pressures reserve)	L Miller

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
Additionality	Scope and model local approach to providing Step Up beds to enable short term 24 hour care for people in community to prevent avoidable admission to care home	Dec 23	Prevention of avoidable hospital admission	UCC performance indicators	£31,000 Spot purchase or block care home beds (addl 3 Emergency respite model) Plus payments to GPs and MDT. (Winter pressures reserve - new)	F Munro S McDonald G Healey J Johnstone J Marshall
BAU	Continue to work closely with local care home providers to support their role in facilitating discharge from hospital, including via use of trusted assessor model and flexibility in initial funding agreements	BAU	Prevention of delays to discharge from hospital	Delayed discharge rate Bed Days Lost to Delayed Discharge	£75,000 (12 week disregards) (winter pressures reserve - new)	S McDonald G Healey
BAU	Continue and expand the embedding of Future Care Plans (FCP) within core services	Ongoing BAU	Prevention of avoidable hospital admission and transfers of care/ Maximise preferred place of care	FCP numbers	0	M Dalgarno J Marshall
Additionality	Develop a more robust process for Care Home Future Care Plans to be seen by out of hours (Secure agreement of GGC process to access clinical portal)	Dec 23	Prevention of avoidable hospital admission and transfers of care/ Maximise preferred place of care	FCP numbers	0	J Marshall M Dalgarno C Cashman

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Review local enhanced services (LES) in care homes	Ongoing BAU	GP cover specified for each care home on a named practice basis	LES uptake	TBC	NHSGGC (J Johnstone)
BAU	Improve direct communication and access to GPs for clinicians	Dec 23	Fast access to GP advice for HSCP professionals	Prof to Prof line in each practice	0	J Marshall J Johnstone
BAU	Ensure advanced practice staff are aware of and utilise Professional to Professional advice via Consultant Connect, and undertake data capture re Professional to Professional resources to inform increased effectiveness.	Ongoing BAU	Improved access and use of prof to prof advice. Increased opportunities for alternative approaches	Calls to Prof to Prof line/ UCC Performance Indicators	0	F Munro K Halpin
BAU	Maximise uptake and enacting of Power of Attorney through public messaging and increased awareness amongst frontline staff.	BAU	Increased number of residents with POA in place	POA registrations with OPG for East Dunbartonshire residents	£27,000 Additional capacity in CAB to support application processes (winter systems pressures reserve - new)	D Radford A Craig
Additionality	Engage with the third sector in relating to transport home from hospital	Dec 23	Timely discharge from hospital and settling at home support	UCC Performance Indicators/ Targeted activity reports	£20,000 (winter pressures reserve - new)	D Radford F Munro

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Improve local operational processes for equipment ordering and storage to support hospital discharge.	BAU	Pre and post UCC	UCC performance indicators	0	A Walker C Bottomley
Additionality	Scope the potential to improve equipment ordering processes from acute to support discharge to community	Nov 23	Pre and post UCC	UCC performance indicators/ Data re. released practitioner time	0	A Walker N Calder
BAU	Continue to participate in full implementation of Planned Date of Discharge and Discharge Without Delay via the HSCP Unscheduled Care Delivery Group.	Ongoing	Pre and post UCC	UCC performance indicators	0	C Sinclair D Pearce F Munro
Additionality	Scope the requirements to launch a local test of change to deliver IV medications in the community	Dec 23	Reduce avoidable admissions to hospital Facilitate speedy discharge	UCC performance indicators/ Test of change indicators	£0 tbc for future years (winter pressures reserve)	J Marshall K Halpin
Additionality	Scope the process to enable local fast access to labs and diagnostics	Dec 23	Reduce avoidable admissions to hospital	UCC performance indicators/ Test of change indicators	£0 TBC for future years (Transport costs) (winter pressures reserve)	K Halpin F Munro

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Pharmacy Team to continue to provide antivirals for appropriate patients with Covid who have been referred through the GGC Pharmacists Antiviral Prescribing Review Pathway.	Ongoing	Reduce avoidable hospital admissions due to Covid	Admissions and LOS data	Core Prescribing Budget	A Christopherson/ C Fitzpatrick
Additionality	Augment existing diagnostic pathway with additional Clinical Development Fellow in OPMH medical staffing due to sub optimal pathway timescales	Nov 23	Reduction in OPMH medical waiting list	OPMH waiting list	£106,560 (split 50:50 transformation reserve and winter pressures reserve - new)	F Munro

2.4. Infection Control - Ensure services are delivered safely, with precautions taken and communications issued, to reduce the spread of winter pathogens

Grouping	Action	Timescale	Impact	Measure	Cost (£)	Lead
BAU	Implement an effective immunisation programme against seasonal influenza and follow Scottish Government guidance for the continued rollout of the Covid-19 vaccination programme (includes encouragement of staff uptake across the HSCP and vaccination plan for care home residents and house bound service users)	Sept 23 Ongoing	Increased update of seasonal vaccination	Vaccination uptake rates	Core funding (VTP team)	C Fitzpatrick GGC VTP
BAU	Implement standard infection control measures to address the requirements of the most common infections, such as norovirus; Clostridium difficile; influenza; and MRSA	Ongoing	Reduced spread of infectious diseases	Infection rates	0	L Connell J Marshall
BAU	Implement contingency plans to minimise the impact of outbreaks of infection by complying with infection control audits and completing associated infection control action plans	Ongoing	Reduced spread of infectious diseases	Infection rates	0	L Connell J Marshall
BAU	Follow Public Health Scotland (PHS) guidance on any other winter pathogens or outbreaks when available	Ongoing	Reduced spread of infectious diseases	Infection rates	0	L Connell J Marshall

2.5. Communication – Ensure effective and informative communication is in place for the workforce, partners and service users/the public. Maximise the use of intelligence to assist us in addressing winter pressures (including the use of and development of digital solutions to maximise information system interoperability/ communication).

Grouping	Action	Timescale	Impact	Measure	Cost (£)	Lead
BAU	Reinforce public messaging through all East Dunbartonshire HSCP channels (including *Right Care Right Place*)	Ongoing	Public adhere to messaging	UCC performance indicators	£10,000 (winter pressures reserve - new)	J Johnstone A Craig
BAU	All staff communication mechanisms for the HSCP are in place. Process for any emergency/urgent communications in place and scheduled communications re public holiday closures in place.	Ongoing	Staff adhere to messaging	UCC performance indicators	0	A Craig V McLean
BAU	Raise awareness and support the use of agreed pathways and process for access to emergency respite, etc.	Dec 23	Prevention avoidable admission to hospital (e.g. social admission of cared for person)	UCC performance indicators	0	S McDonald (and acute / SAS)

2.6. Staff Support and Wellbeing - Support the mental health and wellbeing of our staff through practical support and resources, and by ensuing appropriate support is in place to underpin staff ability to deliver their core roles (e.g. use of digital solutions)

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Staff wellbeing group to provide support to staff through food and drink provisions in staff canteens	Dec 23	Staff mental health and wellbeing supported	Reduced staff stress/absence	£5,000 (based on last year's costs) (Endowments / Wellbeing Funding)	T Quinn Healthy Working Lives Group
BAU	Staff wellbeing group to promote general wellbeing and mindfulness sessions / self help	Dec 23	Staff mental health and wellbeing supported	Reduced staff stress/absence	£10,000 (based on last year's costs) (Endowments / Wellbeing Funding))	T Quinn Healthy Working Lives Group
Additionality	Scope requirements for additional support to reduce pressure on frontline practitioner staff through use of digital solutions and or changes or process (e.g. call handling/ referral processing	Dec 23	Staff mental health and wellbeing supported. Maximised use of professional skills	Reduced staff stress/absence	£20,000 (Admin band hours/ IT solutions) (Winter planning reserves – new)	J Campbell V McLean

2.7. Cost of Living - Support staff and service users with information, advice and practical support if necessary to support them in work or at home

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Essential items (e.g. dried food/ warm clothing) will be stored at an agreed site for provisions for service users if required	BAU	Vulnerable people supported in cost of living	Qualitative survey of people who benefitted	£5,000 based on last year's spend (winter planning reserves – new)	R Murphy
BAU	Utilise emergency social work funds for those in need when required	BAU	Staff supported in cost of living	Section 12 grants issued	Core budget	S McDonald S Greig

2.8. Monitoring and Escalation - Ensure appropriate monitoring and escalation routes are in place and understood by staff

Grouping	Action	Timescale	Impact	Measure	Cost	Lead
BAU	Clarify and publicise for staff/managers agreed escalations routes through Operational Flash, Operational Response Group (ORG) and Senior Management team.	Nov 23	Clear escalation routes for issues and risks	Corporate Risk Register	0	D Pearce J Campbell

3. Financial Framework

The total financial framework to deliver on Adult winter planning pressures on a recurring basis is £3.865m funded through allocations from Scottish Government across a number of funding streams. The projected spend on these workstreams for 2023/24 is £4.385m with an expectation that £0.519m will be drawn down from reserves to meet the non-recurring elements of the current winter programme. This is set out in the table below:

Workstream	Funding 2023/24 (£m)	Projected Costs 2023/24 (£m)	Projected Variance (£m)
Health Care Support Workers	0.650	0.522	0.128
Enhanced MDTs	0.697*	0.787	(0.090)
Expanding Care at Home Capacity	2.518	2.507	0.011
Interim Care (non-recurring)	0	0.568	(0.568)
TOTAL	**3.865**	**4.384**	**(0.519)**

*only 75% funding allocated for 23/24 with expectation that reserves balances used in first instance

The overall reserves balance at 31st March 2023 for Adult Winter Planning was £2.502m with expected use of reserves in year of £0.519m (as above) will leave a projected balance on reserves at year end of £1.983m.

The winter plan for 2023/24 is expected to cost £1,242,044m and this will be met from a range of funding routes including continuing care funding, care home collaborative funding, HSCP transformation reserves for tests of change and access to endowments to improve staff / patient experience and from the remaining reserves balances for Adult Winter Planning.

Funding Route	Anticipated Cost (£)
Continuing Care Funding	85,000
Care Home Collaborative Funding	16,900
Transformation Reserve	95,250
Endowment / Wellbeing Funding	15,000
Winter Planning Reserve	741,750
Sub Total	**953,900**
Winter Plan – existing recurring	288,144
TOTAL	**1,242,044**

Agenda Item No: 5b
Appendix 2

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	161123-05
2	Report Title	HSCP Winter Plan 2023/2024
3	Date direction issued by Integration Joint Board	16 November 2023
4	Date from which direction takes effect	16 November 2023
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Adult Community Nursing Services Community Rehabilitation Service Primary Care and Family Health Services Older People's Mental Health Service Care at Home Service Commissioned 3rd and Independent Sector Services Locality Social Work Services and Hospital Assessment Team Planning, Performance and Quality Service Business Support Service
8	Full text of direction	The IJB Directs the partner organisations to deploy and/or recruit workforce employed by either organisation in line with the aims states in the HSCP Winter Plan 2023/24
9	Budget allocated by Integration Joint Board to carry out direction	The Winter Plan for 2023/24 is expected to cost £1,242m and this will be met from the remaining reserves balances for Adult Winter Planning (£1.983m) and other funding sources including continuing care, care home collaborative funding.
10	Details of prior engagement where appropriate	There has been engagement with the Staff Partnership Forum of the HSCP and with HR colleagues in both NHSGG&C and East Dunbartonshire Council in respect of the deployment and/or recruitment of workforce. There has been engagement with Corporate Planning in NHSGG&C and with the CMT in Eat Dunbartonshire Council as to the aims of the HSCP Winter Plan 2023/24.

11	Outcomes	This Direction supports the pursuance of the aims and outcomes stated in the HSCP Strategic Plan as they pertain to the continued delivery of services throughout Winter 2023/24 and the testing of service developments during this time to inform future planning and investment/disinvestment. The aims of the HSCP Strategic Plan are consistent National Health and Wellbeing Outcomes.
12	Performance monitoring arrangements	Measures of success are states against each item in the HSCP Winter Plan 2023/24 and will be reported to the IJB and/or Performance, Audit and Risk Committee of the IJB as required. It is also anticipated there will be enhanced reporting to the Scottish Government throughout Winter 2023/24 as to the ability of the HSCP to deliver services and the use of funding allocated to ensure this.
13	Date direction will be reviewed	May 2024

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 06.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/06**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER, 0141 232 8216**
SUBJECT TITLE:	**HSCP PROPERTY AND ACCOMMODATION UPDATE**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on progress with the delivery of accommodation requirements for East Dunbartonshire HSCP.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the challenges in terms of premises available to deliver services within the HSCP; and

2.2 Note the content of this report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 A Property review and update on accommodation was tabled at an IJB meeting in June 2023, this paper provides a further update for board members attention.

3.2 HSCP Primary Care Estate Strategy
A consolidated HSCP Primary Care Estate Strategy is expected in 2023 and will provide support for future business cases, or new facilities proposals for all 6 Glasgow HSCP's. This should also provide detail of the requirements of the Moving Forward Together programme for service delivery in East Dunbartonshire HSCP. To be able to accommodate HSCP service needs and those coming from the Moving Forward Together programme there requires to be additional delivery points and remodelling of existing HSCP premises.

3.3 East Dunbartonshire HSCP Property Strategy 2023 – 2025
The HSCP Property Strategy 2023 -2025 which aligns with the HSCP Strategic Plan, was approved at the IJB meeting of 14th September 2023. The Strategy has now been published on the HSCP web pages.

3.4 East Dunbartonshire HSCP Primary Care Property Strategy
The HSCP require a significant number of clinical rooms as well as touchdown and office space to deliver on commitments of the PCIP programme:

1. **Bearsden and Milngavie cluster**
    - 10 treatment rooms
    - Touchdown space

    Up to 11 Treatment Rooms would be created through the approval of a Milngavie Retail Unit Project.

2. **Kirkintilloch and Lennoxtown cluster**
    - 5 Treatment rooms
    - Touchdown space within the KHCC

    There has been some additional allocation of rooms at KHCC for the service, and work will be completed in 2023 to provide a further Treatment Room offering 10 sessions of clinical space.

3. **Bishopbriggs/Auchinairn cluster**
    - 6 treatment rooms - if model moved away from a practice based service.
    - Touchdown space

    4 Treatment Rooms will be delivered at the completion of the Bishopbriggs Retail Unit Project.

4. **Vaccination Transition Programme (VTP)**
    - The Vaccination Transition Programme (VTP) will also require sessional space in each cluster area to deliver the 2-5 flu vaccination programme.

5. **Pharmacotherapy Hub**
    - The service will require up to 16 desks ideally in one location within the HSCP.

Options are being progressed to deliver a local Pharmacotherapy Hub outwith GP Practice accommodation, with provision of 12 desks in one HSCP location in 2023/early 2024.

3.5 ACTIONS/PROGRESS TO DATE

The HSCP has been progressing a number of strategic recommendations outlined in the HSCP Property Strategy report which are short term (0-3 years), short to medium term (0-10 years) and medium to long-term (3 – 10 years plus) **(Appendix 1).**

WEST LOCALITY

3.5.1 Health and Social Care Facility

The HSCP requires support via the Capital Planning Team on taking forward a revised business case for a facility in the Milngavie area and will seek advice on a refreshed process to ascertain accommodation requirements and consultation with stakeholders.

3.5.2 Retail Premises

Work continues on a feasibility study of a large 2 storey retail unit in the Milngavie Locality.

The HSCP in discussion with service stakeholders and specialist departments have agreed a design for ground and first floor of a large retail premises in the Milngavie Locality **(Appendix 2).** The ground floor is able to accommodate 11 high specification Treatment Rooms, along with 2 Interview Rooms and the necessary facilities and storage spaces. A large waiting area and reception has been incorporated into the design.

On the 1st floor there will be office and staff accommodation with 37 desks, 1 large Meeting room, Interview and staff rest facilities.

The previous business case for capital funding for this scheme originally asked for £1.829m split over two consecutive financial years. However once the construction costs were reviewed there was a significant increase in costs up to £3.2m and as the initial lease period was a short lease term the scheme was deemed unviable to proceed. Discussions have again taken place with the Landlord via NHSGG&C Property Team as to a longer lease term of up to 15 years with a break at 10 years which is more in line with the total investment required for the premises. The Capital Project Team is now working with the Design Team on producing costings for the project which will require to be taken through the governance and approval groups for capital funds.

It is likely the financial ask will be over £3m and this will require a full business case to be presented through the NHS capital governance processes for review and approval, with funding being split over a few financial years. The HSCP is liaising with the Capital Project Team to meet timescales of the required governance groups aiming for November should costs become available and completion of a full business case.

Should the project receive approval and support via NHSGG&C Capital forums it is anticipated that the scheme would be a 71 week programme from start to finish of which construction mobilisation and works would take up to 38 weeks.

Revenue costs including rent/rates could be met in the short term (3 years minimum) from HSCP reserves, with an expectation that these will form part of the overall PCIP costs once future funding allocations are confirmed or this will form part of financial planning for the HSCP in future years.

3.5.3 Milngavie Clinic – Feasibility Study

Due to reduced Capital Team resource, this feasibility study to maximise clinical and non-clinical space has paused but should be picked up again in late 2023/2024. The previous design options will be reviewed and the Design Team will revise costs on the basis of works split over financial years and the use of both Minor Works teams and Capital Project teams. The preferred design offers an increase to Treatment Rooms, Interview space and remodelling of reception and enhanced waiting area.

3.5.4 Realignment of Staff

There remains a requirement to find office space for the Health Visiting Service who work in this locality and who occupy space in Milngavie Clinic. There may be space available on the top floor of the proposed retail unit in Milngavie locality, subject to enough desks being made available and agreement of staff ratio to desk use. It is likely that we would relocate HSCP staff currently located at Milngavie Enterprise Centre which is a short term accommodation measure in the retail unit office accommodation.

EAST LOCALITY

3.5.5 Retail Premises

The retail unit project in the Bishopbriggs/Auchinairn locality has now formally commenced. A design plan has been agreed in discussion with HSCP Stakeholders, Capital Planning, Infection Control and Facilities departments which will deliver 4 high specification Treatment Rooms in the one location which will deliver 40 clinical sessions weekly. **(Appendix 3)**

A revised Project Timeline **(Appendix 4)** has been shared with the HSCP which details project milestones and an expected completion date of 30.08.24. To date Capital Planning Project Officers are working with the Design Team on surveys and information gathering, services review and have started on the full production information required to work towards planning permission and building warrants. In early 2024 work will commence on the infection/fire/ventilation and water services review as well as the bills of quantities. Tendering will commence from February 2024 with appoint of contractor in March 2023, mobilising in March/April 2024 with construction commencing in April 2024 with a 20 week programme onsite.

A Design & Delivery group will be established which will include HSCP stakeholders, Capital Planning, Design Team and specialist services including eHealth/Telephony and Facilities. The Design and Delivery Group will report to HSCP Property and Assets Group who will sign off any design changes and financial requests for the project.

Furniture and equipment not included as part of the group 1 fitout of fixtures and fittings will be purchased by the service.

Rental and rates costs which will be met from HSCP budgets.

3.5.6 Woodlands Resource Centre – Feasibility Study

Similar to Milngavie Clinic there is a lack of available Capital Team resource to support this feasibility study to maximise clinical and non-clinical space and as such

the scheme has paused but should be picked up again in late 2023/2024. The preferred design offers an increase to Treatment Rooms and additional Interview space which is more suitable to quiet therapeutic interventions as an alternative to KHCC.

3.5.7 Kirkintilloch Health and Care Centre – Feasibility Study

An allocation of Capital Team project support has now been assigned to the HSCP to progress a feasibility study to remodel the ground floor of KHCC. There are accommodation pressures for clinical services both for HSCP services, GP Practice space and for visiting services. Discussions are ongoing with Capital Project Team to confirm requirements before commissioning a Design Team.

3.5.8 North East Sector Offices – Stobhill Hospital

Site review of space has yet to commence, the HSCP are keen to review use of non-clinical and the potential for clinical space at this premise in conjunction with Glasgow HSCP.

3.6 The HSCP holds an earmarked reserve of £3m to support accommodation redesign which could be utilised to support remodelling of buildings and the priorities detailed within the HSCP Property Strategy 2023 – 2025.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – There has been an inequality of implementation of the services due to lack of clinical accommodation and options for integrated working across the HSCP.

4.3 Workforce (including any significant resource implications) – there may be a requirement for HSCP staff to relocate office accommodation to best utilise properties to delivery services to service users.

4.4 Legal Implications – NHS GG&C will support the negotiation and finalisation of lease agreement for the new shop front premises.

4.5 Financial Implications – In 2023/24 Capital Funding has been made available to support improvements to accommodation developments in non-traditional premises in Milngavie and Bishopbriggs/Auchinairn. Feasibility Studies for Retail Units x 2 in the East and West Locality and for current accommodation - Kirkintilloch Health and Care Centre, Milngavie Clinic and Woodlands Resource Centre will have a financial ask in 2023/24 and should schemes progress to business case a further ask will be required in future financial years.

4.6 Procurement – None.

4.7 ICT – Requirement for support from both EDC IT and NHS eHealth team to provide connections in new accommodation, as well as IT kit for both NHS and EDC services.

4.8 Corporate Assets – None.

4.9 Equalities Implications – Patients are not receiving all services within each locality area due to lack of accommodation.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.1 There are risks around lack of accommodation, and being able to fulfil the delivery of services in local communities.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – working in partnership with the Council to identify options and secure accommodation available across the Council area to support integrated working and co-location of health and social care teams.

6.3 **NHS GREATER GLASGOW & CLYDE** – working in partnership with the health board to develop a property strategy for the HSCP as part of a wider health board strategy to secure capital investment for future years. Working in partnership with colleagues to identify options available across the area to support delivery of the primary care improvement plan and location of acute functions within the community.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 **POLICY CHECKLIST**

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 **APPENDICES**
8.1 **Appendix 1 -** HSCP Property Strategy Timeline
8.2 **Appendix 2 -** Milngavie Floor Plans Approved
8.3 **Appendix 3 -** Bishopbriggs Floor Plans Approved
8.4 **Appendix 4 -** Bishopbriggs Timeline

TIMELINE

Appendix 1

Short Term (0-3 years)

1) Support operational re-alignment of existing services/staff where feasible to make better use of existing available property resources based on the data collected and reviewed.
2) Seek formal support from the Capital Planning & Premises Team to undertake project support and development activities.
3) Review and re-present the augmented argument for a new “West Locality Health & Care Complex”, supported by an amended Schedule of Accommodation (S of A), intended primarily to address those issues identified in the original “Milngavie Health and Care Centre” paper (presented as a component of the previous NHSGG&C prioritisation process) but with an added understanding of the substantial risk associated with existing premises in the area and space requirements as highlighted by this review.
4) Finalise work already underway relating to the alternative means of delivering “shared satellite space” across the HSCP area to physically increase capacity available to support the delivery of clinical services and support short-term contractual and policy obligations whilst mitigating those risks identified associated with GP owned/leased premises in the area.
5) Secure the funding required to implement those preferred solutions identified as essential in the short-term.
6) Seek the inclusion of the preferred strategic option(s) identified in local HSCP plans within the next appropriate NHSGG&C capital prioritisation process to understand the actual timetable for development and/or any remedial actions required.

Short to medium-term term (0 – 10 years)

1) Seek appropriate local and Board-wide agreement to develop the required business case(s) in support of capital investment or an alternative to this.
2) Develop the business case(s) agreed as being required to support infrastructure developments in response to the findings of the option appraisal conducted and in the context of the relevant NHSGG&C Capital Planning & Prioritisation process/project programme.
3) Develop the detailed briefing documentation required to support the development of detailed designs for any capital projects approved, ensuring that these can deliver the required range of services for the required planning period (including more detailed assumptions relating to changing demand and capacity requirements)
4) Implement any remedial actions required in reflection of projected differences between strategic capital investment programmes and local demand/facilities (if required).

In the medium to long-term (3 – 10 years plus)

1) Use “otherwise essential investment” and new monies secured through the capital business case process to maintain, develop, refurbish and/or construct the physical infrastructure associated with approved business cases in line with the overarching NHSGG&C Primary Care Estate Strategy and place-based investment approach.

   This is likely to include, most notably:

   The replacement of Milngavie Clinic, +/- local GP Practices, (The proposed “West Locality Health & Care Complex” or “hub”).

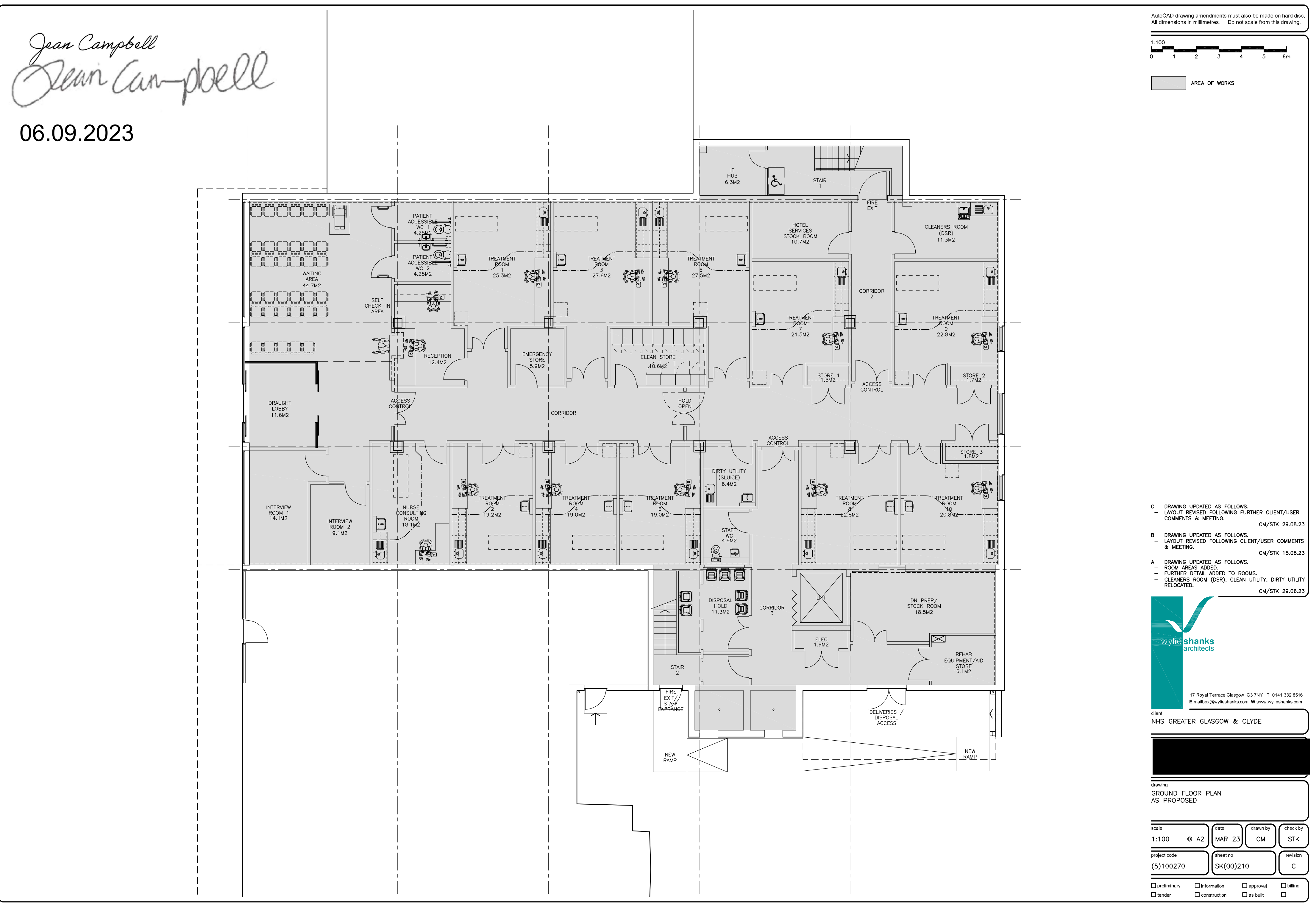
   The provision of HSCP “shared satellite space” in the Bishopbriggs/Auchinairn area or an alternative to this agreed through an option appraisal process.

HSCP Capital & Minor Works Timeline **Appendix 2**

Site	Service	Timeline	Finance Source	Expected Completion subject to approval and funding	Capital or Minor Works
Bishopbriggs Retail unit	Primary Care Improvement Plan – Community Treatment and Care	2023/2024	NHSGG&C Capital Funding	August 2024	Capital
Milngavie Retail Unit	Community Treatment and Care Community Health and Care Services Teams	Business case to go through Capital Forums in November 2023	To be confirmed –	2024/2025	Capital
Woodlands Feasibility	Older Peoples Mental Health	To be confirmed	To be confirmed	2024/2025	Minor/Capital work
Milngavie Clinic Feasibility	Mental Health Alcohol and Drug Recovery	To be confirmed	To be confirmed	2024/2025	Minor/Capital work

	Primary Care Mental Health Older People Mental Health Moving Forward Together – Acute Services				
Kirkintilloch Health and Care Centre Feasibility	Community Treatment and Care Services Mental Health Alcohol and Drug Recovery Primary Care Mental Health Joint Learning Disabilities Physiotherapy Podiatry Moving Forward Together – Acute Services	To be confirmed	To be confirmed	To be confirmed	Minor/Capital work

	GP Practice				
North East Sector Offices – review of accommodation/feasibility	Oral Health Community Health and Care Services School Nursing	Late 2023	To be confirmed	To be confirmed	To be confirmed
Upgrade of room to Treatment Room – KHCC	Community Treatment and Care Service	Late 2023	Capital funding – EDHSCP 2023/2024	Late 2023	Minor Works
Upgrade of room to Treatment Room - KHCC	Alcohol and Drug Recovery Service	Late 2023	Mental Health funding – 2023/2024	Late 2023	Minor Works
West Locality Capital Planning Business Case for a Health and Care Centre	Primary Care GP Practices 3rd Sector HSCP Services (all)	2023 – 2025	Capital/Scottish Government funding	2023/2024	Capital


Jean Campbell
06.09.2023
AutoCAD drawing amendments must also be made on hard disc. All dimensions in millimetres. Do not scale from this drawing.
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AREA OF WORKS
IT HUB 6.3M2
STAIR 1
FIRE EXIT
PATIENT ACCESSIBLE WC 1 4.25M2
PATIENT ACCESSIBLE WC 2 4.25M2
WAITING AREA 44.7M2
SELF CHECK-IN AREA
RECEPTION 12.4M2
TREATMENT ROOM 1 25.3M2
TREATMENT ROOM 3 27.6M2
TREATMENT ROOM 5 27.5M2
HOTEL SERVICES STOCK ROOM 10.7M2
CLEANERS ROOM (DSR) 11.3M2
CORRIDOR 2
TREATMENT ROOM 7 21.5M2
TREATMENT ROOM 9 22.8M2
EMERGENCY STORE 5.9M2
CLEAN STORE 10.6M2
STORE 1 1.5M2
STORE 2 1.7M2
ACCESS CONTROL
DRAUGHT LOBBY 11.6M2
ACCESS CONTROL
CORRIDOR 1
HOLD OPEN
ACCESS CONTROL
STORE 3 1.8M2
INTERVIEW ROOM 1 14.1M2
INTERVIEW ROOM 2 9.1M2
NURSE CONSULTING ROOM 18.1M2
TREATMENT ROOM 2 19.2M2
TREATMENT ROOM 4 19.0M2
TREATMENT ROOM 6 19.0M2
DIRTY UTILITY (SLUICE) 6.4M2
STAFF WC 4.9M2
TREATMENT ROOM 8 22.8M2
TREATMENT ROOM 10 20.8M2
DISPOSAL HOLD 11.3M2
CORRIDOR 3
LIFT
ELEC 1.9M2
DN PREP/ STOCK ROOM 18.5M2
REHAB EQUIPMENT/AID STORE 6.1M2
STAIR 2
FIRE EXIT/ STAFF ENTRANCE
?
?
DELIVERIES / DISPOSAL ACCESS
NEW RAMP
NEW RAMP
C DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING FURTHER CLIENT/USER COMMENTS & MEETING.
CM/STK 29.08.23
B DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING CLIENT/USER COMMENTS & MEETING.
CM/STK 15.08.23
A DRAWING UPDATED AS FOLLOWS.
– ROOM AREAS ADDED.
– FURTHER DETAIL ADDED TO ROOMS.
– CLEANERS ROOM (DSR), CLEAN UTILITY, DIRTY UTILITY RELOCATED.
CM/STK 29.06.23
wylie shanks architects
17 Royal Terrace Glasgow G3 7NY T 0141 332 8516
E mailbox@wylieshanks.com W www.wylieshanks.com
client
NHS GREATER GLASGOW & CLYDE
drawing
GROUND FLOOR PLAN AS PROPOSED
scale 1:100 A2
date MAR 23
drawn by CM
check by STK
project code (5)100270
sheet no SK(00)210
revision C
preliminary
information
approval
billing
tender
construction
as built
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Jean Campbell
06.09.2023
AutoCAD drawing amendments must also be made on hard disc.
All dimensions in millimetres. Do not scale from this drawing.
1:100
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AREA OF WORKS
STAFFROOM 33.4M2
MALE WC
FEMALE WC 20.0M2
STAFF SHOWER/WC 4.8M2
STAIR 1
FIRE EXIT
CLEANERS ROOM (DSR) 9.1M2
STAFF ACCESSIBLE WC 6.2M2
INTERVIEW ROOM 3 8.9M2
CORRIDOR 4
HOLD OPEN
MEETING ROOM 1 34.6M2
AGILE AREA / BREAK-OUT SPACE
PRINT/COPY STATION
OPEN PLAN OFFICE (32 DESKS) 147.0M2
AGILE AREA / BREAK-OUT SPACE
5 PERSON OFFICE 28.7M2
LOCKERS 5.5M2
COATS 1.3M2
STORE 4 (GENERAL) 8.4M2
CORRIDOR 5
LIFT
PLANTROOM 43.1M2
STAIR 2
C DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING FURTHER CLIENT/USER COMMENTS & MEETING.
CM/STK 29.08.23
B DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING CLIENT/USER COMMENTS & MEETING.
CM/STK 15.08.23
A DRAWING UPDATED AS FOLLOWS.
– ROOM AREAS ADDED.
– DETAIL ADDED TO CLEANERS ROOM (DSR) & STAFF ACCESSIBLE WC.
CM/STK 29.06.23
wylieshanks architects
17 Royal Terrace Glasgow G3 7NY T 0141 332 8516
E mailbox@wylieshanks.com W www.wylieshanks.com
client
NHS GREATER GLASGOW & CLYDE
drawing
FIRST FLOOR PLAN AS PROPOSED
scale 1:100 @ A2
date MAR 23
drawn by CM
check by STK
project code (5)100270
sheet no SK(00)211
revision C
preliminary
information
approval
billing
tender
construction
as built
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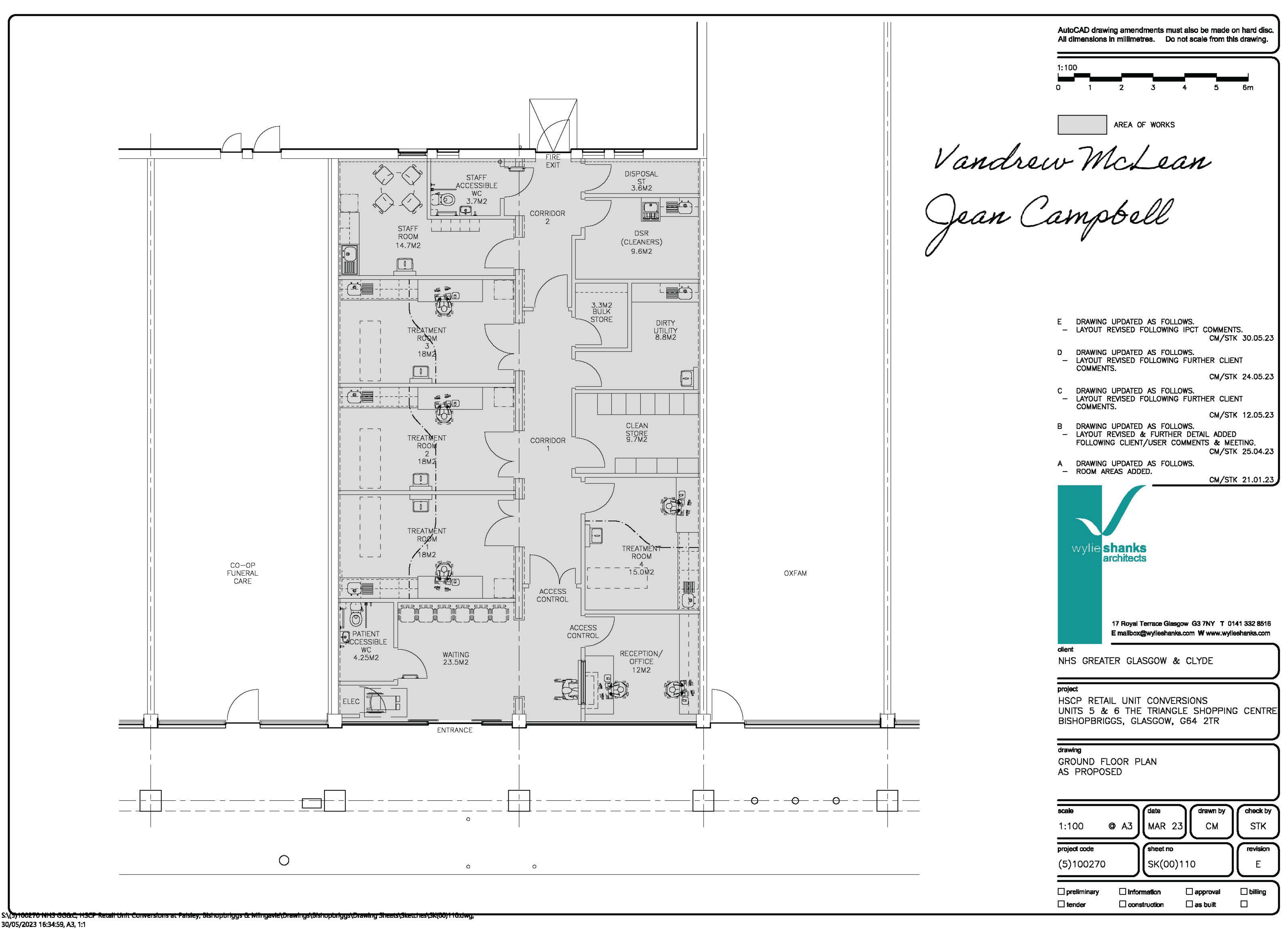

AutoCAD drawing amendments must also be made on hard disc.
All dimensions in millimetres. Do not scale from this drawing.
1:100
0 1 2 3 4 5 6m
AREA OF WORKS
Vandrew McLean
Jean Campbell
FIRE EXIT
STAFF ACCESSIBLE WC 3.7M2
DISPOSAL ST 3.6M2
CORRIDOR 2
STAFF ROOM 14.7M2
DSR (CLEANERS) 9.6M2
3.3M2 BULK STORE
DIRTY UTILITY 8.8M2
TREATMENT ROOM 3 18M2
TREATMENT ROOM 2 18M2
CORRIDOR 1
CLEAN STORE 9.7M2
TREATMENT ROOM 1 18M2
TREATMENT ROOM 4 15.0M2
CO-OP FUNERAL CARE
OXFAM
ACCESS CONTROL
ACCESS CONTROL
PATIENT ACCESSIBLE WC 4.25M2
WAITING 23.5M2
RECEPTION/ OFFICE 12M2
ELEC
ENTRANCE
E DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING IPCT COMMENTS.
CM/STK 30.05.23
D DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING FURTHER CLIENT COMMENTS.
CM/STK 24.05.23
C DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED FOLLOWING FURTHER CLIENT COMMENTS.
CM/STK 12.05.23
B DRAWING UPDATED AS FOLLOWS.
– LAYOUT REVISED & FURTHER DETAIL ADDED FOLLOWING CLIENT/USER COMMENTS & MEETING.
CM/STK 25.04.23
A DRAWING UPDATED AS FOLLOWS.
– ROOM AREAS ADDED.
CM/STK 21.01.23
wylie shanks architects
17 Royal Terrace Glasgow G3 7NY T 0141 332 8516
E mailbox@wylieshanks.com W www.wylieshanks.com
client
NHS GREATER GLASGOW & CLYDE
project
HSCP RETAIL UNIT CONVERSIONS
UNITS 5 & 6 THE TRIANGLE SHOPPING CENTRE
BISHOPBRIGGS, GLASGOW, G64 2TR
drawing
GROUND FLOOR PLAN
AS PROPOSED
scale
1:100 @ A3
date
MAR 23
drawn by
CM
check by
STK
project code
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sheet no
SK(00)110
revision
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preliminary
information
approval
billing
tender
construction
as built
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Internal Alterations, Bishopbriggs Retail Conversion for HSCP
for NHS Greater Glasgow & Clyde
Pre-construction Programme - Issue 2

S:\(5)100270 NHS GG&C, HSCP Retial Unit Conversions at Paisley, Bishopbriggs & Milngavie\General\7P23022101 Bishopbriggs Retail Conversion for HSCP.pc

09/08/23

Activity	Start	Finish	Duration
STANDARD PROGRAMME	04/09/23	30/08/24	50w
CAPITAL TEAM			
R&D asbestos survey & reporting	12/02/24	01/03/24	3w
HSE notification	04/03/24	15/03/24	2w
Asbestos removal	18/03/24	29/03/24	2w
Existing services review (ie water quality/pressure)	18/09/23	13/10/23	4w
HAI_SCRIBE Review	08/01/24	19/01/24	2w
NHS Review (IPC, Fire, Vent & Water AP/AE)	08/01/24	19/01/24	2w
Landlords Consent - Initial Layouts	16/10/23	27/10/23	2w
Landlords Consent - Detailed submission	08/01/24	19/01/24	2w
DETAILED DESIGN & PRODUCTION INFORMATION			
Surveys and information gathering	04/09/23	15/09/23	2w
General arrangement drawings & final user consultation	18/09/23	13/10/23	4w
Full production information	16/10/23	22/12/23	10w
APPROVALS			
Planning permission	04/12/23	08/03/24	12w
Building Warrant	08/01/24	29/03/24	12w
TENDER ACTION			
Prepare Bills of Quantities	08/01/24	02/02/24	4w
Tender period	05/02/24	01/03/24	4w
Tender reporting & review	04/03/24	15/03/24	2w
Contractor appointment deadline	15/03/24	15/03/24	0d
CONSTRUCTION			
Contractor mobilisation	18/03/24	12/04/24	4w
Construction works	15/04/24	30/08/24	20w

Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep

21 4 18 2 16 30 13 27 11 25 8 22 5 19 4 18 1 15 29 13 27 10 24 8 22 5 19 2

Phase Duration | Client | Feasibility Study | Architect | Quantity Surveyor | By others | Report/event | Contractor | L.A. Approvals | Services Eng

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 07.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/07**
CONTACT OFFICER:	**ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**REVIEW OF STRATEGIC PLAN 2022-25**

1.0 PURPOSE

1.1 The purpose of this report is for the IJB to note that the statutory three year review of the effectiveness of the current Strategic Plan (2022-25) is about to be undertaken.

1.2 The outcome of this review will inform decision-making regarding the preparation of the next Strategic Plan.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the Report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Strategic Plan should be reviewed every three years to evaluate its effectiveness and to determine if the Strategic Plan should be replaced. The Act requires that the HSCP should have regard to the views of its Strategic Planning Group in this review process.

3.2 The current East Dunbartonshire HSCP Strategic Plan is due for review by 31 March 2025. Given that this current plan is a three year plan, a replacement or refreshed plan would be an expected outcome of this review.

3.3 A new or refreshed strategic plan will take a year to develop due in part to the consultation timescales prescribed in the Public Bodies (Joint Working) (Scotland) Act 2014.

3.4 Work on the next Strategic Plan therefore needs to begin in April 2024 and consequently any review and its associated findings on the current plan requires to be finalised by March 2024 to inform this process

3.5 The 2022-25 Strategic Plan was developed in line with the Scottish Governments Strategic Commissioning Plans Guidance 2015. The review would therefore seek to establish if the Strategic Plan meets the standards set out in the national guidance through the following questions:

3.5.1 How well has the 2022-25 Strategic Plan met the standards set out in national guidance standards?

3.5.1.1 Identify the total resources available across health and social care or each care group and for carers and relates this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA).
3.5.1.2 Agree the desired outcomes and link investment to them.
3.5.1.3 Assure sound clinical and care governance is embedded.
3.5.1.4 Use a coherent approach to selecting and prioritising investment and disinvestment decisions.
3.5.1.5 Reflects closely the needs and plans articulated at a local level.

3.6 Additional supplementary questions will also be asked to gather stakeholder's thoughts specifically around the identified strategic priorities and enablers.

3.6.1 How appropriate are the strategic priorities and enablers?

3.6.1.1 Were these the right strategic priorities and enablers for 2022-25?
3.6.1.2 Which priorities and/or enablers would not be appropriate for the next Strategic Plan?
3.6.1.3 Are there any priorities and/or enablers you think should be included in the next Strategic Plan?

3.6.2 How well have the strategic priorities and associated measures of success been delivered and have they driven improvement and development in services and integrated processes?

3.6.3 Does the Strategic Plan need to be fully rewritten or refreshed?

3.7 Consultation in relation to the review of the current plan will take place through group discussion within the relevant stakeholder groups for an overarching view from each stakeholder group and the opportunity for individual input through a web survey.

3.8 Stakeholder groups for the review have been identified as the Integrated Joint Board, Strategic Planning Group, Patient, Service User and Carers group, Senior Management Team and the Strategic Leadership Group.

3.9 As in previous years, a self-evaluation exercise will be undertaken by the Planning, Performance and Quality Team and will be shared with the relevant stakeholder groups.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – This exercise is in compliance with the Public Bodies (Joint Woking) (Scotland) Act 2014.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – The HSCP Strategic Plan was subject to an Equalities Impact Assessment and a Fairer Scotland Duty Assessment.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – This exercise is in compliance with the Public Bodies (Joint Woking) (Scotland) Act 2014.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The Integrated Joint Board is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan.

6.3 **NHS GREATER GLASGOW & CLYDE** – The Integrated Joint Board is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required. (insert as appropriate)

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 None

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 08.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: **16th NOVEMBER 2023**

REPORT REFERENCE: **HSCP/161123/08**

CONTACT OFFICER: **CLAIRE CARTHY, HEAD OF CHILDREN AND FAMILIES AND JUSTICE SERVICES**

SUBJECT TITLE: **RECOMMENDED SCOTTISH ALLOWANCE (FOSTER AND KINSHIP CARE)**

1.0 PURPOSE

1.1 The purpose of this report is to advise members of the new allowance rates for Foster Carers and Kinship Carers to be implemented and backdated to 1 April 2023.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of this report; and

2.2 Approve application of the new rate, backdated to 1 April 2023

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 In 2020, the Scottish Government committed to The Promise to ensure that Scotland can be the best place in the world for care-experienced children and young people to grow up. Last year, ministers published The Promise Implementation Plan which sets out how the Government can support the aims of The Promise. A priority of this plan is to ensure all Foster Carers and Kinship Carers throughout Scotland receive a standard recommended minimum allowance.

3.2 Allowances are currently provided by all Local Authorities. However, this is decided at a local level and so varies across Scotland. The introduction of the Scottish Recommended Allowance provides a recommended allowance that all Local Authorities must pay as a minimum, although they can also choose to pay more, at their own discretion. Allowance rates align to the age of the child or young person being looked after.

3.3 The introduction of the payment means every eligible foster and kinship carer will receive at least a standard, national allowance which recognises the valuable support they provide, no matter where they live. This is to be funded by a £16 million investment from the Scottish Government, passed to Local Authorities, to support payment. A letter confirming funding arrangements for 2023 – 2024 is attached as **Appendix 1** to this report. After 2023 – 2024 the funding will be added to the overall baseline funding to Local Authorities, at the same rate as the 2023 – 2024 level.

3.4 The new Scottish Recommended Allowance will benefit more than 9,000 children. In East Dunbartonshire there are currently 16 children living in Foster Care and 94 children in a Kinship Placement. Allowances will be back dated to 1 April 2023. The impact of the new rates of pay can be seen in the table below:

Age range	Current rate £ per week	New rate £ per week
0 – 4	121	168.31
5 – 10	146	195.81
11 – 15	181	195.81
16+	221	268.41

3.5 The cost to deliver the increase across all the age bands is in the region of £178,293 for 2023/24 based on the numbers of children currently being supported. This will be funded by the Scottish Government with an element to manage the increasing numbers of children in fostering / kinship placements as the year progresses and into future years.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families

4.2 Frontline Service to Customers – Improved Services and equity in rates of pay for Foster Carers and Kinship Carers.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – Fulfils statutory duties aligned with #Keeping The Promise and UNCRC.

4.5 Financial Implications – the costs to deliver an increase in the fostering and kinship rates is in the region of £178k for 2023/24 based on the current numbers of children being supported.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 There are no risks associated with the Recommended Scottish Allowance.

6.0 IMPACT

6.1 **STATUTORY DUTY** – Fulfils statutory requirements.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** A direction is required to East Dunbartonshire Council.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** – Scottish Recommended Allowance, Letter to Directors of Finance, October 2023

8.2 **Appendix 2** – Direction

Local Government and Communities Directorate
Local Government & Analytical Services Division

Directors of Finance
Chief Executives

Copy to COSLA
Copy to Chief Social Work Officers

18 October 2023

Dear Colleague

The purpose of this letter is to update you on recent developments on the introduction of a Scottish Recommended Allowance (SRA) for kinship and foster carers and to confirm the agreed distribution of an additional £16 million of funding from 2023-24.

Following discussions between the Scottish Government and COSLA it has been agreed that the Scottish Government will provide an additional £16 million of revenue to introduce a new SRA for foster and kinship carers across Scotland to be backdated to 1 April 2023. This was agreed by COSLA Leaders on 25 August, following the recommendation of the Settlement and Distribution Group (SDG) on 16 August.

The SRA is a key commitment in Programme for Government and the Scottish Government's Promise Implementation Plan, published in March 2022. It aligns with the Scottish Government and COSLA's commitment to #KeepThePromise, and shared priority of tackling child poverty and supporting the most vulnerable in society, especially given the ongoing cost of living crisis. Specifically the SRA is intended to help ensure that children in foster and kinship care get the support they need to thrive, and ensure there is parity in the financial support provided to kinship and foster carers, regardless of where they live in Scotland.

The agreed SRA rates are as follows:

	0-4	**5-10**	**11-15**	**16+**
SRA	£168.31	£195.81	£195.81	£268.41

Please note that the 5-15 rate previously considered at SDG and COSLA Leaders has been split into two age categories to better align with how local authorities currently make payments.

The SRA provides a recommended allowance that all local authorities must pay as a minimum. Where local authorities are already paying above the SRA, this will continue so that kinship or foster carers currently in receipt of the allowance will not be worse off because of this commitment.

Victoria Quay, Edinburgh EH6 6QQ
www.gov.scot

The Scottish Government and COSLA agreed the 16 core items that the allowance must cover:

1. Food
2. Toiletries
3. Clothes
4. Wear and tear
5. Hobbies and activities
6. Bedding
7. Furniture
8. Pocket money
9. Toys
10. Insurance and utility bill increases
11. Daily access to a computer and the internet for homework/course work
12. Transport costs for the child (for the purpose of attending review meetings, children's hearings, contact, travel to school, college or other educational facility)
13. Mobile phone
14. Holiday costs to cover school holiday activities and family trips
15. Birthday
16. Christmas or other cultural or religious events

The final allocations for each local authority are set out in the table at **Annex A**. The £16 million funding is to be distributed on the same basis as the existing kinship care allocation, which has recently been changed to 35% numbers of children aged 0-18 in low income families, 35% numbers of children in receipt of Scottish Child Payments, and 30% 0-18 general population, for the full 2023-24 financial year.

Payments are expected to be backdated to 1 April 2023 and paid to foster and kinship carers in a way determined by the local authority which best supports families. Funding will be paid as a redetermination of the General Revenue Grant (GRG) in March 2024 and subsequently will be baselined into GRG at current levels from 2024-25.

The Scottish Government is committed to maintaining the 2023-24 levels of support for the SRA allowances going forward, and to reviewing the funding implications for future years from 2024-25. A decision on future uprating of the SRA has yet to be taken by Scottish Ministers and, in line with the principles set out in the Verity House Agreement, any decision will be progressed in consultation with COSLA. Should this be taken forward as a policy it will return to COSLA Leaders for consideration, and subsequently any additional funding provided would be taken to the SDG for approval.

We ask that each local authority continues to publish their Kinship and Fostering Allowances and take necessary actions to ensure all current kinship and foster carers are aware of the rates, including making information available on websites. This will include key details of entitlement, eligibility criteria, how it will be assessed, where more information can be found.

Yours sincerely

Jane Moffat, Deputy Director, Care Experience & Whole Family Wellbeing Division
Policy contact: Lucy.Whitehall@gov.scot

ANNEX A

Local Authority	Distribution
Aberdeen City	£535,277.56
Aberdeenshire	£596,601.58
Angus	£325,809.65
Argyll & Bute	£206,604.81
Clackmannanshire	£177,227.95
Dumfries & Galloway	£444,317.65
Dundee City	£487,701.71
East Ayrshire	£420,649.36
East Dunbartonshire	£233,198.31
East Lothian	£296,373.05
East Renfrewshire	£231,911.56
City of Edinburgh	£1,109,183.39
Na h-Eileanan Siar	£57,709.91
Falkirk	£500,971.71
Fife	£1,204,303.10
Glasgow City	£2,365,388.56
Highland	£621,563.60
Inverclyde	£236,998.68
Midlothian	£294,843.63
Moray	£261,570.21
North Ayrshire	£486,072.48
North Lanarkshire	£1,182,756.34
Orkney Islands	£49,581.29
Perth & Kinross	£382,447.31
Renfrewshire	£517,673.35
Scottish Borders	£310,564.03
Shetland Islands	£49,287.43
South Ayrshire	£312,326.44
South Lanarkshire	£951,995.60
Stirling	£221,644.21
West Dunbartonshire	£318,891.20
West Lothian	£608,554.34
Total	**£16,000,000.00**

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	161123-08 Agenda Item Number 08
2	Report Title	RECOMMENDED SCOTTISH ALLOWANCE (FOSTER AND KINSHIP CARE)
3	Date direction issued by Integration Joint Board	16th November 2023
4	16th November 2023	16th November 2023
5	Direction to:	East Dunbartonshire Council
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Payments to Foster and Kinship carers utilising allocated budget
8	Full text of direction	East Dunbartonshire Council is directed to implement the Recommended Scottish Allowance (Foster and Kinship Care), backdated to 1 April 2023 utilising the budget made available by Scottish Government for this purpose at the levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to East Dunbartonshire Council for this purpose is £233,198.31 as per appendix 1 of the report.
10	Details of prior engagement where appropriate	Not applicable – implementation of Scottish Government direction
11	Outcomes	Support to foster and kinship carers and establishment of a consistent national allowance position.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2024/25 arrangements will move to baseline allocation to Local Authorities and so will form part of the overall IJB budget management and reporting requirements for the year. No further separate direction on this budget line is expected.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 09.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/09**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER, TELEPHONE NUMBER 0141 232 8216**
SUBJECT TITLE:	**RECORDS MANAGEMENT PLAN INTERIM UPDATE – PROGRESS UPDATE REVIEW (PUR) OUTCOME**

1.0 PURPOSE

1.1 The purpose of this report is to provide an update to Integrated Joint Board members on the findings of a Progress Update Review (PUR) on our EDHSCP Records Management Plan (RMP) to meet the requirements of the Public Records (Scotland) Act 2011.

2.0 RECOMMENDATIONS

It is recommended that the Performance, Audit and Risk Committee:

2.1 Note the content of the Report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Following the agreement of our authority's Records Management Plan (RMP) in December 2021, the Assessment Team for National Records Scotland offered East Dunbartonshire Integrated Joint Board the opportunity to provide a Progress Update Review (PUR) on our records management provisions.

3.2 This is a voluntary scheme; there is no obligation under the Act for authorities to submit a PUR and there is no legal requirement or expectation on authorities to do so.

3.3 The Progress Update Review (PUR) mechanism is intended to help authorities demonstrate their continuing compliance with s.5(1)(a) of the Public Records (Scotland) Act 2011 (the Act) to keep their RMPs under review.

3.4 It is also an opportunity for authorities to highlight and share any advances being made in the provision of their records management services and to receive impartial feedback and advice on those advances by the Assessment Team.

3.5 In March 2023 the IJB were asked to approve the update and submission of the East Dunbartonshire HSCP Records Management Plan PUR, by 31st March 2023.

3.6 All PUR submissions are assessed by the Public Records (Scotland) Act Assessment Team rather than by the Keeper. The resulting PUR assessment reports express the opinion of the Assessment Team about the submitted updates and they will not change the Keeper's statutory assessment of an authority's RMP as agreed under the Act.

3.7 The assessment provides an informal indication of what marking an authority might expect should it submit a revised RMP to the Keeper under the Act. In this way the PUR mechanism offers authorities a "health-check" on the developments and modifications in their records management provisions since agreement of their RMP.

3.8 This PUR mechanism does not affect the statutory right to submit a revised RMP at any time for assessment and agreement by the Keeper under s.5(6) of the Act.

3.9 The Assessment Team have now reviewed our submitted PUR and provided a draft report on their findings. **(Appendix 1).** The IJB was asked to consider the findings and respond by 30th September 2023 to the assessment.

3.10 There are 15 areas assessed under the PUR which are given outcomes under a Red, Amber and Green Status (RAG).

3.11 The report found that 11 areas were found to be at Green Status (The Assessment Team agrees this element of an authority's plan).

3.12 3 areas had elements assessed as being Amber Status (The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision and will request that they are updated as work on this element progresses). Of these 3 areas elements related to work that is required to be supported by East Dunbartonshire Council or NHSGG&C, the Keeper has determined that an IJB's plan cannot be given a RAG status superior to that of the partner body responsible for managing the IJB records.

3.13 1 element relating to Records Created or Held by Third Parties, was unable to be assessed as the Keeper agreed the element was not applicable.

3.14 The draft report was shared with East Dunbartonshire Council and NHSGG&C Information Governance Leads

3.15 To meet the deadline of 30th September the report was taken through the Performance, Audit and Risk Committee meeting of 28th September 2023. Members reviewed and approved the findings.

3.16 The report has been accepted and will now be published on the National Records Scotland website.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – The legal requirements are embedded within the Public Records (Scotland) Act 2011.

4.5 Financial Implications – Potential financial implications for the organisation if the Act is not administered as it will lead to fines.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY –** Integration Joint Boards (IJBs) are required to submit a Records management Plan (RMP) to the Keeper of the Records of Scotland. The RMP sets out how East Dunbartonshire IJB's records will be created and managed in line with national policy. This is a responsibility which all public bodies must comply with.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The HSCP will be relying on East Dunbartonshire Council for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan.

6.3 **NHS GREATER GLASGOW & CLYDE** – The HSCP will be relying on NHSGG&C for the delivery of sound information governance in support of delivery of a robust records management approach and delivery of the HSCP Records Management Plan.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** – Records Management Plan PUR

The Public Records (Scotland) Act 2011

East Dunbartonshire Integration Joint Board

Progress Update Review (PUR) Draft Report by the PRSA Assessment Team

date

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This Draft Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for East Dunbartonshire Integration Joint Board. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

The East Dunbartonshire Integration Joint Board (the IJB) was established under the Public Bodies (Joint Working) Scotland Act 2014. The IJB is a body corporate (a separate legal entity). It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a major function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board.

The Health & Social Care Partnership pursues the principles of sound corporate governance within all areas of its affairs. Its Audit Committee is an essential component of the governance of the Health & Social Care Partnership Board detailed within its Financial Regulations.

The IJB consists of six voting members appointed in equal number by the NHS Board and the Council, with a number of representative, non-voting members who are drawn from the third sector, independent sector, staff, carers and service users. The IJB is advised by a number of professionals including the Chief Officer, Chief Finance & Resources Officer, Clinical Director, Chief Nurse and Chief Social Work Officer.

For the purposes of the Public Records (Scotland) Act, the Board (scheduled as the East Dunbartonshire Integration Joint Board) is the scheduled authority rather than the 'Health & Social Care Partnership'.

East Dunbartonshire Health and Social Care Partnership Board | East Dunbartonshire Council

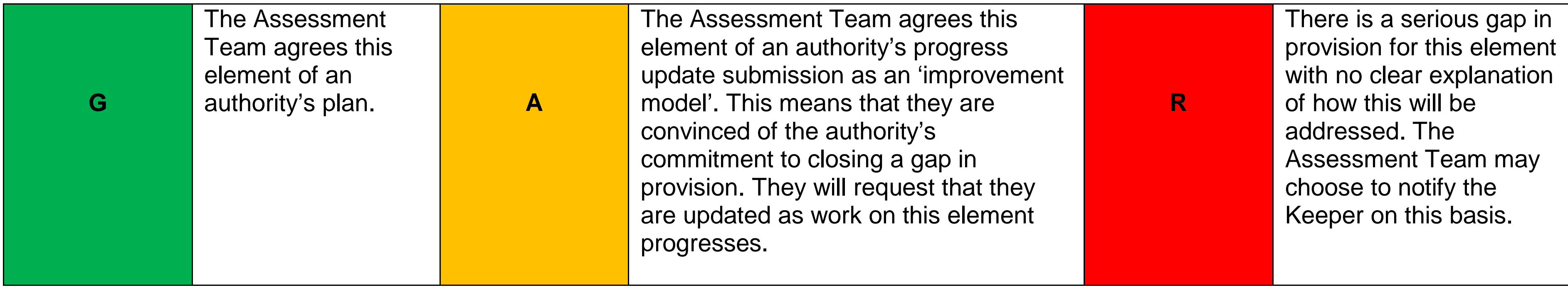
5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

Key:



G	The Assessment Team agrees this element of an authority's plan.	A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.

6. Progress Update Review (PUR) Template: East Dunbartonshire Integration Joint Board

Element	Status of elements under agreed Plan 09DEC21	Status of evidence under agreed Plan 09DEC21	Progress review status <date>	Keeper's Report Comments on Authority's Plan 09DEC21	Self-assessment Update as submitted by the Authority since 09DEC21	Progress Review Comment <date>
1. Senior Officer	G	G	G	Update required on any change to senior staff member identified as holding corporate responsibility for records management. The *RMP* also includes the following action against this element "Further Development IJB Records Management Procedure, which identifies roles and responsibilities, will be produced once the RMP has been approved." **This is a welcome idea and the Keeper requests that he is provided with a copy of this guidance if it is developed.**	No change during interim period since December 2021. For East Dunbartonshire Council there has been no change, and updates to the East Dunbartonshire Council Records Management Plan has been postponed due to the migration over to Microsoft 365 project which will feed into a brand new suite of policies, procedures and new Records Management Plan based on those. The plan to further develop IJB Records Management Procedure identifying roles and responsibilities will progress in line with East	The Assessment Team thanks you for this update, and confirmation that East Dunbartonshire integration Joint Board continues to follow East Dunbartonshire Council's lead when developing its procedures in line with East Dunbartonshire Council's Records Management Plan (RMP). It is also acknowledged that the implementation of M365 will have implications to the Plan as well as adjacent policies and procedures. The Team look forward to further updates as the project progresses.

					Dunbartonshire Council RMP.	
2. Records Manager	G	G	G	Update required on any change.	No change during interim period since December 2021. Remains Karen Watt, East Dunbartonshire Council Information and Records Manager with responsibility for IJB records held by EDC.	The Assessment Team thanks you for this update. The Act requires that each authority identifies an individual staff member as holding operational responsibility for records management and that this individual has appropriate corporate responsibility, access to resources and skills. The Keeper has agreed that, due to the partnership nature of an integration joint board, two individuals may be identified under this element. The Assessment Team will continue to list Vandrew McLean, HSCP Corporate Business Manager, and Karen Watt, East Dunbartonshire Council Information and Records Manager, as East Dunbartonshire Integration Joint Board's Key Contacts.
3. Policy	G	G	G	Update required on any change.	No change during interim period since December 2021.	Update required on any future change.
4. Business Classification	A	G	A	The *RMP* commits the authority to "Continue to review IJB records to ensure adherence to the BCS." (page 10). This is welcome. **However, the *NHS Greater Glasgow and Clyde Records***	M365 has progressed for NHSGG&C however work is still ongoing to	Thank you for letting the Assessment Team know that work on M365 implementation and review of records

				***Management Plan* has been graded with an amber for this element (a full business classification scheme has not yet been imposed on the organisation's records management system). The Keeper has determined that an IJB's plan cannot be given a RAG status superior to that of the partner body responsible for managing the IJB records.** **Therefore, the Keeper's agreement against this element will be on an amber 'improvement model' basis while the health board finalise their business classification and implements it on their new records management structure, which the Keeper understands will be a M365 solution.**	implement new records management procedure. NHSGGC have fully incorporated two electronic Information Assets Registers covering Personal Assets and Business Assets. The Board has a designated, Information Governance Officer with the day to day responsibility of managing the Information Asset Register. The management of the IAR is now a standing item on the Information Governance Steering Group Agenda.	management procedures is ongoing. It is good to hear that there is now a combined IAR with both personal and business assets, and that there is an Information Governance Officer with responsibility for managing this and reporting back to the IG Steering Group. This Element will remain at Amber until the improvement actions have been completed by the partner body responsible for managing the IJB records. Update required on any future change.
5. Retention Schedule	G	G	G	Update required on any change.	No change during interim period since December 2021.	Update required on any future change.
6. Destruction Arrangements	G	G	G	Update required on any change.	No change during interim period since December 2021.	Update required on any future change.
7. Archiving and Transfer	G	G	G	Update required on any change.	No change during interim period since December 2021.	The Assessment Team thanks you for letting us know that there have been no major updates to this Element.

					For East Dunbartonshire Council there has been no change, and updates to the East Dunbartonshire Council Records Management Plan has been postponed due to the migration over to Microsoft 365 project which will feed into a brand new suite of policies, procedures and new Records Management Plan based on those.	See Element 13 for comments on RMP update and review.
8. Information Security	**G**	**G**	**G**	Update required on any change.	No change during interim period since December 2021.	Update required on any future change.
9. Data Protection	**G**	**G**	**G**	Update required on any change.	No change during interim period since December 2021. Data Protection | East Dunbartonshire Council Data Protection & Privacy - NHSGGC	Thank you for letting us know there have been no major changes to East Dunbartonshire IJB's Data Protection Arrangements. The Assessment Team also acknowledges the publicly-available linked data protection statements with thanks. Update required on any future change.
	A	**G**	**A**	The Keeper has previously agreed the business continuity arrangements in NHS Greater Glasgow and Clyde and in East Dunbartonshire Council.	No change during interim period since December 2021.	Thank you for letting us know there have been no changes to the Council's procedures,

10. Business Continuity and Vital Records				**However, the Keeper's agreement of this element of the council's RMP was under improvement model terms. At the time of their submission, East Dunbartonshire Council were developing a *Business Continuity Plan* that would encompass all its services. The objective of creating, rolling out and publishing a comprehensive plan was a target in the Records Management Improvement Action Plan. The agreement is conditional on him being provided with a copy of the *Business Continuity Plan* when it had been approved by the relevant governance groups in the Council. However, this has not yet been provided.** **As with element 4 above, the Keeper has determined that an IJB's plan cannot be given a RAG status superior to that of the partner body responsible for managing the IJB records.** **Therefore, the Keeper agrees this element of East Dunbartonshire Integration Joint Board's Records Management Plan under the same improvement model terms applied to that of East Dunbartonshire Council.**	For East Dunbartonshire Council there has been no change, and updates to the East Dunbartonshire Council Records Management Plan has been postponed due to the migration over to Microsoft 365 project which will feed into a brand new suite of policies, procedures and new Records Management Plan based on those.	and for confirming that the Council's Business Continuity Plan (which would encompass the Integration Joint Board) is not yet available. For comments on RMP and adjacent policy and procedure update and review, see Element 13. This Element will remain at Amber until the improvement actions have been completed by the partner body responsible for managing the IJB records. Update required on any future change.
11. Audit Trail	A	G	A	The Keeper has previously agreed that the record tracking and identification arrangements in NHS Greater Glasgow and Clyde and in East Dunbartonshire Council. **However, he agreed this element of East Dunbartonshire Council's *Records Management Plan* under 'improvement model' terms (February 2016). This means that he acknowledges that the Council had identified a gap in their records management provision (audit trails were not in a structured, consistent or centralised format). He agreed that the authority had committed to closing that gap. The Keeper's agreement was conditional on him being updated as the project**	No change during interim period since December 2021.	The Assessment Team understands that improvements in this Element currently rely heavily on the ongoing M365 implementation. The full implementation of the new eRDM system will help East Dunbartonshire IJB, alongside East Dunbartonshire Council, in closing this gap.

				progressed. The Council has yet to provide an update, so their plan remains at 'amber'. **As with elements 4 and 10 above, the Keeper can agree this element of the Integration Joint Board's *Records Management Plan* under the same amber 'improvement model' terms as its 'host' authority.**		This Element will remain at Amber until the improvement actions have been completed by the partner body responsible for managing the IJB records.
12. Competency Framework	**G**	**G**	**G**	Update required on any change.	No change during interim period since December 2021.	Update required on any future change.
13. Assessment and Review	**G**	**G**	**G**	Update required on any change.	No change during interim period since December 2021.	As reported under Elements 7 and 10, it is acknowledged that RMP assessment and review has been put on hold until the Council's implementation of Microsoft 365 is complete, as this will necessitate a large-scale review of policies and procedures. East Dunbartonshire IJB should be commended for its participation in the PUR process.
14. Shared Information	**G**	**G**	**G**	Update required on any change.	No change during interim period since December 2021.	Update required on any future change.
15. Records Created or Held by Third Parties	**N/A**	**N/A**	**N/A**	The Keeper agrees that this element is not applicable. Update required on any change.	N/A	Update required on any future change.

7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 27th March 2023. The progress update was submitted by Vandrew McLean, HSCP Corporate Business Manager.

The progress update submission makes it clear that it is a submission for **East Dunbartonshire Integration Joint Board**.

The Assessment Team has reviewed East Dunbartonshire Integration Joint Board's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

East Dunbartonshire Integration Joint Board continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that East Dunbartonshire Integration Joint Board continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by

Iida Saarinen
Public Records Officer

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 10.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/10**
CONTACT OFFICER:	**CAROLINE SINCLAIR, CHIEF OFFICER**
SUBJECT TITLE:	**JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION ARRANGEMENTS IN EAST DUNBARTONSHIRE**

1.0 PURPOSE

1.1 The purpose of this report is to advise of commencement of a joint inspection of Adult Support and Protection arrangements in the East Dunbartonshire partnership area.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of this report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 On the 16th October 2023 the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland wrote to the Chief Executive of East Dunbartonshire Council to advise that they will undertake a joint inspection of Adult Support and Protection arrangements in East Dunbartonshire. The letter is attached as **Appendix 1**.

3.2 Similar notification letters were received by the Chief Executive of NHSGGC and the leadership of Police Scotland.

3.3 The focus of the joint inspection will be to provide;

• Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
• Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
• An opportunity to identify good practice and support improvement more broadly across Scotland.

3.4 The inspection team will conduct this scrutiny using two quality indicators:

• Key adult support and protection processes.
• Leadership for adult support and protection.

3.5 The inspection will include five key activities:

• A staff survey relevant to health, Police Scotland, social work and social care staff, and provider organisations.
• The review of a short position statement and supporting documentation provided by the partnership (15–20 documents).
• The reading of records of a sample of adults considered at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.
• The reading of the records (health, police, and social work records) of a sample of adults at risk of harm in cases where inquiries have used investigative powers under sections 7-10 of the 2007 Act. This includes cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.
• The engagement of frontline practitioners, managers, and strategic leaders in focus groups to discuss their experiences of process and governance.

3.6 The notification letter sets out key dates for the process as follows

Specific stages of the inspection process -

- Confirm local contacts – 20 October 2023 - complete
- Staff survey - opens Monday 13 November 2023, progress report provided 24 November 2023, closes 1 December 2023
- Position Statement and Supporting Evidence provided to inspection team – 29 November 2023
- Complete multi-agency case files uploaded for inspection team – 8 December 2023
- Reviewing case files - w/c Monday 15 January 2024

- Focus groups, staff and those in leadership roles – provisionally 19 January 2024

3.7 Key partnership meeting dates are;

- Partnership Discussion 1 – Monday 20 November 2023
- Partnership Discussion 2 – Wednesday 21 February 2024

3.8 Inspection teams will include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland, with local file readers identified as required.

3.9 The inspection assesses services against the Joint Inspection of 'Adult Support and Protection – Quality Indicator Framework' (updated 11th August 2023) attached as **Appendix 2**.

3.10 Further reports to the HSCP Board will follow as details of the inspection programme, and the self-evaluation information submitted as part of that, are developed and agreed.

3.11 The first formal feedback on any element of the inspection findings will be provided on the 19th February 2024 when the Care Inspectorate is scheduled to issue the draft report for factual accuracy followed by the Professional Discussion 2 (feedback) scheduled for the 21st February 2024.

3.12 The final report is anticipated to be published on 12th March 2024.

4.0 <u>IMPLICATIONS</u>

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – The inspection supports delivery of high quality services to customers.

4.3 Workforce (including any significant resource implications) – The inspection reflects on the work of the workforce as it relates to services to adults at risk of harm and takes account of staff views on this matter.

4.4 Legal Implications – There is a statutory duty to comply with the inspection.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – The inspection will consider equalities issues as part of its work.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – There is a statutory duty to comply with the inspection.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The inspection takes account of areas of relevance to East Dunbartonshire Council pertaining to the inspected services, as well as in the role of employer of staff whose work will be directly reviewed and whose views will be directly sought. No direction is required. The statutory duty to comply with the inspection extends to East Dunbartonshire Council.

6.3 **NHS GREATER GLASGOW & CLYDE** – The inspection takes account of areas of relevance to NHSGGC pertaining to the inspected services, as well as in the role of employer of staff whose work will be directly reviewed and whose views will be directly sought. No direction is required. The statutory duty to comply with the inspection extends to NHSGGC.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – None.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** – Inspection Notification Letter 16 October 2023
8.2 **Appendix 2** – Joint Inspection of Adult Support and Protection – Quality Indicator Framework (updated 11/08/2023)

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Gerry Cornes
Chief Executive
East Dunbartonshire HSCP
12 Strathkelvin Place
Kirkintilloch
Glasgow
G66 1TJ

Our Reference: KM/LC/CN
Date: 16 October 2023

Dear Mr Cornes

Joint Inspection of Adult Support and Protection in the East Dunbartonshire partnership area

We write to inform you that under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland will undertake a joint inspection of adult support and protection arrangements in the East Dunbartonshire partnership area with file reading week commencing Monday 15 January 2024. It would be most helpful if you could circulate this letter appropriately within your organisation.

We are undertaking this inspection at the request of Scottish Ministers. The first year of the phase 2 commission will include re-visiting the six partnership areas, which were subject to the first round of independent scrutiny of adult support and protection practice in 2017/18. The inspection methodology employed in phase 1 will be utilised.

The focus of our joint inspection will be to provide:

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to identify good practice and support improvement more broadly across Scotland.

We will conduct this scrutiny using two quality indicators:

- Key adult support and protection processes.
- Leadership for adult support and protection.

We have developed a set of quality indicators and illustrations for this work and attach a copy of these for your information.

Our inspection will include five activities:

- A staff survey relevant to health, Police Scotland, social work and social care staff, and provider organisations.
- The review of a short position statement and supporting documentation (15–20 documents)
- The reading of records of a sample of adults considered at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.
- The reading of the records (health, police, and social work records) of a sample of adults at risk of harm in cases where inquiries have used investigative powers under sections 7-10 of the 2007 Act. This includes cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.
- The engagement of frontline practitioners, managers, and strategic leaders in focus groups to discuss their experiences of process and governance.

The joint inspection team will hold a professional discussion with senior managers/officers in the local partnership on Monday 20 November 2023. HMICS colleagues will also conduct a separate briefing with nominated coordinators. This will be confirmed with you at a later date.

The inspection lead for your local partnership area is Marion Sandilands who can be contacted on marion.sandilands@careinspectorate.gov.scot, and mobile 07785 342354. Marion Sandilands will be supported by Pat Naples, Strategic Support Officer. Pat Naples can be contacted on pat.naples@careinspectorate.gov.scot, mobile 07920 595491.

To help coordinate the inspection, the partnership is asked to provide a single point of contact/coordinator who is at a reasonably senior level. Please provide us with the nominated person's name and contact details by Friday 20 October 2023. Given the statutory responsibilities of local authorities for adult support and protection, we would ask that your identified coordinator is a local authority member of staff. The coordinator will require to link across key partner agencies including Police Scotland and the NHS. We aim to hold a coordinator's meeting on Thursday 26 October 2023 with representatives from each agency. Additionally, the partnership should inform us if it wishes a digital/remote or on-site approach to file reading. We can read records on-site at a location provided by the partnership, or we can read records remotely using digital platforms. If you or any of your colleagues have any questions or require clarification at this stage, please contact the inspection lead, Marion Sandilands.

Yours sincerely

Kevin Mitchell **Executive Director of Scrutiny and Assurance Care Inspectorate**	Lynsey Cleland **Director of Quality Assurance and Regulation Healthcare Improvement Scotland**	Craig Naylor **HM Chief Inspector of Constabulary in Scotland**

Enc: Quality Indicators and Illustrations
Case File Sample (PIR) and Guidance
Supporting Evidence list
Position Statement
Key Processes/Timescales
Partnership Briefing

Partnership Key Dates

Cc: Caroline Sinclair, Chief Officer
Chief Social Work Officer

QUALITY INDICATOR FRAMEWORK Updated 11/08/2023

PURPOSE

The purpose of our quality illustrations is to provide a supporting narrative that underpins our methodology for our joint inspection of adult support and protection. This is not a framework for reporting. We provide a rationale for the elements of adult support and protection our inspection methodology is designed to scrutinise. We say what constitutes very good adult support and protection practice, and what constitutes weak practice. These quality illustrations are couched in self-evaluation terminology.

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QI 1

Key processes:

How good are our policies, procedures, and practice? This includes initial investigation, investigation of adult protection concerns, screening, referral handling for effective initial response to secure safety of adult at risk of harm. And full investigation of adult protection concerns intimated to the partners? How effective and collaborative are our actions to secure the safety, protection, and support for adults at risk of harm? Are all our adult support and protection activities carried out in line with the National Health and Social Care Standards? Are all our staff appropriately trained in adult support and protection?

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.1	1.1. There is decisive and consistent operational management of adult support and protection cases within our partnership. Operational managers make sure there is integrated collaborative working by social work, police, health, and other partners – such as the third sector – to keep adults at risk of harm safe, protected and supported. Adult support and protection work is underpinned by the National Health and Social Care Standards. All partnership staff (including specialist staff) are appropriately trained and supported in adult support and protection.	1.1.1 There is decisive and consistently good collaborative operational delivery and management of all adult support and protection processes, within our partnership. Adult support and protection work is informed by the National Health and Social Care Standards. 1.1.2 We have a comprehensive up-to-date suite of procedures and guidance in place covering adult support and protection key processes. Our adult support and protection procedures are widely available within and outwith the adult protection partnership (public availability) We can evidence that staff from across the key agencies are familiar with and follow the procedures and guidance.	1.1.1 Operational managers sometimes do not give fitting priority to adult support and protection work. Operational decision making and management of adult support and protection varies across our partnership: • *from operational manager to operational manager* • *from team to team* • *from locality to locality* • *from one partner to another partner.* Aspects of adult support and protection work are not in line with the National Health and Social Care Standards. 1.1.2 There are significant gaps in our procedures and guidance covering adult support and protection key processes. Not all are up to date. And some staff from across the agencies are not familiar with some of the relevant procedures and guidance. Our adult support and protection procedures are not widely available to partnership staff, or publicly available.

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No Illustration	Quality indicator	What very good looks like	What weak looks like
1.1		1.1.3 All partnership staff are appropriately trained and supported in adult support and protection. They know what to do if they suspect an adult is at risk of harm. Specialist staff – council officers and concern hub staff – are appropriately trained and supported to carry out their roles.	1.1.3 Significant numbers of partnership staff are not appropriately trained and supported in adult support and protection. They would not know what to do if they suspect an adult is at risk of harm. Specialist staff – council officers and concern hub staff – are not appropriately trained and supported to carry out their specialist roles.
1.2	1.2. We have a valid system for prompt, accurate screening of all adult protection concerns intimated to our partnership. The three-point criteria is correctly and consistently applied.	1.2.1 We have a valid and well-understood system for prompt, accurate screening of all adult protection concerns intimated to our partnership. The three-point criteria is correctly and consistently applied. We specifically record the application of the three-point criteria consistently. This includes recording the rationale for why the three-point criteria is met or not met.	1.2.1 There is no clear, consistent system across our partnership for the effective screening of intimated adult protection concerns. This leads to variation and inconsistency in the practice of the screening of adult support and protection referrals. There is considerable variation across our partnership in the application of the three-point criteria. And recurrently our partnership does not apply the three-point criteria correctly. Our partnership does not specifically record the application of the three-point criteria consistently. We incorrectly apply the three-point criteria to exclude adult protection referrals that clearly should proceed to the investigation stage.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.3	1.3 We share information (electronic and non-electronic) about adults at risk of harm effectively and timeously. Robust protocols are in place.	1.3.1 Within our partnership, there is effective and prompt electronic and non-electronic information sharing by all adult support and protection partners about adults at risk of harm. Our staff are very clear about correct information sharing practice for adult protection. Justification for information sharing and decision-making processes are fully recorded. 1.3.2 Information sharing about adults at risk of harm is underpinned by clear protocols and arrangements in place for the sharing of information between all key agencies in respect of adult risks of harm. We act promptly in response to information they receive. These protocols and arrangements include how feedback is provided to referring agencies and the expectations on staff and agencies to share information and to contribute to IRDs (Initial Referral Discussions).	1.3.1 Information sharing within our partnership is highly variable, inconsistent, and recurrently delayed. Partnership staff are not always clear about the requirements for sharing information about adults at risk of harm. And consequentially, there are deficits in overall information sharing about adult protection. Additionally, there are instances where our partners failure to share information resulted in detriment or severe detriment to the adult at risk of harm. Recurrently, the justification for information sharing and the decision- making processes are not fully recorded. 1.3.2 There is a lack of clear protocols and arrangements in place for information sharing about adults at risk of harm. This is reflected in instances of adult support and protection referrals not being made when they should have been, and of the screening of adult support and protection referrals carried out with only partial information. Recurrently, our partners do not act promptly in response to information received. We do not routinely give feedback to referring agencies.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.4	1.4. We carry out prompt and cohesive multi-agency inquiries into adult protection concerns – including adult protection concerns related to regulated services - including investigation activity under section 7-10 of the act where appropriate. And any other measures to protect and support the adult at risk of harm.	1.4.1 We carry out all key adult protection processes timeously. We carry out prompt and cohesive multi-agency inquiries into adult protection concerns – including adult protection concerns related to regulated services And where investigation activity under section 7-10 of the act is used where appropriate, undertaken or overseen by CO's. And any other measures to protect and support the adult at risk of harm.	1.4.1 There are often delays in our execution of key adult protection processes. We often delay carrying out inquiries about intimated adult protection concerns. This has the potential for serious adverse impact on adults at risk of harm. Where we carry out initial inquiries including investigation activities under section 7-10 of the act which are not undertaken or overseen by a council officer. This includes inquiries about adult protection concerns related to regulated services. Adults at risk of harm might remain unsafe and unprotected.

1.5	1.5. We carry out competent, prompt, multi-agency, in-depth investigations into adult protection concerns that correctly identify the way forward. These are timeously and fully recorded.	1.5.1 We carry out competent, prompt, multi-agency, in-depth full investigations into adult protection concerns that correctly identify the way forward. These are timeous, fully recorded and carried out or overseen by a council officer. And the rationale for key decisions is recorded. Clear arrangements – which are widely understood by staff – are in place for multi-agency consideration of the findings from our adult protection investigations.	1.5.1 Full investigations of adult protection concerns can: • *be subject to delays* • *not involve all the relevant partners* • *not be undertaken or overseen by CO's* • *lack rigour and competency in respect of how they are carried out* • *not identify what needs to be done to ensure that the adult at risk of harm is safe and protected* • *lack multi-agency consideration of the investigation findings* • *be sparsely or inaccurately recorded* • *be subject to unacceptable delays in the recording of adult support and protection investigations.* • *not record the rationale for key decisions.*

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.6	1.6. We prepare detailed risk assessments and risk management plans - including chronologies - for adults at risk of harm, who require them.	1.6.1 We prepare detailed risk assessments and risk management plans - including chronologies - for adults at risk of harm, who require them. Chronologies are up to date, focus on key life events and the implications of these on risk. Risk assessments, risk management plans, and chronologies are consistently shared among all our adult protection partners. 1.6.2 We have clear frameworks in place for chronologies, risk assessments and risk management plans, which staff are fully aware of and which are used consistently. 1.6.3 Our approach to the management of risk is commensurate with the principle of risk empowerment, whereby practitioners successfully balance supporting individuals to take appropriate risks, with their professional duty of care to keep people safe.	1.6.1 Risk assessments risk management plans and chronologies for adults at risk of harm can: *be absent* • *be not fit for purpose* • *be sparse and lacking in the required details, precision, and specificity* • *be not shared consistently among the adult protection partners* • *be not up to date* • *not address significant domains of risk* • *not take account of significant changes in the circumstances of the adult at risk of harm* • *not properly identify the actions needed to eliminate, minimise, and mitigate risks.* 1.6.2 Policies and procedures (frameworks) for completion of chronologies, risk assessments, and risk management plans are: • *absent* • *not up to date* • *not fit for purpose* • *not referred to by staff* • *not rigorously followed by staff* • *not adequately reflective of the multi-agency imperatives of adult protection* • *too complex, which makes full compliance by staff difficult.* 1.6.3 Our approach to the management of risk is incompatible with risk empowerment. Practitioners may discourage individuals from taking life-enhancing risks.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.7	1.7 We conduct large-scale investigations (LSI) competently, commensurate with the national code of practice. These exercises ensure the adults currently at risk of harm are safe and protected and diminish the risk of future harm to individuals.	1.7.1 We carry out coherent, competent, multi-agency large-scale investigations (LSI) when this is called for. Our LSI are well resourced and carried out in line with the Scottish Government code of practice. Care Inspectorate staff are involved in LSI where there is an element that involves regulated services. Healthcare Improvement Scotland staff are involved if appropriate. Commissioning staff are effectively involved in LSI. We take robust, prompt action based on the findings of the LSI – if required - to ensure that adults at risk of harm are safe and protected. 1.7.2 We prepare competent, comprehensive, and insightful written reports of LSI, and disseminate them within our partnership. 1.7.3 We share the learning from LSI and use this to inform improvement activity.	1.7.1 We do not always carry out an LSI when this course of action is called for. When they are carried out, LSI lack the necessary multi-agency involvement, and might be inadequately resourced. In some instances, our partnership does not involve Care Inspectorate staff in LSI. Commissioning staff are not involved in LSI. Our actions after the completion of the LSI are insufficiently forceful and purposeful, with potentially harmful impact on some adults at risk of harm. 1.7.2 Our written reports of LSI lack detail and cogent analysis. 1.7.3 Learning from LSI is not shared appropriately. We do not bring about required improvement activity following LSI.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.8	1.8. We correctly convene multi-agency case conferences for adults at risk of harm. These effectively determine what needs to be done to secure the individuals' ongoing safety and other positive personal outcomes. Adults at risk of harm and their unpaid carers are invited and supported to attend. Other statutory agencies are consulted and involved when necessary.	1.8.1 We correctly convene multi-agency case conferences for adults at risk of harm, which are well attended by partner organisations. These effectively determine what needs to be done to secure the individuals' ongoing safety and other positive personal outcomes. Adults at risk of harm and their unpaid carers (if appropriate) are timeously invited and supported to attend and fully participate in the deliberations of the case conference. Adult protection case conferences are always quorate. Local authority, health, police, and other partners attend when invited. All relevant partners contribute to meaningful discussion at case conferences, so that case conferences make informed decisions that make adults at risk of harm safe, protected and supported. 1.8.2 We consult and involve other statutory agencies, such as the Office of the Public Guardian and the Mental Welfare Commission, when necessary.	1.8.1 There is considerable practice variation in our convening of adult support and protection case conferences. We convene a disproportionately low or high number of adult support and protection case conferences. And we find it difficult to adequately account for this disparity. It is relatively common for some of our adult support and protection partners to not attend adult protection case conferences. Recurrently, adult protection case conferences do not identify, and specify in writing, the robust actions required to keep the adult at risk of harm safe, protected, and supported, going forward. This might have serious adverse consequences for the adult at risk of harm. Perpetrators might continue unhindered to harm the adult. Attendance of adults at risk of harm and their carers (if appropriate) at case conferences is very variable, and the support our partnership affords to them is sporadic. 1.8.2 Recurrently, our partnership does not involve other statutory agencies when appropriate.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.9	1.9. Independent advocacy is offered to adults at risk of harm and is available if they want it. Staff are fully aware of the role of independent advocacy.	1.9.1 Staff across agencies are fully aware and supportive of the important role of advocacy. We offer independent advocacy to adults at risk of harm and it is available if they want it (*in line with section 6 of the Adult Support and Protection (S) Act 2007)*. Advocacy services help and support adults at risk of harm to articulate their views, make these views known to adult protection partners, and ensure the adult's views are taken into account.	1.9.1 There is limited awareness amongst our staff, across agencies, of the role of advocacy. Adults at risk of harm are not routinely made aware of and/or offered independent advocacy. If this service is offered and accepted, it is sometimes not delivered for the adult at risk of harm. Thus, our partnership inconsistently discharges its duty (under section 6 of the Adult Support and Protection (S) Act 2007)) to consider advocacy for adults at risk of harm. Advocacy services do not always help adults at risk of harm to fully articulate their views, or they do not make sure that our partnership takes the individuals' views into account.
1.10	1.10. We make prompt, effective use of statutory powers to protect adults at risk of harm, pursuant to all of the relevant legislation.	1.10.1 Staff across agencies, especially council officers, have a sound awareness of the relevant statutory powers. We make prompt, effective use of statutory powers to protect adults at risk of harm and exert prohibitions on perpetrators. pursuant to: • *The Adult Support and Protection (S) Act 2007.* • *The Adults with Incapacity (S) Act 2000.* • *The Mental Health Care and Treatment (S) Act 2003 & Mental Health (S) Act 2015* 1.10.2 We ensure, where harm to the individual and the individual's capacity are linked, we carry out a competent, timely assessment of the individual's capacity.	1.10.1 There is limited staff awareness, including amongst social work staff, of the relevant statutory powers. In a number of instances our partnership does not seek, or appears reluctant to seek, the necessary statutory powers to protect the adult at risk of harm. We recurrently delay utilising the statutory powers available to protect adults at risk of harm and disrupt the nefarious actions of perpetrators. 1.10.2 We recurrently do not ensure, where harm to the individual and the individual's capacity are linked, that we carry out a competent, timely assessment of the individual's capacity. We sometimes make erroneous assumptions about an individual's capacity or lack of capacity.

No Illustration	Quality indicator	What very good looks like	What weak looks like
1.11	1.11. We carry out regular adult protection reviews for adults at risk of harm. Reviews are timeously convened if there are significant changes of circumstances.	1.11.1 Regular adult protection reviews (which are different from care reviews) are carried out for adults at risk of harm. Reviews are timeously convened if there are significant changes of circumstances. Staff from other agencies feel confident about requesting a review if they think there has been a significant change in circumstances. Local authority, police and health staff attend reviews of adults at risk of harm when required. Review meetings are integrated and quorate. Thereby review meetings make informed and effective decisions to keep adults at risk of harm safe protected and supported.	1.11.1 Adult protection reviews (which differ from care reviews) can be: • *absent* • *subject to unacceptable delay* • *not multi-disciplinary* • *not convened in response to significant changes circumstances.* Staff from other agencies feel uncertain about requesting a review if there are significant changes in circumstances. Review meetings for adults at risk of harm are often inquorate and do not reflect an integrated approach to keeping adults at risk of harm safe, protected, and supported. Required staff from the local authority, police and health often do not attend review meetings, thereby diminishing the effectiveness of these meetings.

QI 2

Leadership:

How good are our leadership and governance? Do our leaders create an ethos of integrated and collaborative working for adult support and protection?

No Illustration	Quality indicator	What very good looks like	What weak looks like
2.1	2.1. Our strategic leaders' model, support, and develop good, partnership working. Strategic leaders support an integrated approach by social work, police health and other partners, such as the third sector, to keep adults at risk of harm safe, protected, and supported.	2.1.1 Our strategic leaders consistently model, support, and develop good, partnership working. Leaders from the key statutory partners (the local authority, Police Scotland, and the NHS Board have a shared commitment to providing visible and effective leadership on adult support and protection.	2.1.1 Effective, cohesive strategic leadership for adult support and protection is intermittent within our partnership. A shared commitment from leaders from the key statutory partners (the local authority, Police Scotland, and the NHS Board) to providing visible and effective leadership on adult support and protection is not always evident.
		2.1.2 Operational frontline and management staff, who carry out adult protection work, are confident of the support and leadership for adult support and protection afforded by strategic leaders.	2.1.2 Operational frontline and management staff, who carry out adult protection work, consider that there is insufficient leadership and support for adult support and protection.

No Illustration	Quality indicator	What very good looks like	What weak looks like
2.2	2.2. Our leaders ensure there is a clearly articulated vision and an integrated, cohesive strategy for adult support and protection within our partnership.	2.2.1 Our leaders ensure there are a clearly articulated vision and an integrated, cohesive strategy for adult support and protection within our partnership and that they are confident of staff understanding of this. Our staff are clear that the vision and strategy informs their work.	2.2.1 Staff who are directly involved in adult protection work from across our partnership, and staff peripherally involved, are unaware of our vision, and associated sense of direction for adult support and protection.
2.3	2.3 Our leaders ensure the delivery of robust, competent, integrated, and effective adult protection practices.	2.3.1 Our leaders ensure the delivery of robust, competent, effective, and integrated adult protection practices by all staff. Our leaders exercise effective governance over all aspects of adult support and protection.	2.3.1 Lack of leadership for adult support and protection is manifested in adult protection practice across our partnership that is: • not integrated and collaborative • variable and inconsistent • not given enough priority • characterised by a failure to protect and support adults at risk of harm • characterised by deficient multi-disciplinary working. The governance exercised by our leaders for adult s protection is sporadic and inconsistent.

No Illustration	Quality indicator	What very good looks like	What weak looks like
2.4	2.4. Our leaders ensure sound quality assurance and audit processes are extant within our partnership. We carry out periodical self-evaluations of adult support and protection. And deliver improvements identified. Leaders value and take account of the views of adults at risk of harm and their carers to influence policy and planning.	2.4.1 Our leaders ensure sound quality assurance and audit processes are extant within our partnership. We carry out periodical self-evaluations of adult support and protection, and deliver improvements identified. We regularly carry out effective multi-agency audits of the records for adults at risk of harm. These audits scrutinise social work, police, and health records. We use the results of these audits to determine areas for improvement and then put cohesive improvement activity in place. 2.4.2 Our leaders make sure that the views of adults at risk of harm and their unpaid carers are integral to adult protection policy formulation and planning.	2.4.1 We rarely or never carry out audits of the records of individuals' subject to its adult protection procedures. If our partnership does carry out any of the foregoing activities, they are not carried out with enough rigour, and competence. Areas for improvement are either not identified, and if they are, actions are not taken to deliver the necessary improvement. 2.4.2 Adult protection policy formulation and planning activity often occurs in the absence of the views of adults at risk of harm and their unpaid carers.

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 11.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/11**
CONTACT OFFICER:	**CAROLINE SINCLAIR, CHIEF OFFICER**
SUBJECT TITLE:	**CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022 - 2023**

1.0 PURPOSE

1.1 The purpose of this report is to present the Chief Social Work Officer's (CSWO) Annual Report for the period 2022 – 2023.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of this report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Each year, the Chief Social Work Officer (CSWO) is required to produce a summary report advising the Council of performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the CSWO. With the commencement of the Public Bodies (Joint Working) (Scotland) Act 2014, this reporting arrangement was extended to include Integration Authorities.

3.2 The Chief Social Work Advisor to the Scottish Government developed a standardised framework for reporting in order to ensure consistency across Scotland. This report is structured around that framework and provides the annual report for the period 1 April 2022 to 31 March 2023 (Appendix 1).

3.3 Local Authorities are legally required to appoint a professionally qualified CSWO under section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to Local Authorities and Integration Authorities in relation to the delivery of social work services as outlined in legislation. The statutory guidance states that the CSWO should assist Local Authorities, Integration Authorities, which in the case of East Dunbartonshire is the East Dunbartonshire Health and Social Care Partnership, and their partners in understanding the complexities and cross-cutting nature of social work service delivery, as well as its contribution to local and national outcomes.

3.4 Key matters such as child protection, adult protection, and the management of high risk offenders are covered in this report. The report also provides information relating to governance, service quality and performance, challenges and service improvements, resources and workforce matters.

3.5 The information contained within the report reflects the key matters during the year 2022 – 2023, a period in which the covid 19 pandemic, and the recovery journey, continued to influence the context for services, and the people who use them.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Board Strategic Plan 2022 - 2025;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
7. Post-pandemic Renewal
8. Maximising Operational Integration

The Chief Social Work Officer's Annual Report reflects progress towards all of the priorities of the Strategic Plan.

4.2 Frontline Service to Customers – This report reflects a summary of performance in relation to front line services to customers.

4.3 Workforce (including any significant resource implications) – This report includes reflections on matters relating to the social work and social care workforce and as such is relevant to ongoing workforce planning processes.

4.4 Legal Implications – This report relates to the delivery of statutory duties.

4.5 Financial Implications – The work described in this report is carried out within the financial resources allocated to social work and social care services.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 There are no risks and control measures relating to this report.

6.0 IMPACT

6.1 **STATUTORY DUTY** – Requirement for annual report as per the Social Work (Scotland) Act 1968.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Noted above in Section 4.0

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1 -** Chief Social Work Officer Report 2022 - 2023

Chief Social Work Officer's Annual Report

1st April 2022 - 31st March 2023

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1. Introduction

I am pleased to present the Chief Social Work Officer's Annual Report for East Dunbartonshire for the period 1 April 2022 to 31 March 2023.

The purpose of this report is to provide East Dunbartonshire Council and other key stakeholders, including the East Dunbartonshire Health and Social Care Partnership Board, staff and people who use services, with information on the statutory work undertaken during the period 1 April 2022 to 31 March 2023.

The Local Government (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer. The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of social work and social care services whether these are provided by the local authority or purchased from the third or independent sector. The CSWO is also responsible for duties and decisions relating to the curtailment of individual freedoms and the protection of both individuals and the public. The specific role and functions of the CSWO are set out in guidance issued by Scottish Ministers, first issued in 2009, and updated in July 2016, for which a link is provided here https://www.gov.scot/publications/role-chief-social-work-officer/

Social work and social care services enable, support, care for and protect people of all ages in East Dunbartonshire, by providing or purchasing services designed to promote their safety, dignity and independence, and by contributing to community safety by reducing offending and managing the risks posed by known offenders. Those services, which are required to meet national standards and provide best value, are delivered within a framework of statutory duties and powers. Where possible, services are delivered in partnership with a range of stakeholders, including people who use them.

Social work and social care 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. In addition, we continued throughout the year to be affected by the COVID-19 context, and faced one of the most challenging winters ever in terms of our work that is in partnership with NHS acute and in patient services. Throughout, our staff have shown continued commitment, compassion and flexibility to help keep children and adults safe and well.

I would like to pass on my personal thanks to everyone for their hard work and for their clear commitment to the values of their chosen professions.

C. Sinclair

Caroline Sinclair
Chief Social Work Officer
East Dunbartonshire Council

Governance, accountability and statutory functions

2. Governance, accountability and statutory functions

Within East Dunbartonshire, the duties of the CSWO were discharged during the year by the Chief Officer of the Health and Social Care Partnership with a deputy role being discharged by the Interim Head of Adult Services. This somewhat unusual allocation of roles has been in place for some time now and although it was hoped that it would be reviewed during the year, due to the ongoing operational and strategic challenges, this remains an action to be completed in 2023 - 2024.

The CSWO has a key role to play in shaping the planning agenda for social work within the Council, the Health and Social Care Partnership and the Community Planning Partnership. The CSWO has also had the opportunity to influence budgetary decisions to ensure the needs of vulnerable people within our community are met, and resources are deployed effectively. These arrangements are well established and operate effectively.

Within the Council and the Health and Social Care Partnership there are clear structures and processes that have enabled the CSWO to fulfil their role and function.

The CSWO attends a range of key internal and external partnership meetings including;

- East Dunbartonshire's Health and Social Care Partnership Board – the CSWO is a non-voting member of the HSCP Board
- East Dunbartonshire's Child Protection Committee
- East Dunbartonshire's Adult Protection Committee
- East Dunbartonshire's Public Protection Chief Officers' Group, which brings together the highlights of the work of the Child Protection Committee, the Adult Protection Committee, the Alcohol and Drugs Partnership, Multi Agency Public Protection Arrangements, Multi Agency Risk Assessment Conferences, statutory Mental Health work and any Prevent (safeguarding people from radicalisation) activity.
- The Community Planning Partnership's Executive Group and Board
- East Dunbartonshire's Community Justice Partnership - the CSWO is the Chair of the partnership Board
- East Dunbartonshire's Delivering for Children and Young People Partnership (Integrated Children's Services Plan steering group) – the CSWO is the Chair. This is a sub group of the East Dunbartonshire Community Planning Partnership
- The CSWO also meets regularly with the Chief Executive of East Dunbartonshire Council

The quality of social workers and social work practice is reviewed in a range of ways. The CSWO is a key member of the HSCP's Clinical and Care Governance Group (CCGG). The Chair of the CCGG is the HSCP's Clinical Director and membership includes a range of senior health and social work professionals. The role of the CCGG is to provide the HSCP Board with assurance that services are delivering safe, effective, person-centred care to the residents of East Dunbartonshire. The CCGG group meets on a bi-monthly basis and has covered a variety of diverse issues including; the reviewing of complaints, significant clinical incidents, or duty of candour incidents, and the reviewing of quality improvement activity undertaken within teams.

Within the CCGG we have been working hard to develop a balanced approach that provides scrutiny and assurance in equal measure across health, social work and social care services and believe we have made good progress in that area. Notably, the CCGG is now routinely provided with information on the performance of registered care services, as assessed by the Care

Inspectorate, to enable scrutiny of this area of work. The CCGG Annual Report, which details the range of work undertaken, can be found on the Council and HSCP website.

Additionally, work was undertaken pre-pandemic to develop an East Dunbartonshire HSCP Quality Framework to complement and sit alongside the Performance Framework however, active implementation was delayed by the pandemic. Last year it was agreed to refresh and refocus on implementation and this took place. This work reports into the CCGG.

We have also continued to deliver a programme of systematic case file audits and quality assurance processes using a number of tools, which have contributed to improved standards. In some contexts, specifically around child and adult protection, these audits are undertaken as multi-agency processes. We consider this to be a robust and valuable process, reflecting our commitment to continuous improvement and a culture of sharing learning to support improvement.

Supervision and training also remains a key priority to ensure our staff are supported to maintain the knowledge and understanding required to deliver on our statutory functions. By necessity, much of this activity was moved to on-line but it continues to be delivered.

Over the course of the pandemic there was a significant increase to the levels of support provided to Care Homes within the area and this support, including delivery of assurance has continued. This is delivered in a collaborative partnership approach with the Care Home providers themselves, working alongside, rather than 'doing to', our partners, and has been well received.

Good Practice Example

Care Home Support Team

We established a multi-disciplinary team approach to support for care homes, jointly led between our social work and nursing services. Support is provided on a wide range of aspects of care from adult protection to infection prevention and control, anticipatory care planning, food fluid and nutrition support for residents and the promotion of exercise and activity for residents; supporting and maintaining their wellbeing. Examples are as follow:

Care About Physical Activity (CAPA):

Allied Health Professionals – Support to Care Homes

Care Home residents now have access to care and treatment when required by a Physiotherapist, Occupational Therapist or Senior Rehabilitation Worker, to support residents who have been discharged from hospital and who need support to improve their function or mobility, to remain as independent as possible as per the recommendations in the Scottish Government's Care About Physical Activity Agenda.

Care About Physical Activity Projects

Two projects have been initiated by the CAPA team in line with the National Improvement Programme for Physical Activity Projects within two local Care Homes. Each project aimed to improve the amount of physical activities offered to residents and support Care Home Staff in delivering activities based on the resident's interests and needs. Both have been a success and have encouraged residents to be more active, particularly male residents who had not previously been showing an interest in taking part in activities. These activities support the reduction and prevention of falls and improves the mental health of residents.

A new Care Home Activity Coordinators Peer Support Group has also been set up to enable Care Home staff to share ideas about what has worked well within their Care Homes in relation to increasing the physical activity of residents.

Falls Reduction

The CAPA team have been delivering awareness raising and training sessions to Care Home staff about the Falls Pathway. This approach supports good decision after a resident has fallen and provides staff with professional advice about alternatives to hospital attendance and potential admission.

East Dunbartonshire Council has an established Housing, Health and Care Forum, which is a non-decision making forum that provides the opportunity for Elected Members to have sight of, and provided comment on, a range of social work and social care issues such as inspection outcomes, policy development considerations, service review issues and quality improvement work. The debate and discussion that takes place in the forum contributes to the final shape of policy and strategy, while recognising and respecting the overall accountability and governance of the Health and Social Care Partnership Board itself.

The Health and Social Care Partnership Board drafted a new Strategic Plan for 2022 – 2025. The development of the new plan involved consulting on the partnership's strategic priorities, a process that saw Public Protection defined as a new priority in its own right, supported by a commitment to prioritise delivery of the whole suite of public protection statutory duties. This new focus is very welcome.

Overall, the context in which social work, and therefore the CSWO works, continues to be challenging with a range of new priorities, such as support to care homes, support to families in times of financial crisis, and support to an increasing number of refugees and unaccompanied asylum seeking young people. The CSWO is supported in the role by a nominated deputy, strong professional networks across local services and the national CSWO network overseen by Social Work Scotland.

Service quality and performance

3. Service quality and performance

Children and Families – Child Protection

Our Child Protection Committee is independently Chaired, and consists of representatives from a range of agencies including education, social work and housing services, Police Scotland, NHS Greater Glasgow and Clyde, the Scottish Children's Reporter's Administration and the third sector. It is a well-attended and engaging forum. The Chair and Committee are supported by the Council's Child Protection Lead Officer. Working in partnership, the Committee carries out its core functions which include continuous improvement, strategic planning and public information and communication. The multi-agency Committee produces an annual business plan and an annual report, and manages the required work through four standing sub-groups:

- Management Information & Self-evaluation
- Joint Public Information & Communication (shared with the Adult Protection Committee)
- Joint Learning & Development (shared with the Adult Protection Committee)
- Learning Review Sub Group

Key national developments that have been considered by the Committee and by services throughout the year include The Promise, the adoption into law of the United Nations Convention on the Rights of the Child, the development of a National 'Minimum Dataset' for child protection work, and our role as part of the North Strathclyde pilot of the revised approach to the Joint Investigative Interviewing of children. The North Strathclyde Partnership moved from pilot to implementation phase over the year. In addition our third sector partner, Children 1st, received funding to build Scotland's version of a Barnahus, Bairns' Hoose, which is currently underway within East Renfrewshire. This will further develop our trauma-informed response for child victims and witnesses. These are all positive developments focused on ensuring a child-centred, rights focused approach to service delivery. During the year we also launched a new Public Protection website, providing more intuitive and accessible information and advice.

During the year we also concluded a Learning Review on a case with the key themes of disability, affluence, child protection and non-engaging parents. This was an extremely valuable exercise and has resulted in a multi-agency training calendar with the aims of improving early intervention, assessment and care planning.

In the autumn of 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 inspection looked at the difference the Community Planning Partnership is making to the lives of children and young people at risk of harm and their families. The inspection 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 many strengths and areas of good practice and can be accessed on the Care Inspectorate's website. 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, and an action plan to take forward the improvement areas that were identified has been put in place.

Over the year 100% of child protection case conferences took place within the target timescale. During the course of the year this target changed to reflect the new national guidance. In the coming year key activities will include finalising and rolling out the updated child protection guidance.

Integrated Comprehensive Assessments completed in line with the National target of 20 days continued to be high and above target. Ensuring that reports are available to Scottish Children's Reporter Administration on time supports the best assessment of children and young people's needs and delivery of actions to ensure they have access to the right support at the right time.

There has been a drop in the number of first LAAC reviews taking place within timescales to 87%. This equates a very small number of meetings being rescheduled to accommodate individual circumstances.

	2020 - 2021	2021 - 2022	2022 - 2023
Child Protection Investigations	191	170	152
Child Protection Registrations	62	51	60
Child Protection De-registrations	54	59	44
Total on CP Register at Year End	35	27	43

Type of Case Conference	Number of Children Subject to Case Conference
Pre-birth	15
Initial	41
Review	69
TOTAL	120

Performance Indicator	Target	2020 - 2021	2021 - 2022	2022 - 2023
% of assessments (ICAs) requested by the Scottish Children's Reporter completed on time (20 days)	75%	85%	91%	92%
% of first Child Protection review case conferences taking place within 6 months of registration*	95%	91%	100%	100%
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	100%	100%	100%	87%
Balance of care for Looked After Children: % of children being looked after in the community	89%	86%	83%	83%

Performance Indicator – Looked After Children, Balance of Care

	2020 - 2021	2021 - 2022	2022 - 2023	% change over 3 year
At home with parents	42	44	41	-2%
Semi-Independent Living / Supported Accommodation	*	*	*	
With Friends/Relatives	49	43	45	
With Foster Carers	36	46	36	
With prospective adopters	*	*	*	
Total Community	**129**	**134**	**124**	**-2%**

	2020 - 2021	2021 - 2022	2022 - 2023	% change over 3 year
LA Children's Home	6	8	8	
Residential School	5	*	8	
Secure Accommodation	0	*	0	
Children's Home – other sector	10	10	9	
Total Non Community	**21**	**28**	**25**	**+19%**
Balance of Care - % of Children in community	**86%**	**83%**	**83%**	

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.

Despite the challenges of requiring specialist children's placements, we have maintained the balance of care, from the previous year. Overall, there has been a decrease in the number of residential placements but there has been a significant decrease in the number of community based placements, including Foster Care and Looked After At Home placements. There has been an increase in demand for specialist placements due to the complexity of need presented by some children with disability. Overall, there has been a decrease in our Looked After population following a spike in 2021/22; this may be attributed to COVID.

Children and Families including the work of our Delivering for Children and Young People Partnership

During the year we have been working hard to develop a new Community Planning Partnership Integrated Children's Services Plan. We have undertaken a wide range of consultation, benchmarking and stakeholder engagement, including consulting children and young people, and their families. Our plan will be completed during the coming year and published on our website. Annual reporting on our current plan continues.

Our Delivering for Children and Young People partnership has also had a clear focus on The Promise over the year and we have undertaken a benchmarking exercise. This in turn has informed development of local Promise Plan which includes a performance measurement framework and this plan, which is designed to improve outcomes for looked after children, will also be finalised in the coming year.

There has also been a strong focus in the year on supporting children's mental health and wellbeing and a range of early and preventative interventions have been developed, such as extended counselling services, a compassionate distress response service and nurture approaches within schools. This work is also overseen by the Delivering for Children and Young People partnership.

During the year we were notified by the Care Inspectorate that there will be a Scotland wide thematic inspection of social work services for children with disabilities. We have been engaging with this process, submitting the requested local information, and look forward to the final report which will not take the form of an area by area inspection report, rather it will be a thematic reflection on services across Scotland.

A key service area to acknowledge and celebrate is the successful delivery of year 2 of the children's House Project. The House Project supports the delivery of good outcomes for young people who are moving on from care placements to independent living and its impact evaluates well. There was a 100% success rate this year with seven young people moving into their new homes. This success was underpinned by strengthened links with the Council's Housing Services to increase appropriate housing offers for care experienced young people. The House Project is an excellent demonstration of our commitment to delivery of our Corporate Parenting responsibilities.

Other work in support of Corporate Parenting during 2022 - 2023 included:

- Joint working with Police Scotland to develop increased awareness of the difficulties and challenges care experienced young people face;
- Enhanced links were developed during the year with Woman's Aid, as domestic violence is a particular area of focused work for our care experienced young people;
- Care experienced young people attended Education Additional Support Needs Leadership Forum and gave a presentation on the challenges they face;
- Recognition at the HSCP and Health Board Award Ceremonies of care experienced young people's contribution through their Champs' Board. The Champs Board were our overall award winner for 2022 – 2023.

Over the year the services have also developed and implemented Family Group Decision Making; a service that brings a family together to develop a child-centred plan using a future-focused approach which is realistic and sustainable.

We have supported a number of unaccompanied asylum seeking children and young people and children and young people who have been trafficked, from various backgrounds, who have suffered trauma, to be helped to recover with the provision of safe accommodation and support. These young people are considered Looked After and Accommodated children and have multi-agency plans to keep them safe and ensure their needs are met.

We also supported a range of activities aimed at helping families experiencing cost of living pressures such as The Christmas Project, the Warm Jacket Swap Shop, access to food vouchers, extensions to food banks, and self-directed support targeted provisions.

Good Practice Example

Mind of My Own App

The child care Integrated Comprehensive Assessment (ICA) cannot be completed and authorised for the Scottish Children's Reporter if the Child/Parents view is not recorded. In response to this, the Children and Families team have introduced the Mind of My Own App, which enables children and young people to communicate their views, experiences and feelings to a trusted adult in a safe digital space. This supports practitioner in understanding the child or young person, enables them to respond quickly to them and evidences their views.

Adult services – Adult Protection

Work around adult protection is grounded in the Adult Support and Protection (Scotland) Act 2007. There is a statutory duty to set up and support East Dunbartonshire's Adult Protection Committee; to make inquiries where an adult is suspected to be at risk of harm; and to apply for protection orders where these are required to safeguard the adult. Qualified social workers continue to be trained and authorised to carry out "Council Officer" duties in East Dunbartonshire, as required by the legislation. We responded to a survey of the Council Officers workforce conducted by the Scottish Government in March.

The Adult Protection Committee is independently chaired and has representation from all key agencies. The Convenor and Committee are supported by the Council's Adult Protection Coordinator. A report on the Committee's activity is submitted to the Scottish Government on a biennial basis, with the most recent submitted in November 2022.

The Adult Protection Committee's strategic planning framework operates on a three-year cycle to align with the Child Protection Committee, and four standing sub-groups are established in respect of its statutory functions:

- Continuous Improvement
- Quality and Development Partnership
- Joint Learning & Development (shared with the Child Protection Committee)
- Joint Public Information & Communication (shared with the Child Protection Committee)

The Committee's Significant Case Review sub-group is only convened when required. It was convened once during the year to consider a case under the local case review protocol. Additionally, the terms of reference for the Significant Case Review sub-group were reviewed following publication of the new national guidance for Adult Protection Committees on conducting Learning Reviews. The Learning Review sub-group was established in its stead, and the local case review protocol was revised to reflect the new national guidance.

The Adult Protection Committee and services have been involved in a number of local and national developments which have potential to assist services to work more effectively in partnership with adults to secure their safety and wellbeing and prevent future harm. We have continued to act as a learning partner in the IRISS-led project to develop a national minimum dataset for Adult Support and Protection, which seeks to improve the range, consistency and

quality of information available about ASP activity across Scotland. Over the course of 2022 - 2023, we participated in the testing phase of the dataset and contributed to the development of the indicators for Phase 1 rollout of the dataset across Scotland in 2023 - 2024.

The refreshed Code of Practice to accompany the 2007 Act was published in July. A significant change in focus within the Code of Practice towards the use of investigatory powers during inquiries, rather than viewing inquiries and investigations as distinct processes, led to a prompt review of local procedures and training. The Code of Practice also influenced the indicators within the new national dataset project. We have monitored the use of the investigatory powers separate to formal investigations for a number of years in East Dunbartonshire and this proved very helpful during the pandemic in terms of providing assurance that adults at risk of harm were, for example, being seen face to face when the circumstances warranted it. We were able to feed our positive experiences of monitoring the individual powers into the dataset project.

Adult hoarding and self-neglect issues have become the source of considerable attention nationally in recent years and have affected East Dunbartonshire residents as well. The case review undertaken by the Adult Protection Committee this year involved an adult affected by self-neglect. A critical challenge for practitioners is how to support and safeguard an adult who has capacity but does not engage with that support to improve their safety and quality of life. Following on from multi-agency learning events in 2021 - 2022, the Committee set up a short-life working group to develop local interagency guidance. As part of this work, partners agreed to set up a network of Hoarding & Self-Neglect champions who would be able to provide advice to other agencies about any assistance they could offer the adult, as well as acting as a source of information within their own service. The working group also designed an escalation protocol to manage multi-agency information sharing in higher risk situations when the adult is not an adult at risk of harm and has capacity. The guidance will be rolled out in 2023 - 2024.

Adult Support and Protection Statutory Activity 2022-23

Nature of Activity	2019 - 2021	2020 - 2021	2021 - 2022	2022 - 2023
Referral Screenings	790	960	967	902
Duty to Inquire	452	493	505	566
Planning meetings (including Inter-agency Referral Discussions)	7	8	10	9
Investigations	22	31	28	11
Case conferences	20	25	24	27
Review case conferences	7	9	9	9
Protection plans initiated	7	8	6	6
Protection orders	0	0	0	*

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.

Concerns about people living with dementia continue to comprise over 50% of our referrals, reflecting the significant demographic trend within East Dunbartonshire in terms of an "aging population" which is having an increasingly influential impact on local services.

The reduction in number of investigations is linked to the rapid implementation of the refreshed Code of Practice in East Dunbartonshire and ongoing involvement in the test phase of the new National Minimum Dataset, which have resulted in data about the use of investigatory powers rather investigations being collected and reported locally.

A review of our performance over time shows the following.

Performance Indicator	Target	2020 - 2021 Delivery	2021 - 2022 Delivery	2022 - 2023 Delivery
% of Adult Protection cases where the required timescales have been met	92%	92%	92%	94%

ASP performance levels continued to be on target despite the increasing demand and ongoing pressures experienced by services. Particular pressures were experienced over the winter months, and business continuity measures were utilised to support teams with higher absence and vacancy rates to manage and prioritise ASP activities.

No Large Scale Investigations (LSIs) were required during the year. In recent years, East Dunbartonshire LSIs have taken in place in care home settings. The multi-disciplinary Care Home Support Team established in 2021 has engaged pro-actively with care home managers and staff to support early identification, prevention and response to issues which might escalate and create safeguarding concerns about a group of adults. This engagement has included the provision of targeted ASP awareness-raising sessions for care home staff and the regular promotion and use of the Adult Protection Committee's ASP Risk and Thresholds Framework to improve understanding of ASP incidents and information-sharing responsibilities. A targeted programme of ASP Advanced Awareness session for Managers will be delivered in 2023 - 2024.

We have been notified by the Care Inspectorate that we can expect a formal inspection of our Adult Support and Protection services in the coming year. These inspections have a fairly lengthy footprint and require considerable input from staff across a range of services and agencies to deliver however, we welcome the scrutiny of this most important area of our statutory work.

Adult and Older People's Social Work and Social Care Services

In our adult and older people's social work and social care services the majority of our performance targets were met or exceeded in the year. Our Annual Performance Report 2022 - 2023, which gives more detailed information, can be found on the Partnerships pages of East Dunbartonshire Council's website. Positive examples include the target for the percentage of adults in receipt of social work and/or social care services who had their personal outcomes fully or partially met, which was 100%, the percentage of people 65+ indicating satisfaction with their social interaction opportunities and the percentage of services users satisfied with their involvement in the design of their care packages. We also completed 97.6% of community care assessments within the target of a six week timescale from receipt of referral.

For those targets which were not met, such as the falls rate for those over 65, and the percentage of people newly diagnosed with dementia receiving Post Diagnostic Support, improvement actions are being taken to improve performance. For example, the Dementia Post Diagnostic Support Service has undergone a service review, leading to service delivery model change, which is now fully embedded and the success of the restructure is already being seen, with improved levels of service delivery.

As in previous years, a key area of challenge is around the rate of falls for people over the age of 65. East Dunbartonshire has a high rate of falls which reflects particular demographic changes in East Dunbartonshire, such as the fastest growing population of people aged over 85 in Scotland and the associated increasing levels of frailty and complexity of care needs arising from advancing age. We are beginning to see the impact from a number of supportive options available to Community fallers to avoid conveyance to hospital and subsequent admission. There are also ongoing developments to work toward reducing falls in the Community through Heath

Improvement initiatives, which will support a model for Citizens in Active Ageing and Self-management. We are also pleased to continue to lead the way in the roll out of the Caring About Physical Activity (CAPA) programme to address frailty and falls amongst people who live in local care homes, showcased on page 6/7 of this report.

We have also recently implemented our East Dunbartonshire No One Dies Alone project, which aims to support compassionate end of life care for people within their own communities. We look forward to fully rolling the project out in the coming year.

Good Practice Example

Connect-ED

Connect-ED was an initiative piloted during 2022/23 to promote healthy aging and independence. It delivered a range of health and wellbeing information and support from the HSCP, the Council and local third sector services.

During the six month programme, 59 people were supported on issues including Power of Attorney and wills advice, provided by our Age Scotland partner. Others were provided with information on social clubs, walking groups and enquired about volunteering opportunities. It is also notable that all organisations who took part in the programme reported increased referrals and established new networks.

Performance in our adult and older people's social work and social care services in the year continues to be impacted by the pandemic response and recovery journey, coupled with the specifics of our demographics. East Dunbartonshire has a comparatively high proportion of people with long term conditions such as cancer and arthritis, as a result of the high proportion of older age older people in the area. This profile contributes to an elective hospital admissions rate around 13% higher than Greater Glasgow and Clyde as a whole and 31% higher compared with Scotland in 2021 - 2022. Whilst emergency attendances and admissions remained lower than pre-pandemic levels, 2022 - 2023 saw an increase in emergency admissions, unscheduled bed days and discharge delays but a decrease in emergency department attendances. This suggests the Right Care Right Place messaging is beginning to take get traction to ensure patients get access to the most appropriate care from the right professional in the right care setting.

Our assessment and case management services continue to receive new and urgent referrals, these are risk assessed and allocated as required. Our adult fieldwork social work services received a total of 7,476 referrals in the year, (an increase of 23% on last year), and a total of 3,820 new assessments were completed during the year, (an increase of 11%).

Referrals to our Hospital Assessment Team continues to rise with a 20% increase in referrals in 2022 - 2023, this is on top of a rise in 2021 - 2022 and 2020 - 2021 and is predicted to rise yet further as the complexity of need of those admitted to secondary care continues to rise. There was also a corresponding increase in demand for community services as a result of the changes described above with an increase of 40% in referrals to the Community Rehabilitation Team compared to pre-COVID referrals. There has also been a corresponding increase in demand on equipment services which has had an impact on waiting times.

Our previously good performance on our key target to minimising the numbers of people who are delayed in their discharge from hospital has seen a down turn over the year. The performance challenge in this area was consistently felt across all Greater Glasgow and Clyde HSCPs, and indeed almost universally nationally, and it continues to be an area of close scrutiny and improvement work. It was notable for East Dunbartonshire that delays in the ability to provide a care at home package to support people's discharge from hospital became a feature over the

winter period 2022 - 2023, a situation not seen previously. This was a direct result of challenges recruiting or commissioning sufficient care staff or services to meet growing need, both in terms of increasing complexity, and volume demand. In March 2023 we were providing Care at Home support to 1284 customers. Numbers of people requiring 2:1 supports has seen a 32% increase locally since 2019 and referrals to Care at Home Services increased throughout 2023. If we compare January to May 2022 to the same period in 2023 we have seen an increase in referrals by 55%.

Day Activities and Services for Older People

Pre COVID, East Dunbartonshire enjoyed an abundance of formal (Day Care) and informal social supports (community clubs and activities targeted at supporting older people to remain connected to their local communities). 2022 - 2023 enjoyed the full re-opening of informal social support assets for older people based within both the East and West localities of East Dunbartonshire. The pandemic did result in the closure of some small local groups and clubs, however the majority of the resources have now opened fully. The Local Area Coordinators for Older People (OPLAC) team have been instrumental in re-invigorating membership within the community assets. As identified last year, the COVID-19 pandemic resulted in a deterioration of both physical and mental wellbeing for a lot of older people living in East Dunbartonshire who, because of their increased physical and mental frailty, are no longer able to attend local community groups, but require the formal support of a one to one social care worker or day centre provision. This is reflected in the number of referrals to the OPLAC Team for social support assessments which, in 2022 - 2023, increased by 27% on the previous year. Overall, Social Support for Older People Strategy 2023 - 2028 aims to achieve capacity building within our local communities for people who can engage with these opportunities, supported by our team of Local Area Coordinators, alongside a sustainable model of building based care for those who need it going forward.

Good Practice Example

Older People's Local Area Coordinator Team

Mr E is a 90-year-old gentleman living alone at home. He was referred to the team to consider eligibility for social support opportunities. However, the assessment confirmed that Mr E was self-caring and managing at home independently. This meant that Mr E was not eligible to access any formal social support opportunities however he was an ideal candidate to enjoy the local community assets.

Mr E had been a very active man enjoying various social activities, however after being widowed in recent years, he was now finding himself lonely and isolated at home. He had also lost confidence when travelling outdoors due to being unsteady on his feet.

With assistance from the Local Area Coordinator for Older People Mr E is now enjoying the company and peer support offered by the Milngavie and Bearsden Men's Shed. Mr E had taken it upon himself to find out more about the Shed and contacted the Coordinator directly. He was struggling to attend the group independently and the Local Area Coordinator arranged a referral to the local Community Response Team who support him with transport to and from the Shed.

Mr E has now also started attending the Bite and Blether Group, enjoying lunch and social chat with other older people. He organises a taxi to attend the venue and is assisted home by one of the group members.

Mr E has reported that he thoroughly enjoys attending the groups, advising that they each offer different experiences. He is delighted at the opportunity to expand his circle of friends and having the social company whilst also remaining independent in his local community.

Drug and Alcohol Recovery Services

In our alcohol and drug recovery services demand has continued to be high. The service saw a 26% increase between 2021 and 2022 and a similar increase in 2022 - 2023. As well as increasing caseloads and referrals the service undertook 35% more assessments than in the previous year, the majority of which (70%) were alcohol related. We fell just short of the national waiting time target for drug and alcohol treatment but were within 2% of the target. Our performance was impacted by staffing availability.

The service has been focusing on delivering a recovery focused approach and implementing the Medically Assisted Treatment (MAT) standards. We are on track well in relation to delivery of MAT standards 1 – 5 and are now working on plans for standards 6 – 10. You can see detailed reports on progress and action on the HSCP web site under reports but in summary the service improved on delivery in all MAT standard areas as illustrated below.

1 = Same day access to treatment

2 = choice

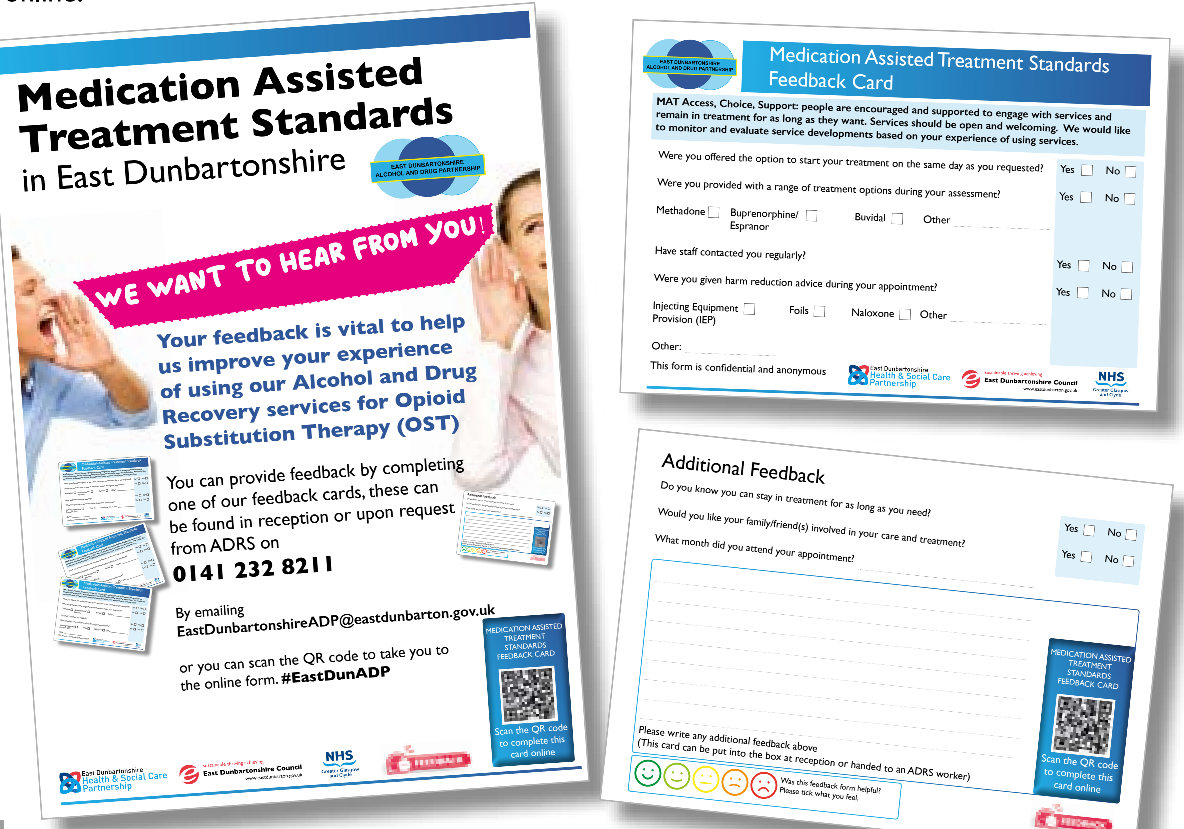
3 = assertive outreach and anticipatory care

4 = harm reduction focused approach

5 = retention in treatment

	2022	2023
MAT 1	RED	AMBER
MAT 2	AMBER	PROV GREEN
MAT 3	AMBER	AMBER
MAT 4	AMBER	PROV GREEN
MAT 5	AMBER	PROV GREEN

In addition to process and numerical reporting on the MAT standards, experiential information was gathered from service users, families and staff. This was undertaken by Scottish Drugs Forum based on surveys from Public Health Scotland. In order to capture experiential information on a more regular basis the service has developed feedback cards to capture the service user experience. These will be available in our own service locations, from third sector partners and online.



The partnership is also reviewing the commissioned Mental Health and Alcohol & Drugs recovery services to develop enhanced, holistic recovery focused services across adult mental health and alcohol and drugs recovery. Initial consultation and engagement sessions and a Provider Forum led to agreement from Healthcare Improvement Scotland to support plans to take forward a Collaborative Commissioning model. Agreement was also reached with Mental Health Network and Scottish Drugs Foundation to work on a collaborative basis on local service user engagement.

As part of our Drug Death Action Plan a focus of work has been to enhance joint working between the Community Mental Health Team and Alcohol and Drug Recovery Service. Joint protocols have been reviewed and updated and a series of joint training initiatives developed on trauma and substance misuse, motivational interviewing, children affected by substance misuse and 'Staying Alive'.

Good Practice Example

Alcohol and Drugs Recovery Service

The Alcohol and Drugs Recovery Service has developed a new Standard Operating Procedure that the Scottish Government are utilising as an example of good practice and sharing with other Alcohol and Drug Partnership areas.

Mental Health Services

Our mental health services have experienced a considerable increase in demand for statutory work from the previous year. During 2022 -2023 the Mental Health Officer (MHO) service has completed 119 Short Term Detention Certificates (STDC's) this is a considerable increase on the previous year when in comparison 97 STDC's were completed. This figure has been progressively increasing each year from 2020 - 2021 when 80 STDC's were completed and reflects similar sustained increases in referral demand upon the HSCP's Community Mental Health Team. The increase in STDCs has subsequently generated an increase in statutory reports e.g. Social Circumstances Reports and 59 Compulsory Treatment Order (CTO) Applications, which were made; 39 CTO applications were completed in the previous year. There have also been a small number Transfer for Treatment Directions and Assessment Orders, under the Criminal Procedures Scotland Act 1995, with subsequent reports being completed for Court. During the past year the Mental Health Officer service has also experienced an increase in crisis and emergency situations for people experiencing mental distress and illness. There have been 54 Emergency Detention certificates completed, which again highlights rising figures each year; 2021 - 2022; 45 EDC's and 2020 - 2021; 20 EDC's.

Over the past year, there have been 119 suitability reports completed by Mental Health Officers for court in respect of Guardianship applications under Adults with Incapacity (Scotland) Act 2000. This has sharply risen from 65 in reports completed in the previous year. There are currently a total of 218 private Guardianship Orders being supervised by the Local Authority. The CSWO is currently welfare guardian to 25 individuals.

During the year we undertook a detailed self-evaluation of our application of the Adults with Incapacity Act. This led to a refresh of our procedures which was supported in roll out by refreshed joint training for staff. Our Social Work Mental Health team have delivered additional Adults with Incapacity Training this year across all adult services in support of the delivery of our 'Authority to Discharge' action plan. Further training has been planned with other agencies e.g. Housing in October 2023 and we will be looking to role this out to NHS staff to promote best practice in terms of the use of 13ZA/Guardianship Orders for discharge from hospital, and additional supervision of guardianship training is also being planned across all Adult services teams in terms of best practice.

In terms of the development of our MHO service we have established a working group this year explore the development of Advanced Practitioner Status for Practice Assessors and Link Workers to support the Practice Assessor role. The SSSC and Scottish Government are part of this group alongside West of Scotland Local Authorities and Learning Network. Two new Mental Health Officers successfully completed the MHO Course this year, with Distinction and Merit Awards respectively.

Positively, over the year we have consistently exceeded the 90% target of the percentage of people waiting less than 18 weeks to start treatment using a psychological therapy and have made good use of online and self-directed Cognitive Behavioural Therapy options. Our mental health and drug and alcohol services have made consistent and effective use of service user feedback to continue to shape service development and a number of changes to service location/time/model have been made based on feedback received, improving and tailoring the services to best meet the needs of those who use them.

Services for people with learning disabilities and autism

2022 – 2023 has been a very significant year for our services for people with learning disabilities. During the year the long awaited move to our new purpose built resource centre within the beautiful new Allander Leisure Centre was completed. People who access this service now experience a modern, high quality, fit for purpose setting which offers reciprocal access arrangements, progressive activity-based therapies and extensive accessible resources. The new centre is founded on the principles of a community based approach to service delivery and the feedback from people who attend has been really positive.

The local Autism Strategy 2014 – 2024 has been reviewed this year, and actions have been identified to further develop our autism services and supports in East Dunbartonshire. It is noted that there are now more children and young people being identified earlier at school, and being referred for diagnosis and that more adults are requesting a diagnosis from their GP. Our HSCP Local Area Coordination (LAC) Service continues to provide a valuable resource for adults with autism and also support an ASD Carers Group. Information about routes to diagnosis are also available on the LAC page of the EDC website. More options are now available for young people with autism, such as Tigers, Street League, Enable and 'No-one left behind' as well as support to access college courses. Our formal LAC support is based on an asset-based approach to working alongside autistic individuals and their families and offers sign-posting, future planning, access to formal and informal services, third sector supports and employment opportunities.

Good Practice Example

Dementia in people with learning disabilities

In line with Scotland's National Dementia Strategy, the team has been contributing towards the development of dementia support for people with learning disabilities. We have contributed towards the development of a new care plan guidance resource for Post Diagnostic Support. We have also been involved in the development and delivery of a dementia training programme, in line with the 'Promoting Excellence' framework, which is being rolled out across NHSGGC Learning Disability Services.

In the coming year we will focus on reviewing how we provide supported living to people with learning disabilities to ensure we are able to take forward the commitments in the Coming Home report and support as many people as possible to live in their own communities in suitable settings, rather than experience extended hospital stays our placements far from their local area.

Criminal Justice

During the year we implemented new diversion guidance and extended the range of Diversion from Prosecution options available to the Courts as a disposal, working alongside our Community Justice Partnership, aiming to ensure that individual needs are met at the earliest opportunity, to enable people to desist from crime. Our Youth Justice team have also had an increase in staff training in AIM3 which is a dynamic assessment model that helps practitioners to assess harmful sexual behaviours. This has also supported more diversion, with practitioners able to manage risks within the community.

The service was able to allocate 100% of report requests to a social worker on time, and submitted 95% of court reports on time. In addition, 93% of people began their unpaid work placement within seven days of receiving a Community Payback Order, against our target of 80%. During the year the service was also able to address the remaining backlog of the near 6000 Unpaid Work Hours which built up while COVID restrictions were imposed. The backlog was successfully cleared by quarter 3 of the year. We have seen a significantly acute increase in the number of MAPPA cases being supervised, by around 100% over the last year, as Courts work on clearing their own backlogs of cases. This increased upturn is largely attributed to prosecutions for technologically mediated offences although we have also seen an increase in terms of risk level with MAPPA 2 cases almost doubling to five cases. In terms of performance, the service is managing the supervision of these cases effectively and robustly in line with the MAPPA framework and National Outcomes.

Performance Indicator	Target	2020 - 2021	2021-2022	2022-2023
% of Criminal Justice Social Work Reports submitted to Court by due date	95%	98%	98%	95%
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	80%	Service ceased in line with Government guidance	83%	93%
The % of cases allocated within 2 working days	100%	99%	100%	100%

During the year the service successfully put in place the required arrangements to ensure use of the ViSOR system. Physical, IT, procedure and employment contract arrangements were completed to enable the appropriate installation of the system, and the ability for staff to use it as part of their core work roles. In time we will adapt our arrangements, where required, to enable a transition to the MAPPS system.

We also increased delivery of the Moving Forward Making Changes treatment programme for sex offenders, to reduce risk to the public.

Good Practice Example

Wayfinder – Peer Navigator for Justice Clients

Working in collaboration with the Alcohol and Drug Partnership and the Community Justice Partnership, Justice Social Work services secured funding from the Drugs Death Task Force, to commission a Peer Navigator post to enhance justice clients' ability to access alcohol and drugs services with a view to improving outcomes and reducing drug deaths.

The Peer Navigator has lived expertise and uses relationship-based practice to develop supportive and meaningful relationships with clients, many of whom are often difficult to engage. This service is aimed at men subject to community-based disposals and those returning to the community after custodial sentences.

Since coming into post the navigator has supported 15 clients to positive destinations.

We have been notified by the Care Inspectorate that there will be a Scotland wide thematic inspection of Prison Based Social Work. We will be required to input into this process when requested. The final report will not take the form of an area by area inspection report, rather it will be a thematic reflection on services across Scotland. We very much welcome this inspection, recognising that it is many years since Prison Based Social Work was independently scrutinised and the scale, complexity and volume of the professional task involved has grown considerably in that period of time. We hope the thematic inspection will draw out recommendations that will support us to do this important statutory service, with our partners in the Scottish Prison Service, as well as possible.

Community Justice Partnership

The East Dunbartonshire Community Justice Partnership is a collaborative multi-agency forum with a shared vision for a safer East Dunbartonshire. In 2022 – 2023 the partnership continued to hold virtual meetings, and sub group meetings, and to benefit from positive engagement with all partners.

At a national level the partnership contributed to the development of the new National Strategy for Community Justice, the Community Justice Performance Framework, and the Community Justice Improvement Tool, and continued to engage well with Community Justice Scotland and Scottish Government Community Justice Division.

Locally, a Strategic Needs and Strengths Assessment for Community Justice in East Dunbartonshire was completed and the partnership developed its 2023 - 2026 Community Justice Outcome Improvement Plan. We also delivered 70% of the 20 actions and activities in our interim delivery plan within timescales, with 6 (30%) ongoing and carried forward to 2023 - 2024.

At an individual level the partnership's multi-agency Reintegration Group case managed 32 residents released from a custodial sentence back into the community, with support, between April 2022 and March 2023 and achieved 69% engagement of individuals referred through the group to alcohol and drug recovery services, and a positive outcome for 79% of the individuals referred through the group to the Housing and Homelessness Service. 47% of released residents also had a statutory Justice social work intervention.

Our multi-agency Prevention, Intervention and Diversion Group was at the heart of increasing intervention options for Diversion from Prosecution for clients and worked to deliver innovative approaches to address the complex needs and inequalities that affect our residents who are in contact with, and on the cusp of entering, the justice system. A post diversion questionnaire has been developed and piloted to gather the views of people on diverted from prosecution and

make improvements based on feedback. During the reporting year, there were 36 Diversion cases started, 86% (31) were completed successfully. Eight of these were Young People.

Good Practice Example

"Make it Work"

Having a job is considered to be one of the main positive influences on an individual's ability to not reoffend. It not only improves their prospects of securing appropriate accommodation, healthcare, and more secure finances, but it can provide them with new peer groups, and help build their resilience and a positive self-image.

In collaboration with the Local Employability Partnership (LEP) the Criminal Justice Services and Community Justice Partnership have introduced the 'Make it Work' East Dunbartonshire employability project for people in contact with the Justice system, delivered by the Lennox Partnership.

A dedicated employment advisor has been employed and 21 people started on the first year of the programme in 2022/23, with 14 gaining a qualification necessary for ongoing employment and nine people undertook a work placement.

Self-directed support

We continue to have a strong focus on empowering individuals to make choices about the extent to which they wish to direct their own support. The second year of the local Self Directed Support (SDS) Implementation Plan 2021 – 2024 saw the HSCP:

- Develop a qualitative consultation survey to establish carers' and customers' views on SDS processes;
- Participate in the re-commencement of the SDS Stakeholders Group hosted by the local independent SDS information and advice service;
- Establish a creative and innovative support plan directory to aid Social Work practitioners to explore less traditional means of supporting customers and carers;
- Following temporary arrangements established during the pandemic period, formalising online contracting processes for SDS Option 1 (Direct Payments);
- Explore opportunities to develop e-modules focusing on 'Good Conversations' and 'Outcomes';
- Commence a training programme to develop in-house Social Work practitioner trainers in the subject of 'Just Enough Support';
- Review the Single Shared Assessment with a view to adopting a more user-friendly, outcome focused template;
- Continue to provide SDS training across a multitude of different agencies;
- Review and update the SDS information booklet and publish on the SDS page of the Council website;
- Record an information training video relating to the auditing of SDS Option 1 (Direct Payments) and publish on You Tube.

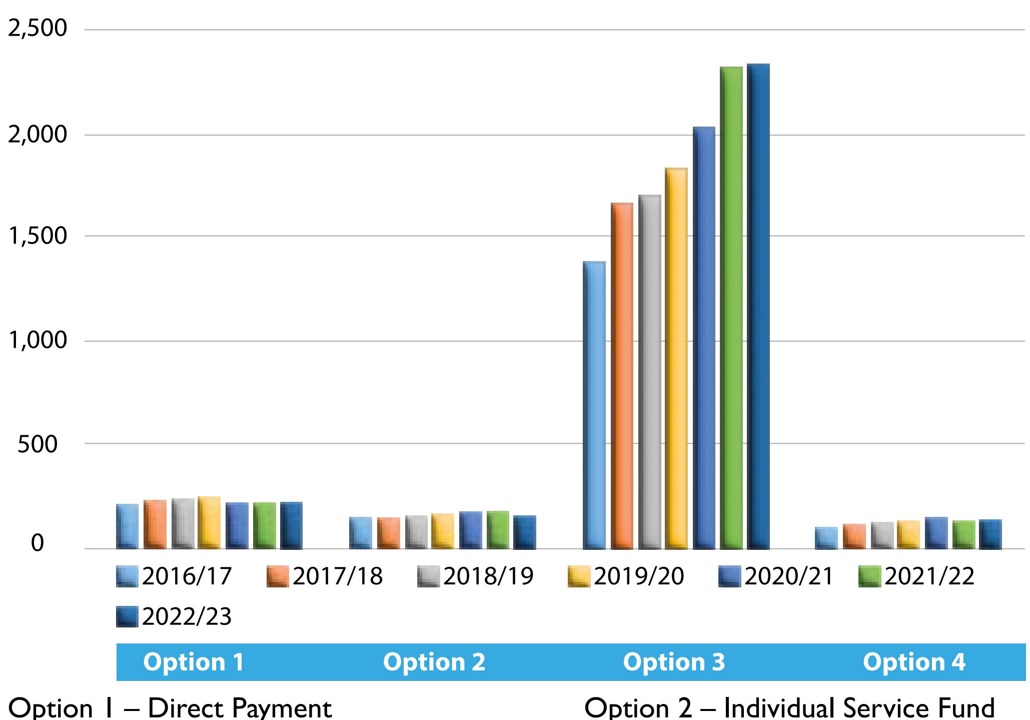
Following the introduction of the national SDS Standards Framework, the HSCP has been working with social work and health teams, and third sector organisations to establish a baseline position against each standard and its core components. Over the next few years this will provide the HSCP with the opportunity to gain an understanding of our position in respect of the continued implementation and development of SDS and will support the review and development of our local SDS Plan for the period 2024 – 2027.

Similar to last year, statistical data for the SDS options shows the continued national impact in respect of the recruitment and retention of social care staff, including Personal Assistants, throughout the social care sector.

SDS Option 1 (Direct Payments) shows a slight increase in uptake, 3%, during 2022 - 2023, indicative of the national crisis in respect of the recruitment and retention of social care staff, in particular for Option 1, employment of Personal Assistants which is the preferred delivery option for many of the Option 1 customers and their carers. At one point during 2022 - 2023, the local independent SDS information and support service were supporting the recruitment of over 40 Personal Assistant vacancies.

SDS Option 2 (Individual Service Fund) was the only SDS option in 2022 - 2023 to reduce, (13% decrease in uptake). Again, indicative of the experience that customers and their carers find when trying to source social care providers who can deliver a flexible social care support package.

SDS Option 3 (Arranged Services) continues to see a year on year increase (approximately 0.5% increase in uptake). When customers and carers experience difficulties sourcing social care services or recruitment Personal Assistants, they often turn to the HSCP to arrange the support, finding the national recruitment issues too time consuming and onerous to deal with.



Option 1 – Direct Payment

Option 2 – Individual Service Fund

Option 3 – HSCP/Council arranged services

Option 4 – A mix of any of the above

Support for Carers

In the year we refreshed and re-launched our on line community asset map, which is an interactive tool to support people to find local groups and facilities for their own and others' health and wellbeing. The map is populated by community members and local partners and can be found on the following link East Dunbartonshire Asset Map (eastdunassets.org.uk).

Good Practice Example

AskSARA is a self-help website which gives impartial expert advice and information on products and equipment to help make daily living easier for older and disabled people. We continue to promote and raise awareness of the AskSARA service. There has been a 33% increase in activity from last year.

The local Carers Strategy has been reviewed over the course of the year, with consultation and engagement on the content of the new plan for 2023 – 2026. This new strategy has been developed with the full involvement of carers, third sector partners and wider stakeholders. Our new Carers Strategy reflects the aspirations of the new national strategy but locates itself as an expression of local needs and priorities within East Dunbartonshire. This new plan will be published early in 2023 – 2024 along with a supporting action plan. When reviewing and updating the existing Adult Carer Support Plan, it was concluded that it didn't fully capture personal outcomes. So we worked in partnership with Carers Link and a small group of Social Work practitioners to update the Adult Carers Support Plan, to more fully record personal outcomes. The group also developed a new Review document designed to report on the extent to which carers' personal outcomes were being achieved, both informal and formal.

Good Practice Example

Income Maximisation

Over the past five years the Income Maximisation Service has generated a total of £3,898,000 of income which has directly benefited East Dunbartonshire residents. In 2022 the Health Improvement Team devised and developed a digital QR code to support the Income Maximisation service. The service can now receive service user referrals directly from the new digital pathway incorporating a quicker self-referral route, streamlining the process and making the service more accessible for a wider range of individuals.

Advocacy

Social work services recognise the importance of independent advocacy for service users and their families and carers. Advocacy is often focused on individuals who require support in their engagement with public bodies. However, advocacy also plays an important part in our engagement with service users and carers in respect of helping shape the social care marketplace.

We have in place long standing arrangements for advocacy services for adults and in addition, the National Practice Model for Children's Hearing has seen the introduction of an advocacy service for all children attending Hearings. The practice model has four main principles:

- Advocacy puts the child or young person first
- Advocacy seeks to understand and explain what is going on
- Advocacy workers only work with the child or young person
- Advocacy is for all children and young people who wish to take up the offer of Advocacy

In East Dunbartonshire, Partners in Advocacy (PIA) were successful in their bid to be the primary provider for Children's Hearings, with local implementation from October 2020. The service provides support for all children between 5-18 years old for all new or review Hearings.

Advocacy will engage with the child/young person on a voluntary basis, using age appropriate resources to illicit the child/young person's views. They will support the child/young person through all stages of the Hearing process. Together PIA and Children & Families social work service have worked collaboratively to promote this service amongst our children and young people to ensure all have equitable access to this service. This has included PIA attending managers meetings, our team meetings as well as completing a whole service briefing. This way, our children and young people will receive independent support to have their direct views shared at Hearings while having decisions explained to them by someone independent from the Hearing process.

Our Children at Risk of Harm inspection noted that we had a range of advocacy services available in East Dunbartonshire but suggested we could take a more strategic approach to provision, signposting, and rising awareness of the benefits of advocacy with staff. We followed these points up in our inspection action plan and in addition during 2022 - 2023, have been an active representative on the NHSGGC joint working group which had responsibility for reviewing and updating a Board area wide Joint Advocacy Strategy. The updated Strategy covers the period 2022 – 2026 and adopts the principles contained within the 'Guide for Commissioners' developed by the Scottish Government. The Joint Advocacy Strategy will serve as a guiding document which we will then underpin with a local advocacy delivery plan to be drafted during 2023 - 2024.

Complaints and Duty of Candour

We take complaints seriously and have a robust process for investigating and responding to complaints about social work and social care services.

Complaints during the year were as follows

	Total	Outcome
Stage 1	24	10 not upheld
		7 partially upheld
		* upheld
		* Resolved
		* withdrawn
Stage 1 Extended	*	* not upheld
		* partially upheld
		0 resolved
		0 upheld
Stage 2	12	* not upheld
		8 partially upheld
		* upheld
Stage 2 Extended	6	* not upheld
		* partially upheld
		* resolved
		0 upheld
Total	46	

Complaint themes broadly covered services/standards, staff attitude and behaviour and disagreement with a service decision. For the year 2022 – 2023 there are no duty of candour incidents to report for social work and social care services.

Challenges and improvements

4. Challenges and improvements

In setting out the CSWO annual report many of the challenges and improvements are woven throughout the body of the report. In this section a few significant points of note are highlighted that are additional to the body of the main report.

Positive inspection outcomes

Throughout the year we have been pleased to be able to report on positive inspection findings for both our local registered services and our strategic and partnership approach. We are particularly pleased to note that our Care at Home service achieved grades of 5 'very good' in all areas in the most recent inspection. This is a huge credit to the staff who have been working over the past number of years in the most challenging circumstances imaginable in terms of growing demand, COVID restrictions and winter pressures. We are also very pleased with our grading of 'Good' in our Children at Risk of Harm inspection.

National Care Service Uncertainty

The subject of the National Care Service has been with us for some time now but we are still unclear as to what it will really mean for us in the future. We welcome the commitment given to a human rights based approach to social work and social care services and to a focus on improving outcomes for people. However, as of yet, there is little on offer that helps us understand how this will be achieved. While we appreciate the slowdown in decision making at a government level, allowing greater time to co-design an end product designed to meet people's needs, the slow down also means an increased period of uncertainty for staff and living with uncertainty about the future does not support people to focus as best they can on the roles they have and the system they work within in the present. We look forward to more clarity in 2023 – 2024.

A challenging financial future

Throughout this report there is reflection on the upturn in demand for a wide range of social work and social care services. This has to be delivered in the context that sees the unit costs of service delivery rising and the available public funding to deliver services with, flat lined or reducing. Combined, we face a significant financial challenge for the future. During the coming year we will undertake community consultation on service priorities and will strive to work with partners to identify further scope for change and transformation for efficiency in services however, it seems unlikely that the future will not see changes to what can be delivered, to remain within budget.

Unaccompanied Asylum Seeking Children and Trafficked Children

We are committed to the support and recovery of our young UASC and Trafficked Children, and we are very pleased to be able to say that those we are already supporting are thriving in our local communities. However, we are experiencing real challenge in resources for this work. Throughout Scotland there is a pressure on placements and a lack of accommodation and support services.

	2020 - 2021	2021-2022	2022-2023
UASC – starting to be Looked After	0	*	6

East Dunbartonshire, as with all other Scottish Local Authority areas, is expected to offer placements equivalent of 1% of our child population. That equates to 22 placements based on current figures. Finding safe, sustainable and sufficient resources to deliver on this commitment is a significant challenge and one that we will be working closely with all key stakeholders on in the coming year.

Growing workforce challenges

We will explore our workforce challenges in greater detail in section 6 of this report but we want to highlight growing challenges in recruiting sufficient social work and social care staff. There are a range of factors that impact this, but the net effect is to hamper our ability to meet people's needs and deliver the best services we can. This will be an area of close attention in coming years.

Resources

5. Resources

The HSCP was able to manage service delivery within the budget set for 2022 - 2023 in delivery of our strategic priorities. This included reporting on and maximising the funding available for specific priorities including the Primary Care Improvement Plan, Mental Health Action 15, Annual Delivery Plan, Mental Health Recovery and Renewal and Adult Winter Planning.

Managing public sector austerity and reducing financial resources within a climate of increasing demand for services is a key risk area for the Council and the Health and Social Care Partnership. Like other local authorities, East Dunbartonshire Council has faced increasingly difficult financial challenges over recent years, and the reduction in public sector budgets will continue over at least a medium term financial planning period. In addition, COVID has created a wide range of cost pressure and service demand implications, some of which are very much still emerging, such as the impact of delayed access to services.

Our demographics present a challenge through our ageing population and increased populations of people with learning and / or physical disabilities and multiple long term health conditions, which now include the impacts of COVID recovery, long COVID and the deconditioning, stress and distress that the COVID restrictions have brought. This challenge is seen in community settings and also in our ageing prison population, for whom the increasing needs for what would otherwise have been community care support and community equipment, is a growing issue for consideration.

There is also a growing challenge to support people's mental health and wellbeing, to address Scotland's significant drug related deaths, and to respond to increasingly sophisticated types of offending and abuse including an increased rate of on-line causes of harm, and issues such as trafficking and child sexual exploitation. Responses are essential, but can be complex and costly.

There are also areas of government policy change that bring service demand costs, and while they are welcome from the point of view of what they seek to achieve, they are unfunded, leading to questions as to how they can be applied. Examples include the extension of rights to aftercare support for looked after and accommodated young people from 21 to 26 years of age, and the presumption against prison sentences of less than 12 months, which results in increasing demand on criminal justice services to manage increasing numbers of offenders in the community. More recently, we have also seen a significant upturn in service demand supporting asylum seekers and refugees, and particularly unaccompanied asylum seeking children and young people. While we always seek to respond with compassion and a person-centred approach, it is notable that funding provided for these services does not meet the true cost of delivery.

The financial performance of the Health & Social Care Partnership, including social work and social care services is regularly reported to the Health and Social Care Partnership Board and to both East Dunbartonshire Council and NHS Greater Glasgow and Clyde, as the key funding partners.

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. Not all posts were filled as planned, due to resourcing issues and recruitment. Work continues to progress these roles.

Social care service provision in East Dunbartonshire continues to be a mixture of commissioned and in-house delivery. Over 70% of services are provided by the third, independent and private sectors, with the remainder provided in-house by the Council on behalf of the Health and Social Care Partnership. Whilst market fragility remains a concern, enhanced monitoring and oversight

arrangements are in place with an emphasis on long term viability and sustainability. Looking ahead, our focus and priority is to strengthen partnership working with key stakeholders via our commitment to further develop and embed a collaborative commission approach.

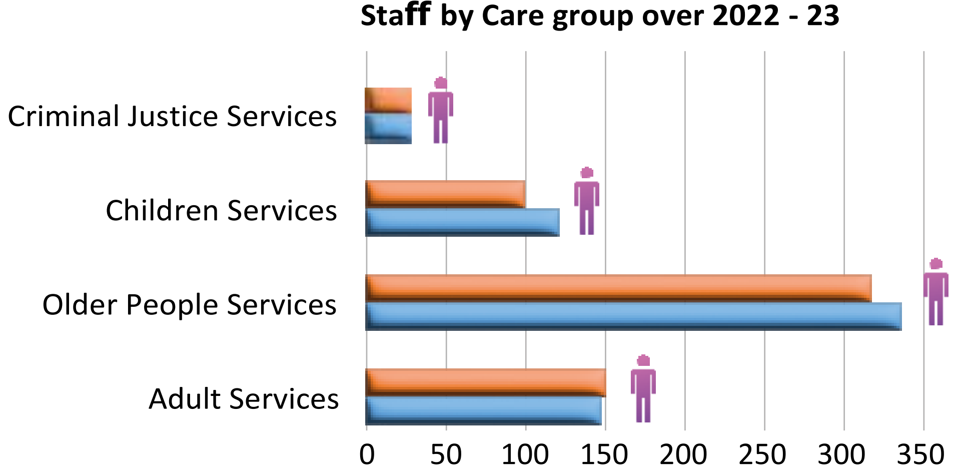
Overall, a balanced budget was able to be set for 2023 – 2024 which included a savings programme underwritten by general reserves however, this is an approach that can only apply for a fixed period of time, while reserves remain. It is anticipated that the years ahead will see significant financial challenges 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. During the year 2023 – 2024 we will also undertake public consultation on service priorities, to inform future planning.

Performance of the registered services in our area can be found at appendix 1

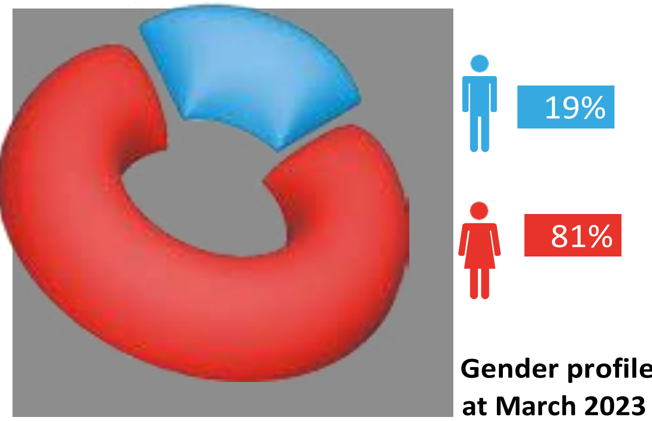
Workforce

6. Workforce

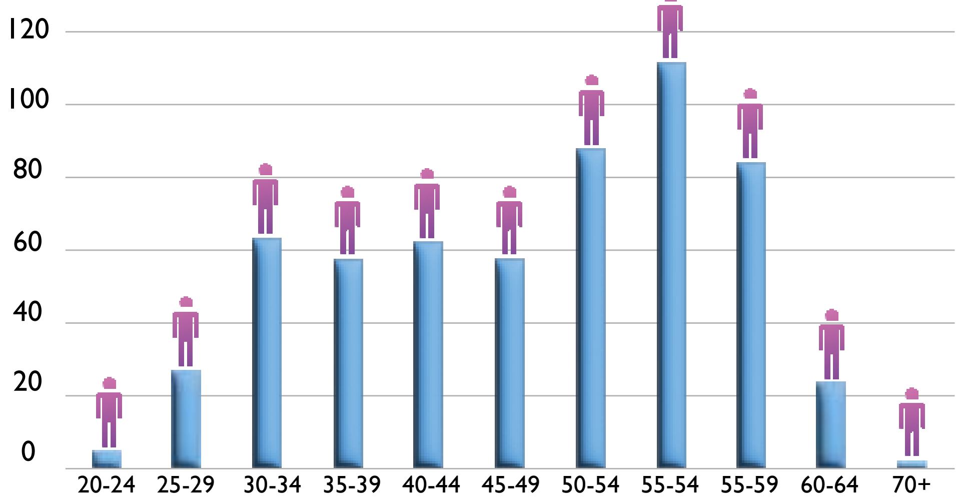
East Dunbartonshire HSCP had 588 Social Work and Social Care staff across our services as of March 2023, which was a reduction of 37 from April 2022. Although this is a slight decrease in headcount it does demonstrate the challenging recruitment conditions that all Social Work and Social Care services are experiencing at this time.



In relation to some of our workforce demographics that can be seen in the tables below, we have a predominantly older workforce with very few staff under 25. In relation to gender we have a predominantly female workforce at over 87%, whilst our work pattern is split almost 50:50 Full-time to part-time.



Gender profile at March 2023



6

The HSCP continues to participate in Council and the NHS Scotland iMatter survey annually and demonstrates very effective responses from our staff, with over 65% of staff responding and showing an Employee Engagement Index of 78. Some of the responses to specific questions are highlighted below as they show staff enjoy working in East Dunbartonshire:

- I'm clear about my duties and responsibilities - 88%
- I am treated with dignity and respect as an individual - 86%
- My work gives me a sense of achievement - 84%
- I feel my direct line manager cares about my health and wellbeing - 87%
- My line manager is sufficiently approachable – 89%
- I would recommend my team to be a good one to be part of - 86%

Workforce Planning:

In April 2022, the HSCP published it three year Workforce Plan for Health & Social Care 2022 - 2025. As required by Scottish Government, the plan is aligned with the HSCP three year Strategic Plan and looks at the many drivers for workforce and the workforce challenges at this time. The plan was also aligned with the Workforce Strategic for Health & Social Care launched by Scottish Government to address the five key Pillars of Workforce: Plan, Attract, Train, Employ and Nurture. The first year of our workforce plan was focused on Staff Wellbeing, Service recovery from COVID, development of a recruitment strategy and trying to hone in on some of the key areas of growth for staff recruitment.

In developing our recruitment strategy it was clear that it was in three stages;

- Firstly, ensuring that we could get our message heard in a busy employment marketplace by making best use of social media and local radio to highlight what was good about working in East Dunbartonshire
- Secondly, ensuring that staff induction and initial training was effective and welcoming. All new staff starting in the HSCP receive a welcome pack, which supports our values into practice
- Thirdly, the plan is about retaining staff, ensuring that staff feel supported, are appropriately trained and have opportunities for development

During the year we were able to take forward our plans to co-locate our children and families social work staff with the children's health services staff. This co-location is now in place and staff report it has enabled improved communication, collaboration, and relationship building.

Foster carers are an important part of the services that are delivered in the local area, if not actually part of the workforce. We have observed that our balance of care in terms of percentage of children being looked after in the community could be higher, sitting below the national performance indicator target. Accordingly, we will be undertaking a further foster carer recruitment campaign in the coming year.

During 2022 – 2023 we received additional investment from Scottish Government for our core adult social care and social work services. Capacity has improved across many areas of function, but persistent difficulties in recruiting to Social Worker, Mental Health Officer, and Social Care posts continues to present challenges. These challenges have impacted negatively on our capacity to respond to the level and complexity of presenting need. We have implemented pro-active recruitment campaigns, offered pathways to work process for students on placement

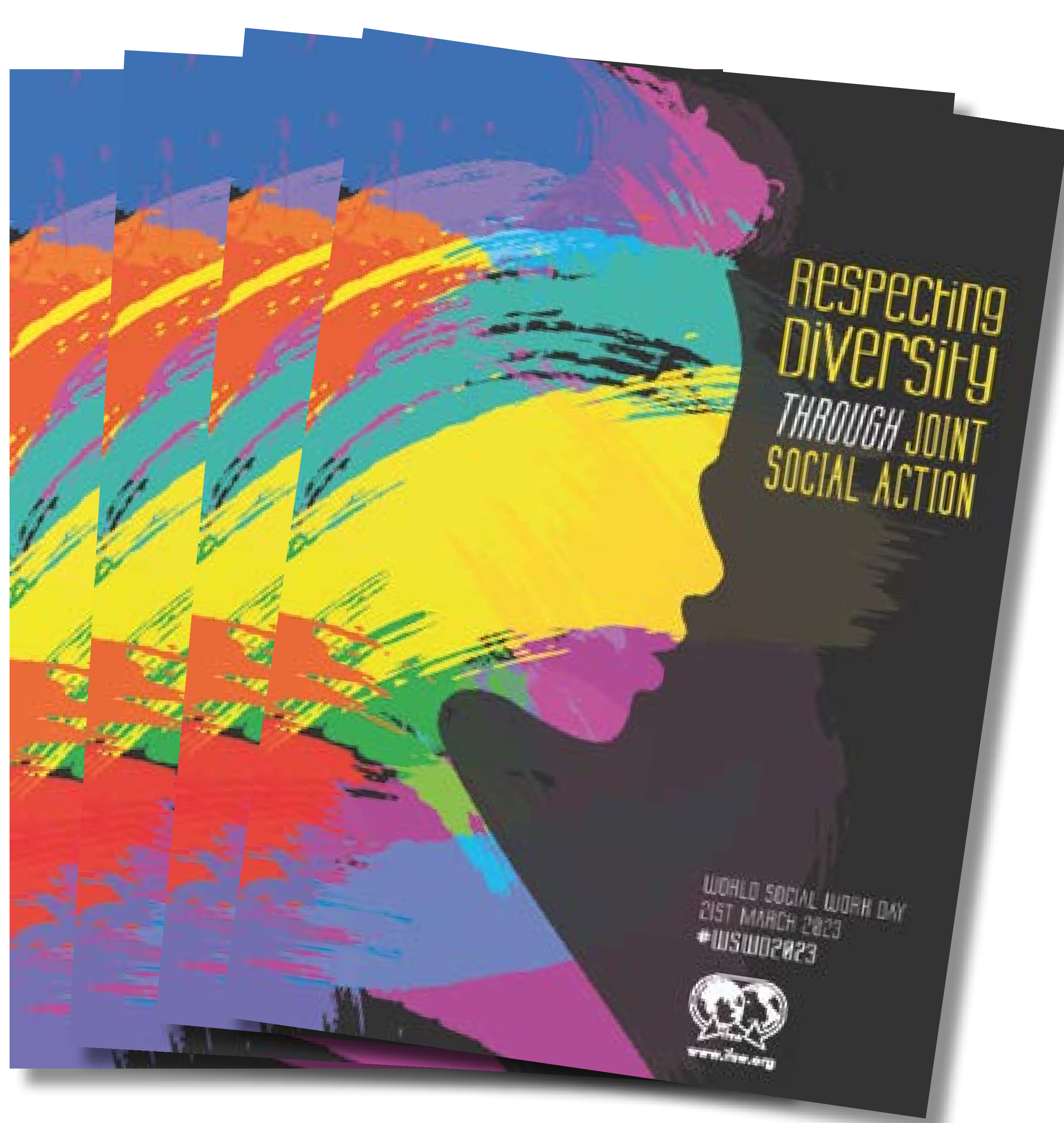
and considered how Mental Health Officers can be remunerated in a way that enables them to continue to operate as front line staff while being paid appropriately for the high level of autonomy with which they work however, challenges remain, for us, as they do across Scotland. The National Care Service, in whatever form it finally takes, must consider workforce, in its widest sense, as a national priority action area.

During the year we also gave a great deal of thought to supporting staff with new COVID ways of working and then returning to a higher level of office based working. Risk assessments and the review of guidance in relation to physical distancing and mask wearing continued to be undertaken throughout the year in line with the changing guidance from the Scottish Government. Guidance within buildings has been aligned to a blended working approach where staff work both at home and in the workplace. This continued to be reviewed and changes to location of teams within building were put in place when necessary, to ensure maximum opportunities for integrated working. An Organisational Development plan was put in place to support staff returning to building based working arrangements with continued communication with staff throughout 2022 - 2023.

In relation to staff wellbeing, the HSCP started the year with a series of virtual sessions during April to support National Stress Awareness Month, Moving on to Men's Health, Cycle to Work and the opening of our new Cycle Garage at a number of sites. We also successfully bid for some resources to fund a supply of snack food that staff could access and finally finished the year with our celebrations of World Social Work Day in March 2023.

Sadly, we were again unable to meet as a body of social workers to celebrate World Social Work Day in 2023, but we once again marked it. The goal of the day is to highlight the importance of social work and its impact on people's lives both locally and internationally. We marked the day in two ways locally. We again published a newsletter highlighting the achievements and good practice within our teams in the past year. This year's theme asked us to reflect on, and celebrate how communities, and we as a community of practitioners, can change the society around us to be more inclusive. We met virtually to hear from Dr Gillian Ferguson on "How Social Workers Learn in the Workplace".

An example of how we are approaching different ways of supporting workplace learning and development is through our Local Practitioners' Forum. This was re-established in 2022 by a SW Practitioners Committee with the support of the NQSW Coordinator. Continuing operational pressures meant it was really challenging for Committee members drawn from six busy fieldwork teams to find the time to attend meetings. Despite these pressures, two learning events were held successfully during the year. The first was organised by a senior practitioner in one of the adult locality teams, who arranged for a Consultant Addiction Psychiatrist to give an overview of addictions and address some of the misconceptions of the speciality. The second was organised by a social worker in the Care Home Support Team, who arranged for the Senior Dementia Consultant at the Dementia Services Development Centre to talk about dementia and its implications for cognition and person-centred care. The Consultant spoke about the importance of Lifestory, a practice tool which is more usually linked with working with children and provided case examples of utilising Lifestory information in care planning for people exhibiting distressed behaviour.



We also had a focus on support to Team managers and Team leaders. We developed a MS Teams site which had regular updates that could support staff in relation to mental and physical health, financial support resources, eating on a budget and making good use of the outdoors. We also produced a number of posters for these resources which staff could access through the use of QR codes, making them more accessible. The HSCP has an active Staff Health group that continually looks to support new initiatives and promote areas like the National wellbeing Hub.

In September 2022, the HSCP launched their local staff awards, which had attracted 36 nominations across the five categories: Employee of the Year; Team of the Year; Volunteer of the Year; Leader of the Year and Innovation of the Year. The awards panel highlighted the quality and range of nominations which showcased the work that our staff undertake in ensuring that services users are safe, valued and treated as individuals with dignity and respect. The awards presentation in February 2023 was an idea opportunity to thank our staff for their work at what has been an extremely difficult time.

Training, learning and development

7. Training, learning and development

In setting out the CSWO annual report many of the training, learning and development aspects that should be reflected in this report are woven throughout the body in service sections. In this section a few significant points of note are highlighted that are additional to the body of the main report

During the year we rolled out Safe and Together training to enable staff to implement the Safe and Together model which is designed to support victims of domestic violence and keep children safe and together with a protective parent. We also rolled out Just Enough Support training as previously outlined in the report.

We refreshed our social work supervision policy to take account of the increase in use of technology and remote working, and to take account of the work styles that have emerged post-pandemic as new ways of working for the future.

Over the course of the year our Public Protection Team wrote and implemented a Learning and Development Framework to ensure the upskilling of our workforce. This covers a wide range of learning opportunities.

Practice Learning and Education

We provided placements to 14 students in 2022-2023 two of these on a blended basis to manage the demands on fieldwork teams. Six students were asked to complete 120-day placements, as they had not had a first placement the previous year due to pandemic measures adopted by the universities. This means they started with us in August and finished their placements at Easter. The eight other students enjoyed a more conventional length of placement although placement dates had to be re-arranged to enable us to cope with the demand, which meant that several placements did not complete until the summer. We expect a full return to pre-pandemic placement arrangements next year, and a further increase in the number of students looking for a placement.

The rising demand for placements also means there is an increased demand for practice educator support. In addition to our full-time practice teacher, we rely on practice educators based in frontline posts to support placements. This year we have sponsored two social workers to train for the Professional Development Award in Practice Learning which will enable them to take on this vital role.

Sixteen teams in total were involved in supporting placements. Teams continue to voice their enthusiasm for hosting student placements, which are also viewed as supporting a learning culture within the team and encouraging workers to pursue opportunities for their own learning and development as link workers and practice educators. The quality of our practice learning service is seen as an important recruitment and retention measure within the service's current Learning and Development strategy.

Newly Qualified Social Workers Supported Year

We are continuing our involvement in the SSSC's Early Implementation Project. The core components of the NQSW Supported Year aim to ensure that NQSWs have appropriate induction opportunities, supervision and mentoring support, protected time and protected caseload to enable them to plan and focus on their professional learning and development. Our NQSW Coordinator has supported the NQSWs and their supervisors through the key stages and collaborated with the NQSWs to develop a bespoke programme of learning inputs running from MHO work to MAPPA. Four of our NQSWs have completed the Supported Year and another five are at different stages.

The learning and experiences of our NQSWs, managers and mentors is helping to inform national arrangements and guidance for the formal rollout of the NQSW Supported Year across Scotland from autumn 2024. Feedback to date indicates that NQSWs, their managers and other professionals think that the Supported Year will provide significant benefits for social workers, social work services as well as our service users in the years to come.

Good Practice Example

Trauma Informed Practice

We are committed to embedding trauma informed practice during 2022 - 2023, recognising where people are affected by trauma and adversity, and being better able to respond in ways that prevent further harm and support recovery. Staff training has been rolled out and work has begun to improve clinical and service user spaces to appear more user friendly with framed pictures, furnishings and softer lighting. Noise outside rooms has also reduced by minimising staff use of the corridors. In November 2022, we appointed a Trauma Informed Coordinator to progress this work and support the Aces and Trauma Collaborative.

8. Looking ahead

The pressure on delivering social work and social care services has continued to be intense throughout the period of this report, due in part to the continuing impact and consequences of the Coronavirus pandemic. With fluctuating emergency response arrangements and the impact on services and staffing levels, our services have continued to adapt to a fast pace of change and respond quickly to frequently changing circumstances and regulations. This was been particularly felt during the winter months, when pressure on services, and particularly those that interlink with health services for older adults, vulnerable people and carers, was exceptional, contributed to by a return to high influenza rates and the rebounding of demand that was inevitably under-presented during successive periods of lockdown. It is clear that it will take a period of time for health and social care capacity to rebalance and recover from the impact of the last three years. Our social work and social care 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.

Looking ahead, it's clear that resilient services are dependent on a stable workforce, and a key priority will be for us to continue to develop innovative, attractive recruitment approaches and job roles to ensure we attract and retain a social work and social care workforce to meet local needs.

Innovation continues to be central to delivery of safe, effective and sustainable services and a key approach going forward will be to:

- Focus on 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 Health and Social Care partnership has sought to develop and implement a model of community-led support locally based on best practice, which seeks to reduce waiting lists and divert needs to alternative effective service options. We will continue this focus, alongside ongoing development of locality based planning and working, as our model for the future.

Many of our next steps for the future are contained in the relevant service sections above, but woven throughout our plans is also a commitment to building the voices of people with experience of services into our improvement methodology and ensuring that we can demonstrate the impact those voices make on how services are designed and delivered.

Performance of our Registered Services

Appendix 1 – Performance of our Registered Services

Performance of Registered Services

The partnership commissions and provides a range of registered care services to meet assessed care needs. All registered care services are regulated and evaluated by the Care Inspectorate. The following grading system is used;

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

During the pandemic, the Care Inspectorate narrowed its inspection programme to focus on high-risk services such as care homes, however, during the past year, the Care Inspectorate gradually resumed inspections across all registered services resulting in an increase in local inspections and revision to grades – which are captured in the table below:

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
HSCP / Council In-house Registered Services					
Ferndale Care Home 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	5	5	5	Not Assessed	5
Commissioned Services					
Supported Accommodation					
Cornerstone Community Care	5	5	Not Assessed	Not Assessed	Not Assessed
Living Ambitions	4	4	5	Not Assessed	5
Orems	5	4	4	Not Assessed	4
Quarriers Phase 3	4	4	Not Assessed	Not Assessed	Not Assessed
Quarriers Phase 2	5	4	Not Assessed	Not Assessed	Not Assessed
Quarriers Phase 1	5	4	Not Assessed	Not Assessed	Not Assessed
Real Life Options	4	3	Not Assessed	Not Assessed	Not Assessed
The Richmond Fellowship	5	4	Not Assessed	Not Assessed	Not Assessed
Empower (Day Care)	5	Not Assessed	Not Assessed	Not Assessed	Not Assessed

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Care Homes					
Abbotsford House	How good is out care and support during COVID-19 pandemic - 4				
Milngavie Manor	4	4	Not Assessed	Not Assessed	Not Assessed
Antonine House	How good is out care and support during COVID-19 pandemic - 4				
Birdston Care Home	4	4	Not Assessed	Not Assessed	Not Assessed
Buchanan House	3	3	3	4	3
Buchanan Lodge	4	4	4	4	4
Campsie View	4	5	5	Not Assessed	4
Lilyburn	5	5	Not Assessed	Not Assessed	5
Mavisbank	4	5	Not Assessed	Not Assessed	Not Assessed
Mugdock	5	5	5	Not Assessed	Not Assessed
Springvale	3	3	3	4	3
Westerton	4	4	4	4	4
Whitefield Lodge	Not Assessed	Not Assessed	3	Not Assessed	Not Assessed
Ashfield	5	4	Not Assessed	Not Assessed	Not Assessed
Buttercup House	5	Not Assessed	Not Assessed	Not Assessed	4
Twechar Respite	5	5	Not Assessed	Not Assessed	Not Assessed

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
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	5	Not Assessed	Not Assessed	5
Commissioned - Day Care				
Birdston	6	Not Assessed	6	Not Assessed
Oakburn	6	Not Assessed	Not Assessed	6

East Dunbartonshire
Health & Social Care
Partnership
sustainable thriving achieving
East Dunbartonshire Council
www.eastdunbarton.gov.uk
NHS
Greater Glasgow
and Clyde
1st April 2022 - 31st March 2023

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 12.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/12**
CONTACT OFFICER:	**ALAN CAIRNS / ALISON WILLACY (J/S) PLANNING, PERFORMANCE AND QUALITY MANAGER**
SUBJECT TITLE:	**HSCP QUARTER 2 PERFORMANCE REPORT 2023 - 2024**

1.0 PURPOSE

The purpose of this report is to inform the HSCP Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities and national health and wellbeing outcomes, for the period July to September 2023 (Quarter 2).

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the contents of this report; and

2.2 Consider the contents of the Quarter 2 Performance Report 2023 - 2024 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The HSCP Quarter 2 Performance Report 2023-24 at **Appendix 1** contains a range of information, most of which is available and complete for the full reporting period.

3.2 There are routine delays with the publication of some data, particularly with validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, Greater Glasgow and Clyde Health Board's own hospital-derived activity data has been included. These are presented in a way that also permits summary comparison of our performance against targets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides accurate proxy data while waiting for published national figures.

3.3 The HSCP Board is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national health and wellbeing outcomes and the HSCP strategic priorities.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.

6.3 **NHS GREATER GLASGOW & CLYDE** – The report includes indicators and measures of quality and performance relating to services provided by NHS Greater and Clyde, under Direction of the HSCP Board.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** – HSCP Quarter 2 Performance Report 2023 - 2024

PERFORMANCE REPORT 2023-24
QUARTER 2

SECTION 1
Introduction

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

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

Covid-19 Pandemic Impact:

The Covid-19 pandemic continues to impact on a number of the performance metrics covering 2023-24, particularly during the winter period, with staff absence, the diversion of health and social care resources to support higher demand.

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

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

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

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

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

Section 5: NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance
This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance
Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section.

SECTION 2
Performance Summary

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

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance.

We have re-introduced the pre-Covid summary RAG rating (below), but caution should continue to be applied to interpretation. Full information on the impacts on performance is set out for each individual measure within the report.

- ✔ Positive Performance (on target) improving
- ✔ Positive Performance (on target) declining
- ✖ Negative Performance (off target) improving
- ✖ Negative Performance (off target) declining

✔ **Positive Performance (on target & maintaining/improving)**

3.4	Number of Accident and Emergency attendances (all ages)
4.1	Number of homecare hours per 1,000 population 65+
4.2	Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home
4.3	Percentage of service users (65+yrs) meeting 6wk target
4.5	% of Adult Protection cases where timescales are met
5.1	Percentage of People Waiting <3wks for Drug & Alcohol Treatment
5.2	% of people waiting <18 weeks for psychological therapies
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
5.4	Total number of Alcohol Brief Interventions (ABIs) delivered
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.2	% of Initial Child Protection Planning Meetings taken place within Child Protection National Guidance

6.3	% of first Child Protection review conferences taking place within 6 months of registration
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	% of Criminal Justice Social Work reports submitted to court on time
7.3	Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Positive Performance (on target but declining)

4.6	Adult Social Work: Service User Personal Outcomes
6.6	% of children receiving 27-30 months assessment

Negative Performance (below target but maintaining/improving)

3.2	Number of unscheduled hospital bed days
3.3	Quarterly Number of Delayed Discharge Bed Days
8.5 / 8.6	NHS Knowledge & Skills Framework and Council Performance Development Review achievement against target (EDC sickness absence data is unavailable)

Negative Performance (below target and declining)

3.1	Number of unplanned acute emergency admissions
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
6.4	% of children being Looked After in the community
6.5	% of first Looked After and Accommodated Children (LAAC) reviews taking place within 4 weeks of accommodation

SECTION 3
Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period (minimum 95% complete).

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

3.1 Emergency Admissions

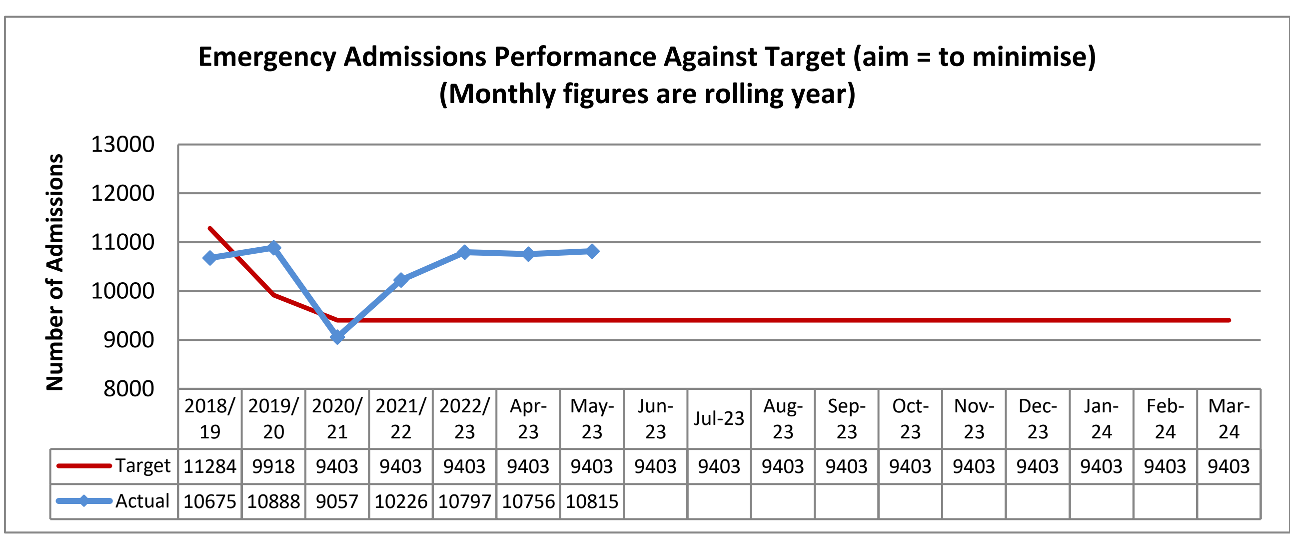
Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.
Aim = to minimise.

Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Target (2023-24)
2,664	2,763	2,695	Full Q1 not available	Full Q2 not available	2,351

*Based on availability of complete data for quarter at time of report – subject to update.
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

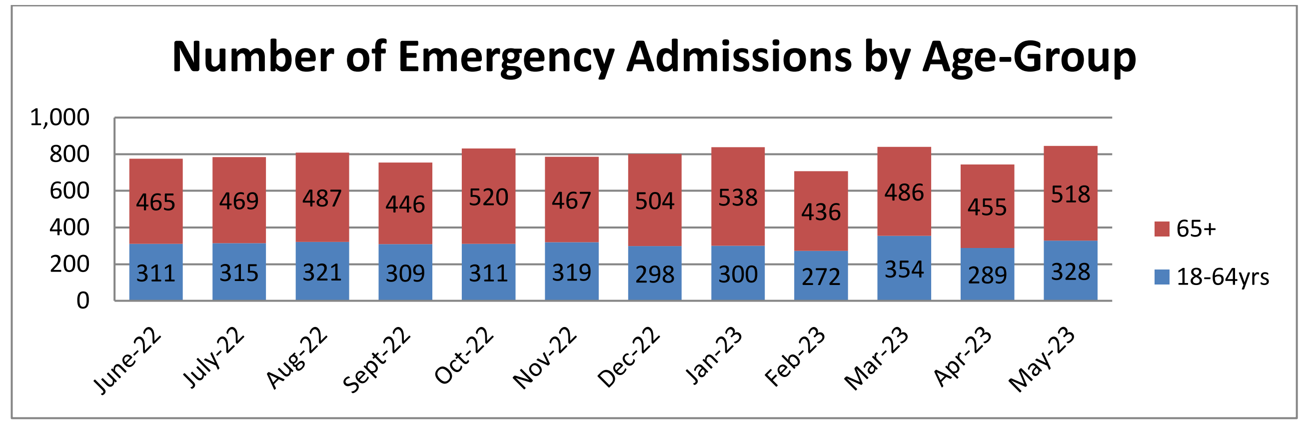
Figure 3.1a: Rolling Year Number of Unplanned Emergency Admissions*



	2018/19	2019/20	2020/21	2021/22	2022/23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Target	11284	9918	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403	9403
Actual	10675	10888	9057	10226	10797	10756	10815										

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

Figure 3.1b: Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, and how much of a burden of disease is potentially being experienced by our residents.

Admission levels have returned to pre-pandemic levels and have largely plateaued over 2022-23 and early 2023-24. It should be noted that targets remain as those set by MSG in 2020-21, as no new targets have been set, although the baseline has shifted significantly

Improvement Actions:
The HSCP continues to deliver on our local Unscheduled Care Plan in partnership with the acute sector. Improvement activity is focused on the continued development of the Home First Response Service at the Queen Elizabeth University Hospital (QEUH) with corresponding, extended and enhanced, community based rehabilitation services, providing rapid assessment to assist in the prevention of admission and expedite discharge from acute services. Three Frailty Practitioners have also been recruited to the HSCP and work in collaboration with Frailty Practitioners situated in the emergency departments at the QEUH and Royal Alexandra Hospital (RAH). The Frailty Practitioners are working with 2 GP practices to take a proactive approach to managing frailty in the community. Work continues to embed a community frailty pathway across GG&C. The HSCP continues to expand falls prevention work in care homes and community and is increasing access to advanced clinical decision making in community services through our Advanced Practitioner cohort. Key to this work will be to ensure that behind these trends, people are receiving effective, timely access to assessment, diagnosis and treatment. Identifying individuals with complex needs through the locality practitioner groups enables more proactive care planning to reduce need for crisis resolution.

3.2 Unscheduled hospital bed days; acute specialities

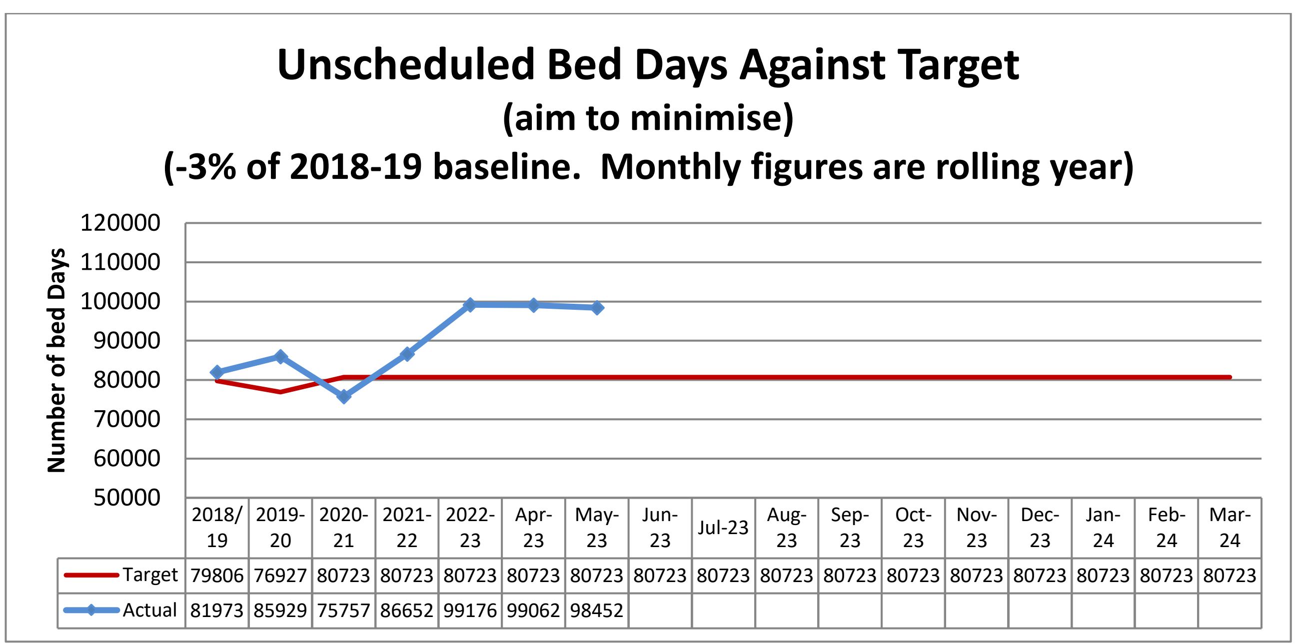
Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting.
Aim = to minimise

Table 3.2: Quarterly number of Unscheduled Hospital Bed Days (all ages)

Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Quarterly Target (2023-24)
24,793	26,016	25,272	Full Q1 not available	Full Q2 not available	20,181

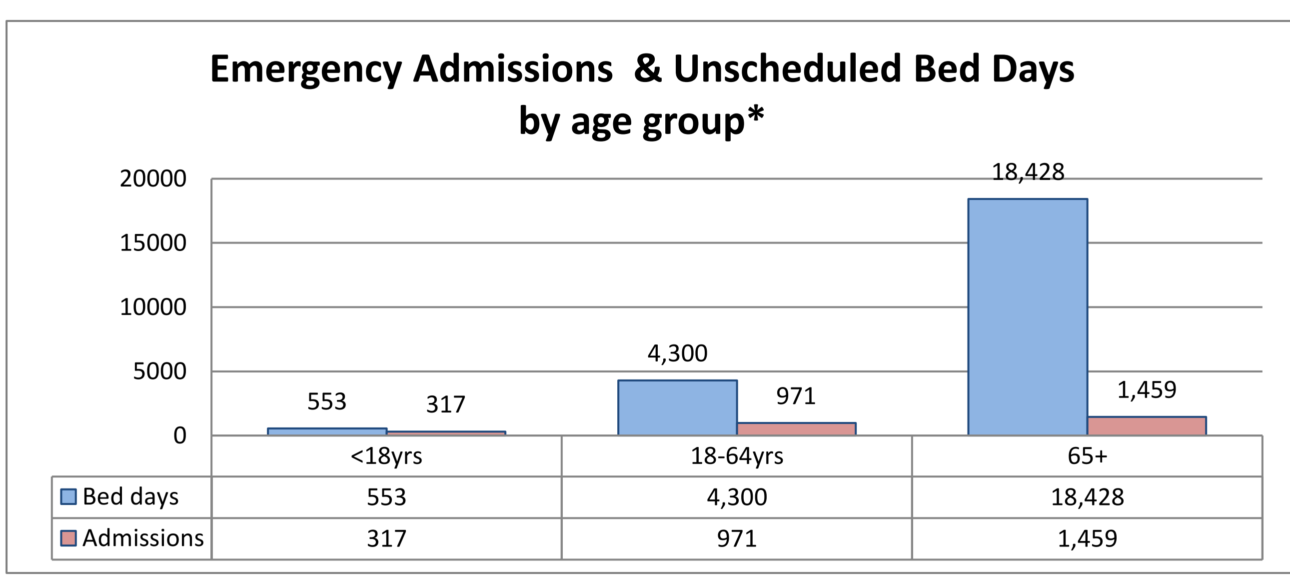
*Based on availability of complete data for quarter at time of report – subject to update.
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.2a: Rolling year number of Unscheduled Hospital Bed Days



	2018/19	2019-20	2020-21	2021-22	2022-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Target	79806	76927	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723	80723
Actual	81973	85929	75757	86652	99176	99062	98452										

Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



	<18yrs	18-64yrs	65+
Bed days	553	4,300	18,428
Admissions	317	971	1,459

*Based on most recent complete 3 month data period (March 23 – May 23, >=95% complete)

Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. Fig 3.2a illustrates what was a challenging trend away from the target trajectory over the years to 2019-20, the short term impact of the pandemic significantly reversed this trend during 2020-21. The "bounce-back" during 2021-22 which has been sustained into quarter 2 of 2023-24, has taken emergency bed days to above pre-Covid levels and significantly off-target. This is linked to the increasing complexity and frailty of people from East Dunbartonshire admitted as an emergency, and the impact of their experience during the pandemic on their suitability/safety for immediate discharge home.

Improvement Actions:
Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days and the potential harm to people of a hospital stay, is avoided. This continues to be an important component of managing hospital capacity. Improvement activity continues to include daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. This operates alongside further proactive work to support people currently in our services who are at greatest risk of admission via activity such as falls prevention, polypharmacy management and future care planning. As referenced above, new developments continue to be progressed to support the turnaround of patients who present to emergency departments who can be supported towards a planned rather than emergency episode of care by tailoring community support at home, or to provide this as soon after an avoidable admission as possible. Targeted work continues to proactively link with secondary care to support earlier discharge through primary/secondary care clinician discussions.

3.3 Delayed Discharges

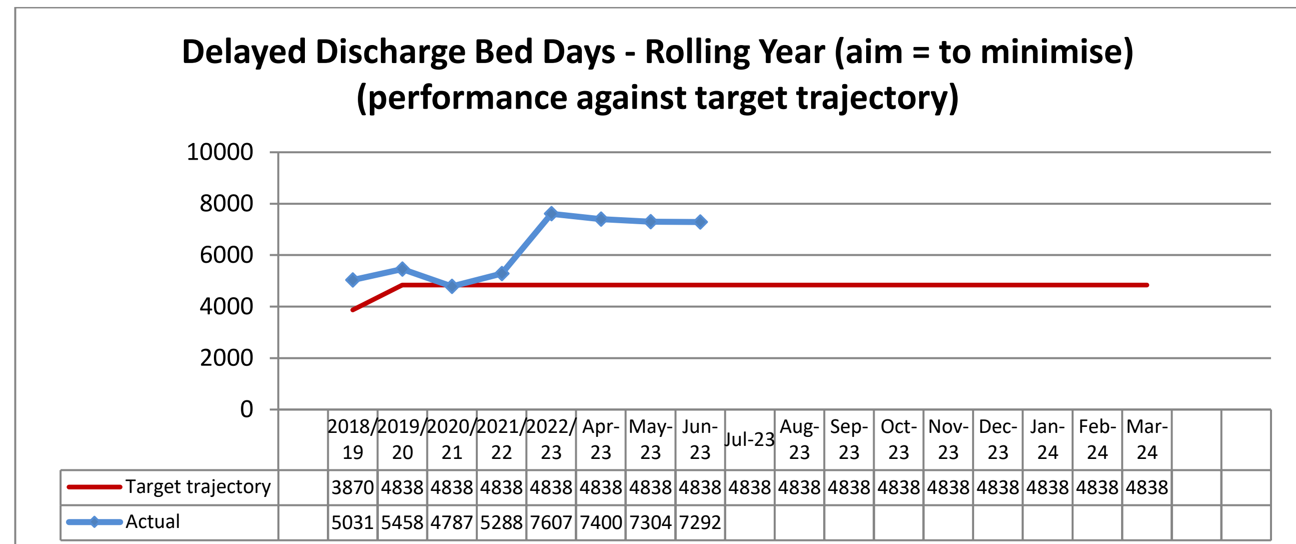
Rationale: People who are ready for discharge will not remain in hospital unnecessarily.
Aim = to minimise

Table 3.3: Quarterly Number of Delayed Discharge Bed Days (18+)*

Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Quarterly Target (2023-24)
1,813	1,618	2,187	1,674	Full Q2 not available	1,210

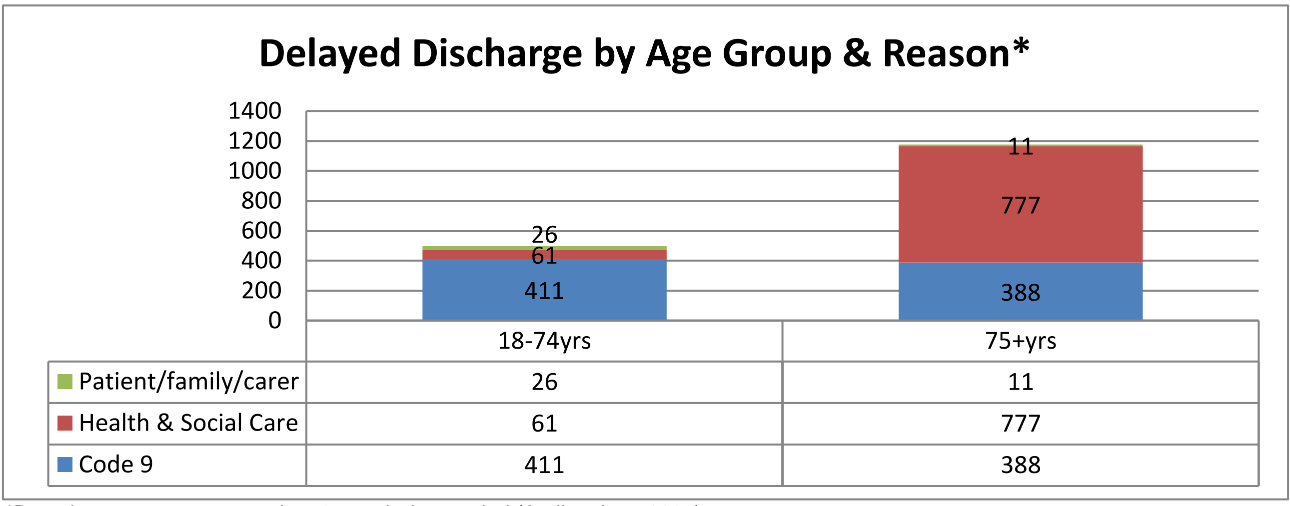
*Based on availability of complete data for quarter at time of report – subject to update.
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.3a: Rolling year number of Delayed Discharge Bed Days (18+)



	2018/19	2019/20	2020/21	2021/22	2022/23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Target trajectory	3870	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838	4838		
Actual	5031	5458	4787	5288	7607	7400	7304	7292											

Figure 3.3b: Number of Delayed Discharges by Age and Reason



	18-74yrs	75+yrs
Patient/family/carer	26	11
Health & Social Care	61	777
Code 9	411	388

*Based on most recent complete 3 month data period (April to June 2023)

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and "deconditioning" that can occur while an inpatient, and allows hospital resources to be used for people in need of clinical care. Complete national data is only available to June 2023, but figure 3.3a illustrates the very challenging circumstances that continue to be experienced nationwide in relation to patients delayed in their discharge.

The HSCP continues to be confident and can evidence significant efforts in relation to delayed discharges. There is a challenge regarding complex cases (particularly where patients are subject to Adults with Incapacity legislation), and also in securing both care at home and the emotionally charged nature of choosing to place a loved one in long term care, when a return to home is not possible. The service is also seeing an upward trend in people under the age of 65 requiring long term care which presents challenges due to limited availability of age appropriate accommodation.

Delays for people subject to Adults with Incapacity legislation are increasing despite a successful campaign led by the Public, User and Carers (PSUC) Group to increase uptake of Power of Attorney. There was a 22.5% increase in uptake in the year to July 2023 compared to same period in 2020.

Improvement Actions:
Use of electronic operational activity "dashboards" continues to enable local oversight of community patients who have been admitted to hospital so that a response can be made quickly, prior to these patients being deemed fit for discharge. The HSCP can also see patients who have been admitted who are not currently known to us, again allowing early intervention. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate admission avoidance and discharge facilitation work (including discharge to assess). Attempts to expand the care at home component of the service have met workforce challenges, where recruitment continued to be a challenge. The HSCP works closely with care homes and continuously develops our Care Homes Support team, and has attempted to increase our use of interim placement in line with Scottish Government expectations. Acceptance of a move to interim care remain at the choice of the individual and their family, however, and cannot be mandated by the HSCP.

3.4 Accident & Emergency Attendances

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

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

Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Quarterly Target (2023-24)
6,961	7,059	6,736	5,958	Full Q2 not available	6,740

*Based on availability of complete data for quarter at time of report – subject to update.
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.4a: Rolling year number of A&E Attendances

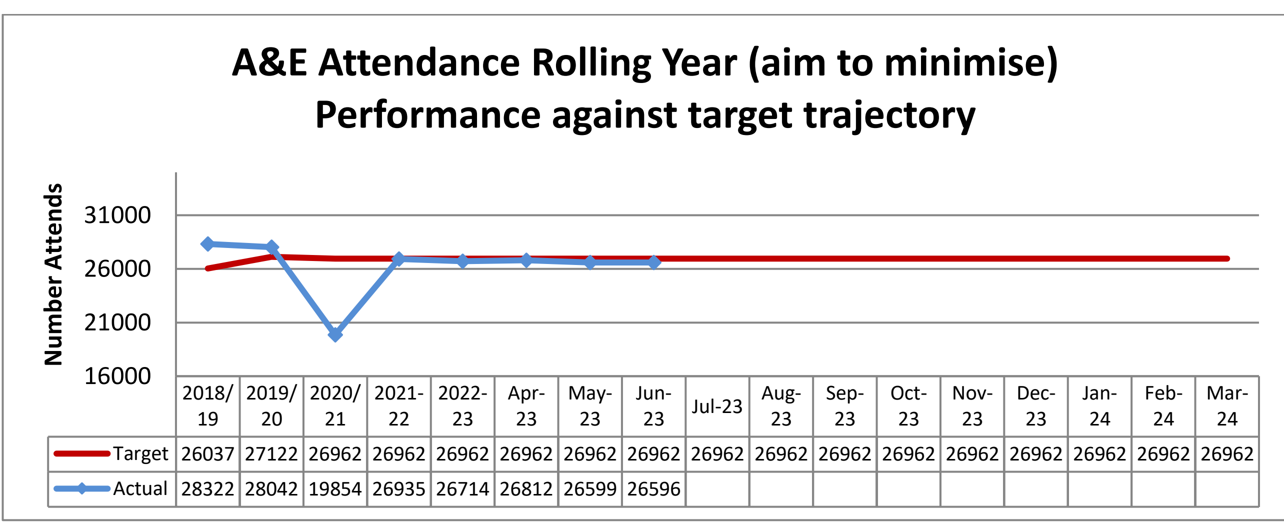
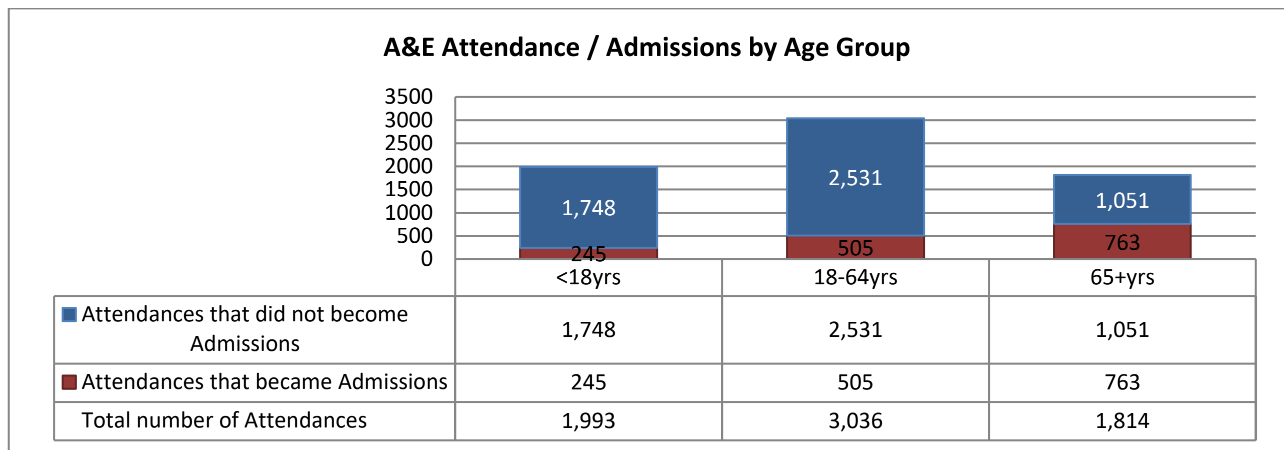


Figure 3.4b: A&E Attendances Admitted to Hospital by Age Group



	<18yrs	18-64yrs	65+yrs
Attendances that did not become Admissions	1,748	2,531	1,051
Attendances that became Admissions	245	505	763
Total number of Attendances	1,993	3,036	1,814

*Based on most recent complete 3 month data period, April to June 2023 (>=95% data completeness)

Situational Analysis:
East Dunbartonshire had the second lowest level of emergency department attendances, per 1,000 population, across Greater Glasgow and Clyde during 2022-23. These lower than average emergency attendance levels by area have continued into 2023-34, with the HSCP recording the lowest rate of attendance in GGC in June 2023. Attendances are marginally below target for 2023-24, to date.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged without admission, suggesting that a significant number of those in the younger age-groups attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level “Right Care, Right Place” is now operating across Scotland. Scotland’s new approach to urgent care has those with non-life threatening conditions who would usually visit an emergency department first, asked to call NHS 24 day or night on 111 through the NHS Board’s Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

Improvement Actions:
From an HSCP perspective we continue to progress all developments supporting the transformation of patient access to the right advice and support from the appropriate professional and/or alternative community resources. Locally we continue to upskill core services supported by senior clinical decision makers, to prevent avoidable admissions. Additionally, as referenced above, we are improving our response to people attending hospital following emergency conveyance or self-presentation – initially at the Queen Elizabeth University Hospital and Royal Alexandra Hospital, with plans to expand to the Glasgow Royal Infirmary through the Home First response service and our pre-existing local services.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is May 2023 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more recent figures. The table compares our performance for the reporting year to date against target and against other HSCP's in Greater Glasgow and Clyde.

East Dunbartonshire HSCP Unscheduled Care (NHSGGC data sources)
Data Summary: April to September 2023

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	9,391	9,837		2
Emergency Admissions (18+)	4,813	4,702		3
Unscheduled bed days (18+)	47,864	40,362		4
Delayed discharge bed days (all ages)	3,508	2,419		3

* RAG rating used:
- Green: equal to or ahead of target (ahead of target is 'positive')
- Amber: off-target by less than 10% (off-target is 'negative')
- Red: off target by 10% or more

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

SECTION 4
Social Care Core Indicators

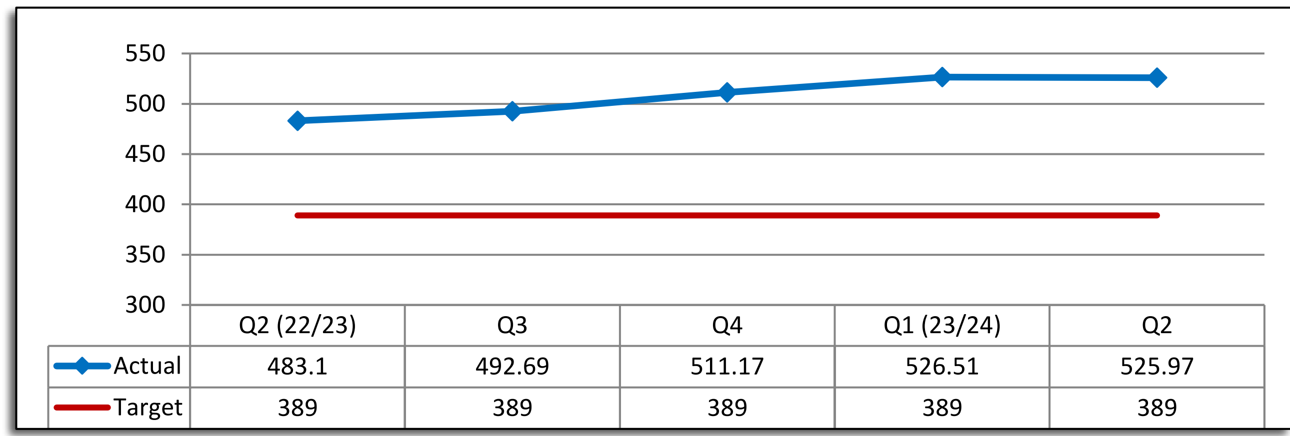
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the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

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

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

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

Figure 4.1: No. of Homecare Hours per 1,000 population 65+ (IHSC-89-LPI-6)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual	483.1	492.69	511.17	526.51	525.97
Target	389	389	389	389	389

Situational Analysis:
This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1,000 population over 65 has steadily increased in recent quarters and continues to be ahead of target in quarter 2 of 2023-24. Whilst this demonstrates success in supporting people in the community, the increase is also a result of rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level of need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ are in receipt of at least one social/personal care at home service.

Improvement Action:
Care at home is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in

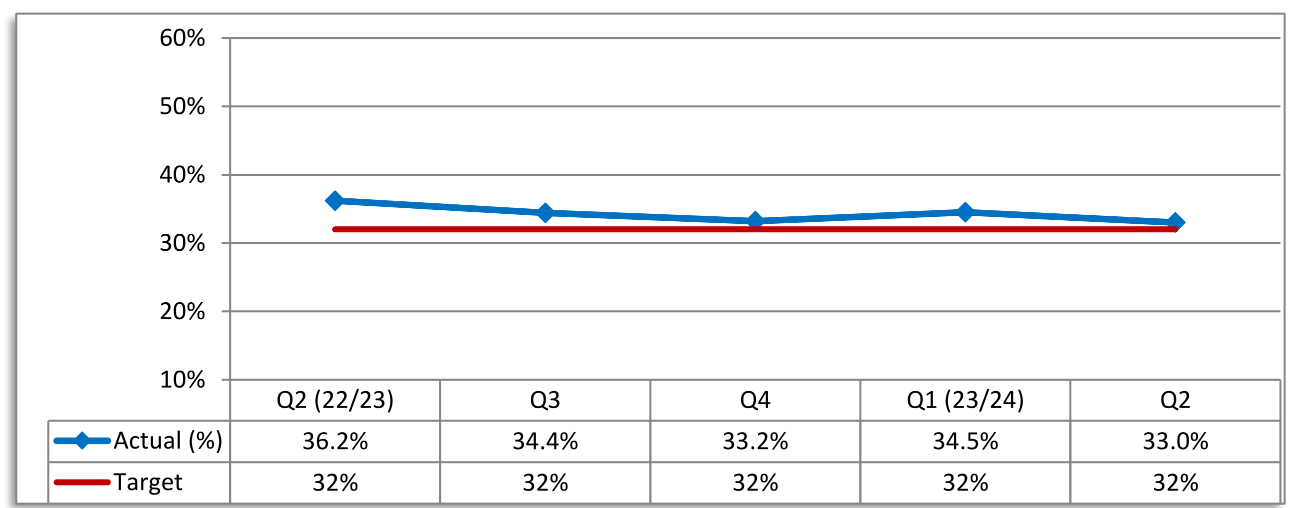
their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

The service continues to experience a sustained demand for service from customers who are presenting with more complex needs or whose needs have escalated or significantly changed, resulting in enhancements to the care package provided, and some customers have experienced a delay in their care package starting which is atypical in the East Dunbartonshire system. This illustrates the capacity pressures described throughout this report, and which are being actively managed by the service

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

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

Figure 4.2a: Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise) (HSCP-SOL-SW3)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	36.2%	34.4%	33.2%	34.5%	33.0%
Target	32%	32%	32%	32%	32%

Situational Analysis:
This indicator is above target for quarter 2, 2023-24. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a historic measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible. Traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using "just enough" support rather than creating over-dependency and afford people the opportunity to regain physical function through reablement as much as possible.

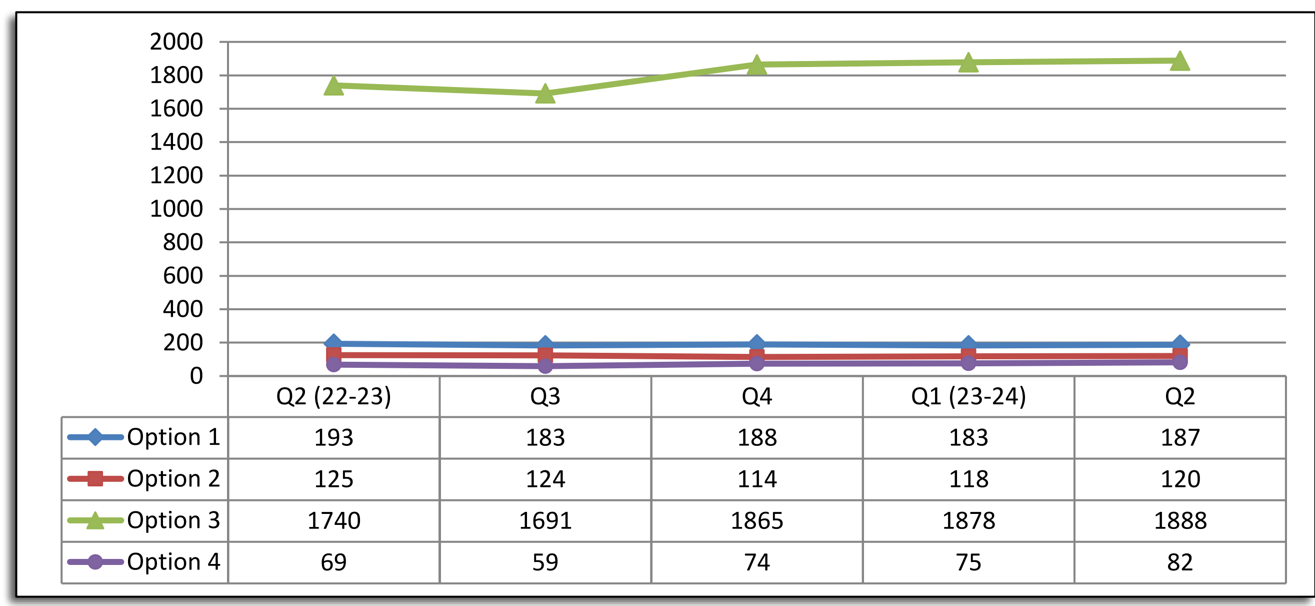
Improvement Action:
Our intention is to maintain good, balanced performance in this area, addressing capacity challenges and maximising rehabilitation and reablement opportunities wherever possible for customers. The HSCP continue to experience challenges in meeting all demand for care at home services in house and through our commissioned provider partners.

Workforce pressures remain the most common reason for capacity shortages. The service continue to meet excellent performance standards in undertaking reviews to ensure that optimum levels of care are provided, reducing packages where appropriate thus enabling care to be freed up for others. The in-house service continues to operate with higher than desirable levels of overtime use due to an 8-10% vacancy factor. Sickness absence in the in house care at home service remains on a reducing trajectory and there has been recent successful recruitment.

4.2b Systems supporting Care at Home

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

4.2b (i): Number of people taking up SDS options



	Q2 (22-23)	Q3	Q4	Q1 (23-24)	Q2
Option 1	193	183	188	183	187
Option 2	125	124	114	118	120
Option 3	1740	1691	1865	1878	1888
Option 4	69	59	74	75	82

Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Note that if service users choose more than one support option (as per option 4), they will also be added to the total of each option that applies.

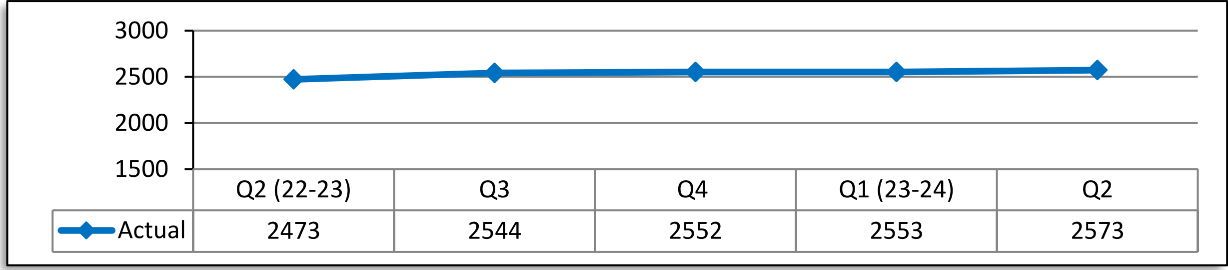
This quarter has seen an increased uptake in all four options. The national recruitment and retention issues for social care staff is still having a significant impact across options 1 and 2. However, there has been an increase in the number of Option 1 customers purchasing support from persons who are registered as self-employed, after confirming acceptance of the risks associated with purchase, which may be having a positive effect on the uptake of Option 1.

Option 1 – The service user receives a direct payment and arranges their own support
Option 2 – The service user decides and the HSCP arranges support
Option 3 – After discussing with the service user, the HSCP decides and arranges support

Option 4 – The service user uses a mixture of options 1-3.

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

4.2b (ii): People Aged 75+yrs with a Telecare Package (aim to maximise)



	Q2 (22-23)	Q3	Q4	Q1 (23-24)	Q2
Actual	2473	2544	2552	2553	2573

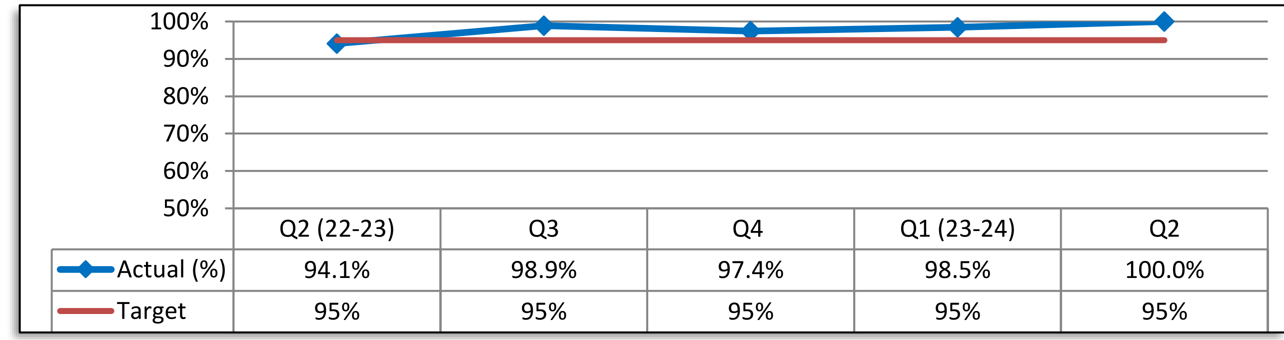
Situational Analysis:
There continues to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

Improvement Action:
We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. The specification for a shared alarm receiving solution across all 32 local authorities has been finalised, with a go-live date of early 2024 for East Dunbartonshire, which includes a shared dataset for monitoring and reporting.

4.3 Community Care Assessment to Service Delivery Timescale

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

Figure 4.3: Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise) (HSCP-06-BIP-6)



	Q2 (22-23)	Q3	Q4	Q1 (23-24)	Q2
Actual (%)	94.1%	98.9%	97.4%	98.5%	100.0%
Target	95%	95%	95%	95%	95%

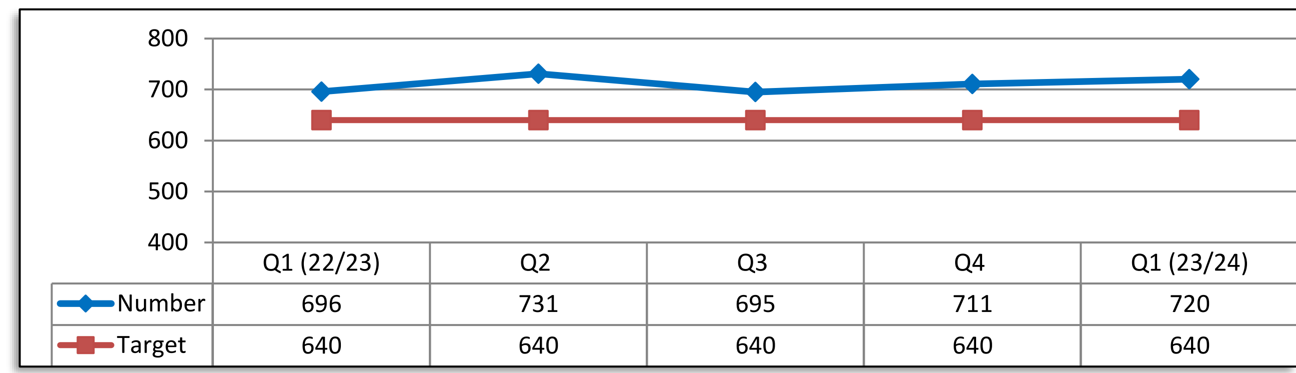
Situational Analysis:
The HSCP generally reports consistently high levels of compliance against this indicator. Indeed, many people receive services well within the 6 week target from the completion of their community care assessment. A rare dip below target was experienced in Q2 of 2022/23, but this has been remedied in each of the quarters since then and 100% were within target in Q2 of 2023/24.

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

4.4 Care Home Placements

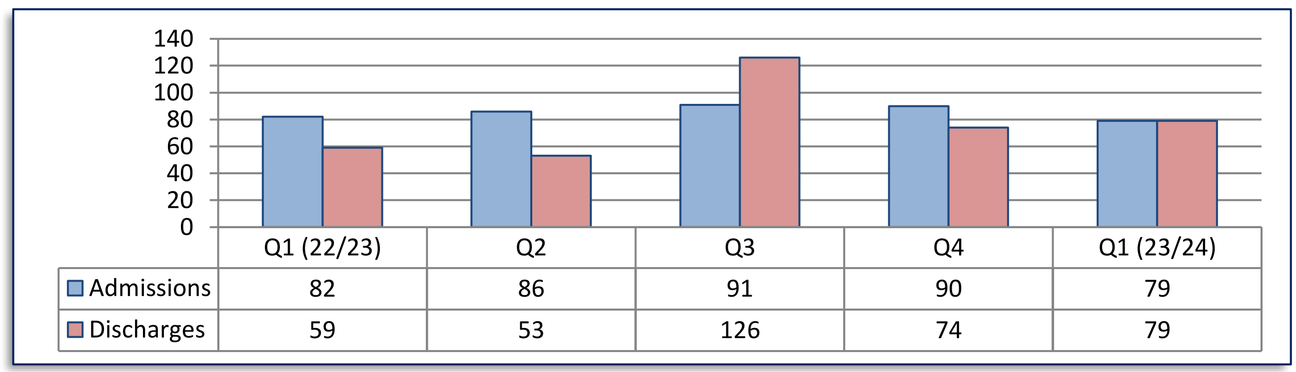
Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement. Aim = monitor care home placement numbers/maintain baseline

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot) (HCP-14-LPI-6)



	Q1 (22/23)	Q2	Q3	Q4	Q1 (23/24)
Number	696	731	695	711	720
Target	640	640	640	640	640

Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) (HCP-13-LPI-6 & HSCP-AS-LPI-1)



	Q1 (22/23)	Q2	Q3	Q4	Q1 (23/24)
Admissions	82	86	91	90	79
Discharges	59	53	126	74	79

Situational Analysis:
Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of placements in long term care. Increases in

care at home provision to older people demonstrates that this has been successful, but demand pressures continue across all service sectors and we have experienced an increase in cases where long term care need is indicated.

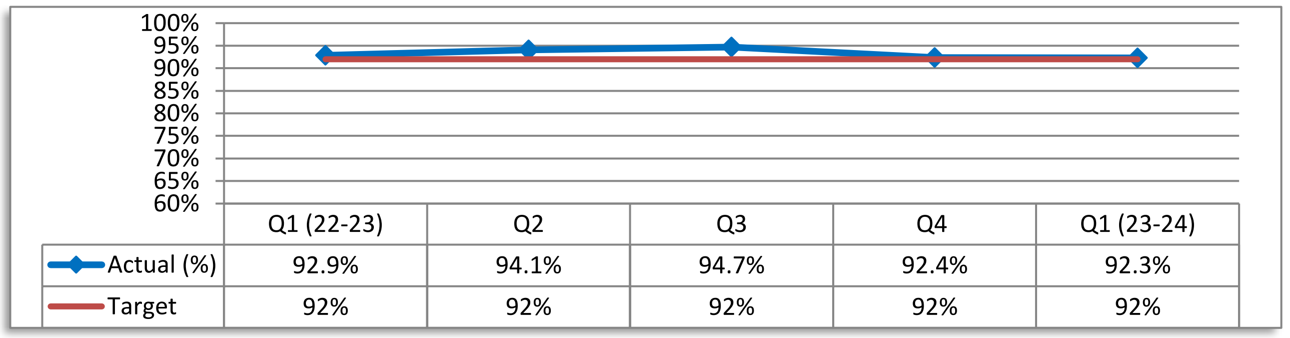
The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to Quarter 1.

Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, of long term care decision-making. Intensive support and assurance work is being provided by the HSCP to care homes in the area, enhanced by the input of our integrated care homes support team.

4.5 Adult Support & Protection Inquiry to Intervention Timescales

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

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise) (HSCP-05-BIP-6)



	Q1 (22-23)	Q2	Q3	Q4	Q1 (23-24)
Actual (%)	92.9%	94.1%	94.7%	92.4%	92.3%
Target	92%	92%	92%	92%	92%

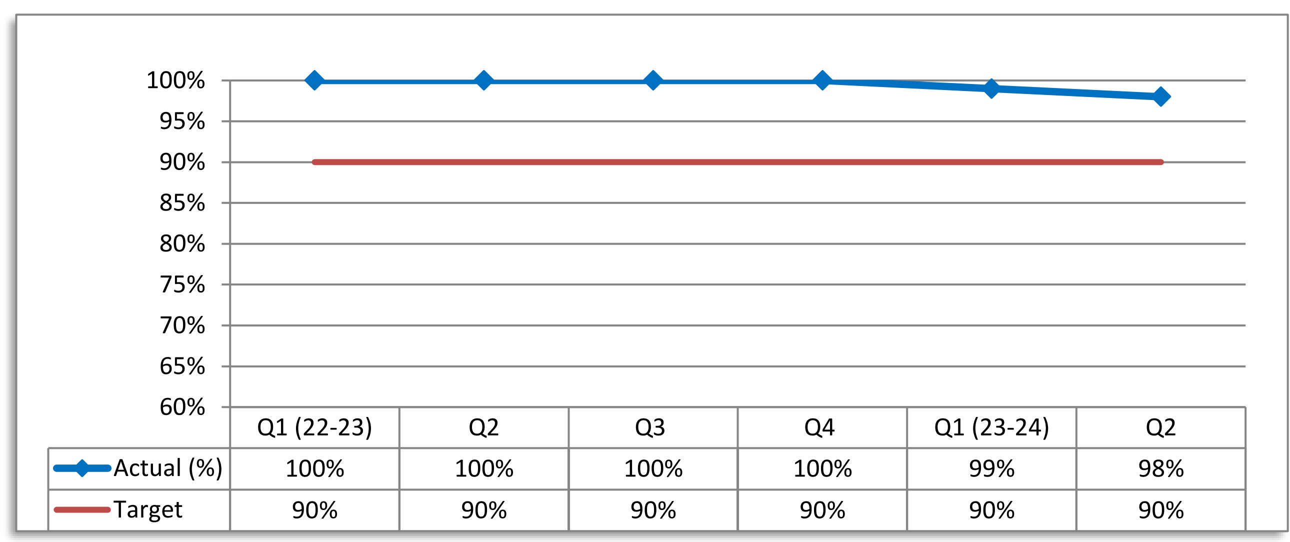
Situational Analysis:
Quarter 1 continued to see above target performance despite continuing high levels of demand and fluctuating pressures on workforce capacity. Business continuity measures continue to be applied as and when required. Quarter 2 information is not yet available at time of preparing this report.

Improvement Action:
Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible.

4.6 Adult Social Work: Service User Personal Outcomes

Rationale: When preparing a support plan, social workers agree with service users the personal outcomes that and care and support should be aiming to meet. As a minimum, these should be designed to reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life outcomes. When services are reviewed (at least annually), social workers consider with service users the extent to which these personal outcomes have been fully or partially met, or not met. This measure reports on the extent to which personal outcomes have been fully or partially met, with data on all reviews being collated for the period. Aim = to maximise.

Figure 4.6 Percentage of adults in receipt of services who have had their personal outcomes fully or partially met (Aim = to maximise) (HSCP-BIP-10)



	Q1 (22-23)	Q2	Q3	Q4	Q1 (23-24)	Q2
Actual (%)	100%	100%	100%	100%	99%	98%
Target	90%	90%	90%	90%	90%	90%

Situational Analysis:
Quarter 1 has reported strong performance again for this indicator, at 98%, well above the target of 90%.

Improvement Action:
The aim is that social work assessment and support management remains focused and specific on improving agreed outcomes for the people we support. This data is also produced at a team level, to permit examination at a more granular level on how effectively support is being targeted towards measurably reducing risks and also improving quality of life by maximising the potential benefits of informal as well as formal supports options.

SECTION 5
Local Delivery Plan (Health) Standards

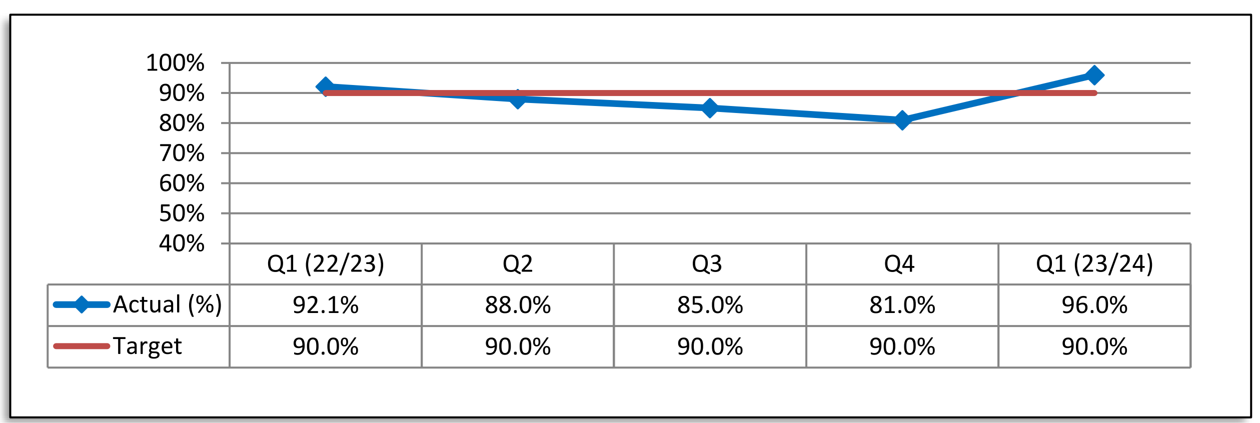
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

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

5.1 Drugs & Alcohol Treatment Waiting Times

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

Figure 5.1: Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



	Q1 (22/23)	Q2	Q3	Q4	Q1 (23/24)
Actual (%)	92.1%	88.0%	85.0%	81.0%	96.0%
Target	90.0%	90.0%	90.0%	90.0%	90.0%

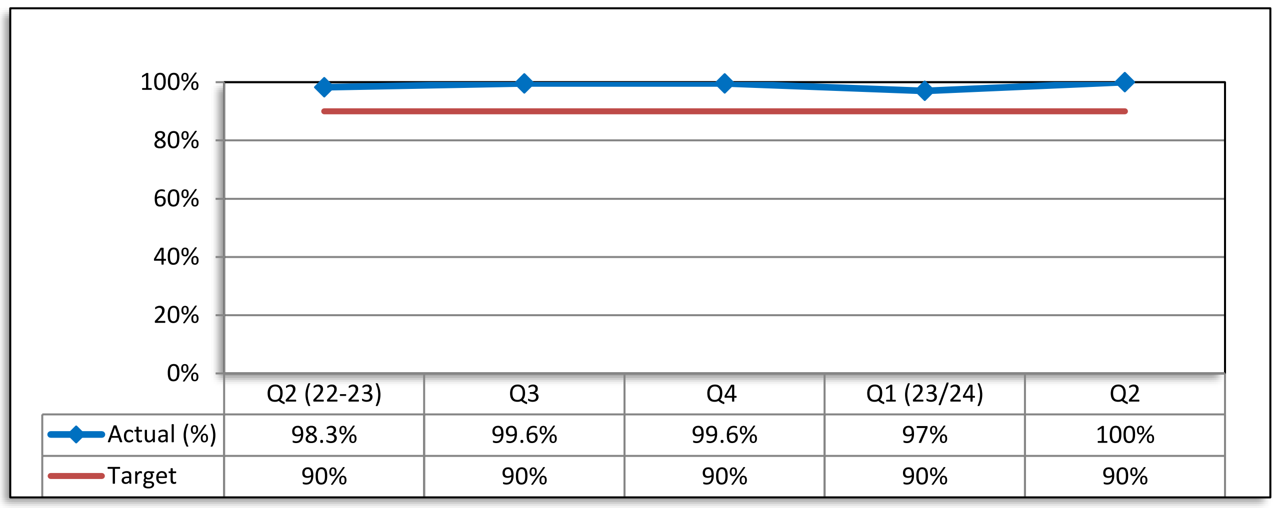
Situational Analysis:
Quarter 2 waiting time performance data has not yet been published at the time of this report. Performance in Quarter 1 exceeded the target with 70 waits within the target timescale. The annual percentage for completed waits for the 2022/23 full year was 88%, which was the same as the previous year.

Improvement Action:
The Alcohol and Drugs Recovery Team continues to strive to improve waiting times performance. There remains substantial pressure on ADRS who are seeing continued increases in referrals.

5.2 Psychological Therapies Waiting Times

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

Figure 5.2: Percentage of People Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



	Q2 (22-23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	98.3%	99.6%	99.6%	97%	100%
Target	90%	90%	90%	90%	90%

Situational Analysis:

This data brings together performance across the Community, Primary and Older People's Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past year.

Improvement Action:

The mental health teams have learned from the pandemic and continue to offer support in a variety of ways, including maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including anticipatory care planning.

Figure 5.3: Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)

	Q2 (22-23)	Q3	Q4	Q1 (23/34)	Q2
Actual (%)	0%	0%	0%	100%	100%
Target	90%	90%	90%	90%	90%

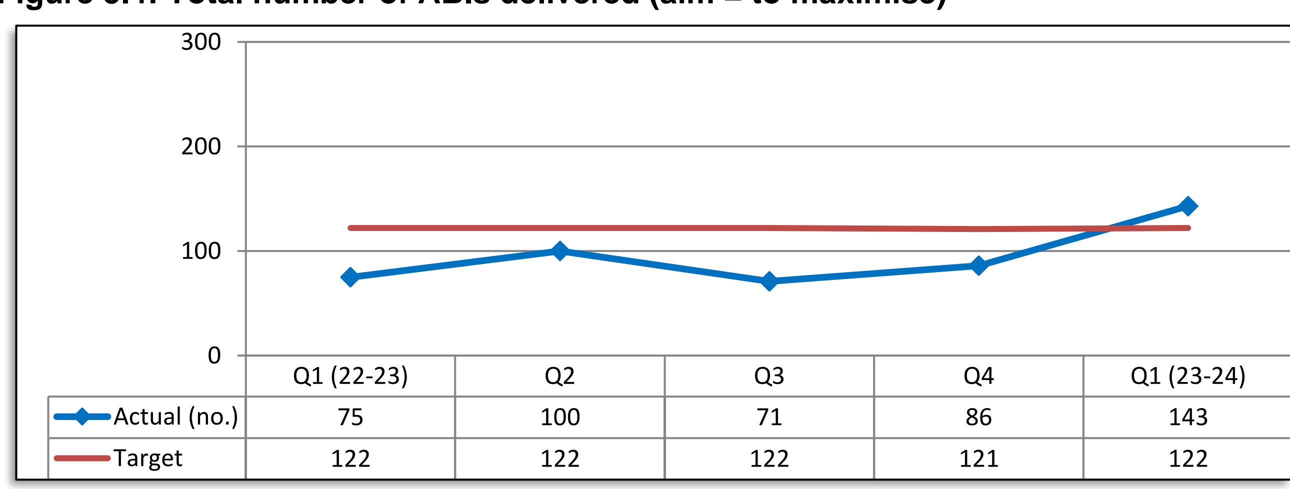
Situational Analysis:
This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. In the early part of 2021-22, the service was operating almost at target levels, but was severely impacted later in the year by non-Covid related staffing issues, which persisted into the first half of quarter 4 in 2022-23. The implementation of the service review to bring the service entirely in house has now been full embedded and the success of this can be clearly seen in quarters 1 and 2 of 2023-24, with all patients being seen within 12 weeks of being diagnosed.

Improvement Action:
Work will be focused on sustaining good performance in this area.

5.4 Alcohol Brief Interventions (ABIs)

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

Figure 5.4: Total number of ABIs delivered (aim = to maximise)



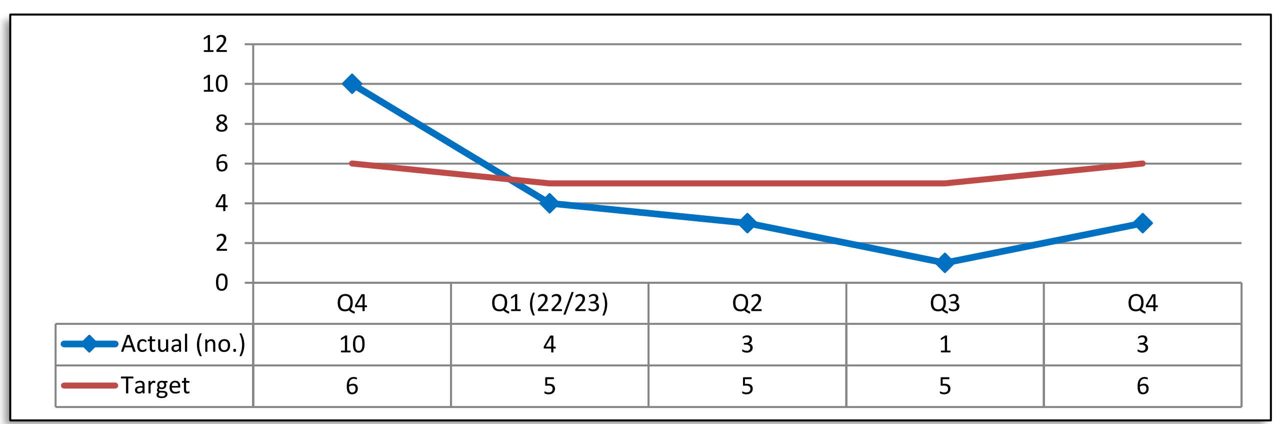
Situational Analysis:
Fig 5.4 shows that the delivery of ABIs was above target for the first quarter of 2023-24 after being below target throughout 2022-23, due to the continued impact of Covid-19 restrictions on these therapeutic interventions. Quarter 2 data is delayed this cycle due to staffing issues in the team.

Improvement Action:
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.

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking, still recognised as one of the biggest leading causes of preventable ill health and premature death. Smoking continues to be a key factor in health inequalities, estimated to be attributable to in the region of 8,260 deaths per year and many hospital admissions.

Figure 5.5: Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim = to maximise)



	Q4	Q1 (22/23)	Q2	Q3	Q4
Actual (no.)	10	4	3	1	3
Target	6	5	5	5	6

Situational Analysis:
The Smoke Free service is delivered centrally by NHS GG&C and targets for smoking cessation are set centrally too. Data reporting is generally at least three months behind, so Fig 5.5 shows the most recent data available. After exceeding targets throughout 2021/22, performance in 2022/23 was below target each quarter. The service continues to face difficulties due to the continued lack of availability of some nicotine replacement therapy products, and significant capacity constraints experienced across community pharmacy and the wider service.

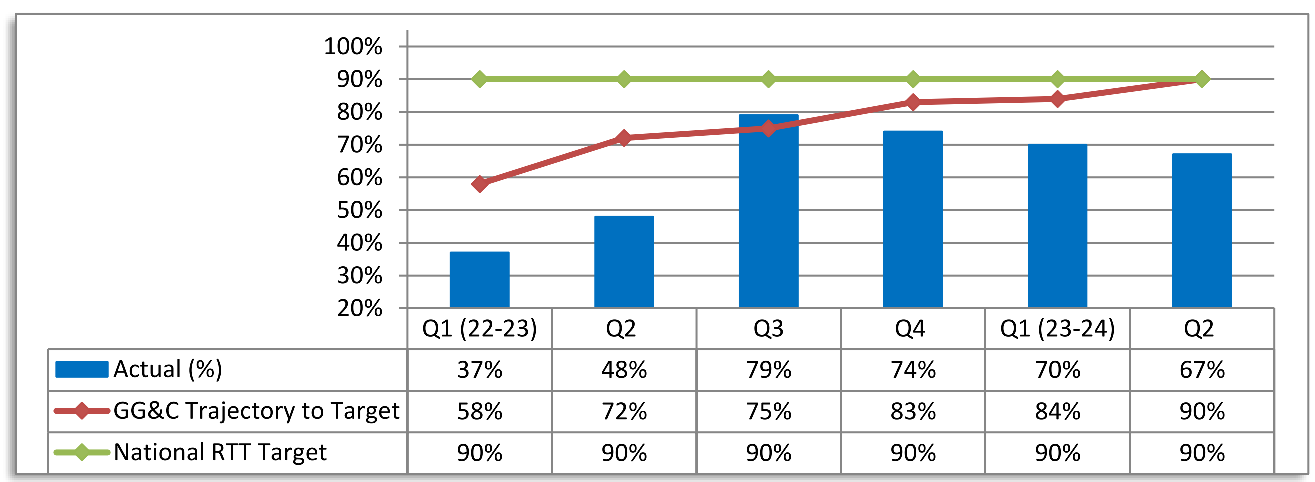
Improvement Action:
To support reinstatement of face-to-face service delivery, the Quit Your Way teams have been liaising with key partners and stakeholders to scope potential venues, and to raise the profile of QYW Cessation Services. Efforts continue to identify suitable NHS and community venues, but this has been challenging. Public Health Pharmacy have

recommenced pharmacy training sessions to increase capacity and efficiency, and have also introduced an additional nicotine replacement therapy to the suite of options available, in place of products that remain unavailable. A blended approach to service delivery continues at this time.

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

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

Figure 5.6: Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



	Q1 (22-23)	Q2	Q3	Q4	Q1 (23-24)	Q2
Actual (%)	37%	48%	79%	74%	70%	67%
GG&C Trajectory to Target	58%	72%	75%	83%	84%	90%
National RTT Target	90%	90%	90%	90%	90%	90%

Situational analysis:

NHSGGC Children & Adolescent Mental Health Services (CAMHS) aims to prioritise improvement in the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Long-term and ongoing increases in demand, and increases in complexity of cases since the pandemic have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible. At the end of quarter 2 in East Dunbartonshire, 93.5% of children on the waiting list were waiting for less than 18 weeks. Across the quarter 67% of children seen (or otherwise discharged from the waiting list), had waited less than 18 weeks, although for the month of September 2023, 73% of children seen had waited less than 18 weeks.

It is a positive sign that the proportion of children waiting less than 18 weeks has been maintained in quarter 2. Services have been focusing on ensuring those children who have waited longest are seen, and this means that the service now has just 7 children waiting over 18 weeks, out of a total of 108 children waiting. Given this, the RTT should improve

going forward. It should also be highlighted that the total number of children seen or discharged from the waiting list month on month increased in 2022/23. (For 2021/22 Q2 – 83, Q3 – 139, Q4 – 171, 2022/23 Q1 – 260, Q2 – 194, Q3 – 217, Q4 – 112, 2023/24 Q1 – 140, Q2 – 159). These improvements are a consequence of increased staffing associated with the Mental Health Recovery and Renewal funding.

Improvement Actions:

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

- Focus on waiting list and RTT targets continues. First treatment appointment activity levels are being maintained, as the number of children waiting has reduced and NHSGGC Board has reached the national RTT target. Activity will now shift to providing return appointments.
- CAMHS Planning & Performance Group continues to meet to oversee plans to utilise Mental Health Recovery and Renewal Phase 1 funding to improve waiting times in CAMHS, deliver the full revised CAMHS service specification, and increase the transition timescales up to age range 25 years for targeted groups. Workforce planning and recruitment for Phase 1 of MHRR funds ongoing.
- From 1st August 2023, the MHRR Programme Board and CAMHS WLI Group became the CAMHS Planning & Performance Group.
- Comprehensive review of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial. The letter to families has been amended with an invite to call and book an appointment, with choice of when and how families would like to be seen.
- Regular performance updates supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Learning and development plan refreshed, Core Competency Frameworks developed for CAMHS Nurses at B5, B6 & B7, Care Bundles launched, and Q&A sessions offered to support implementation of standardised care bundles for CAMHS. These actions will ensure evidence based programmes are adopted and new and existing staff are well inducted and developed.
- Refresh of CAPA to improve through put and to move to a full booking position where children are allocated a case manager and next appointment at onset of treatment.
- Ongoing use of NearMe and remote/digital group options, to increase numbers of children seen and clinical capacity. Delivery of online therapeutic group work for children, young people and parents on allocation continues. A range of informational videos have been produced for the NHSGGC Youtube channel to help families understand what the different groups involve and thus encourage engagement.
- An increased focus on the “did not attend” DNA rate for choice appointments, with an audit of actions undertaken to identify any weakness in the appointing process. Triage calls added to operational guidance to engage with families ahead of first appointments. SMS text checked and delivered, and option to cancel appointments via SMS text is being explored.

- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people.
- Single management structure implemented, this will provide greater flexibility across the system

Agreed Trajectory until March 2024

The targets for 2023/24 are included in the table below. Please note that this trajectory is for NHS GGC CAMHS and not specific to East Dunbartonshire. Specialist Children's Services leadership and CAMHS management monitor this closely and aim to keep the service on track to maintain the recent return to achieving the national RTT target.

Figure 5.6a National & Revised NHSGGC Targets for CAMHS

CAMHS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% NHSGGC CAMHS patients seen <=18 weeks	81.3%	88.9%	92.3%	91.4%	91.1%	92.7%						
NHSGGC Projection/Target	84.0%	83.0%	84.0%	86.0%	88.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
National RTT Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%						

SECTION 6
Children's Services Performance

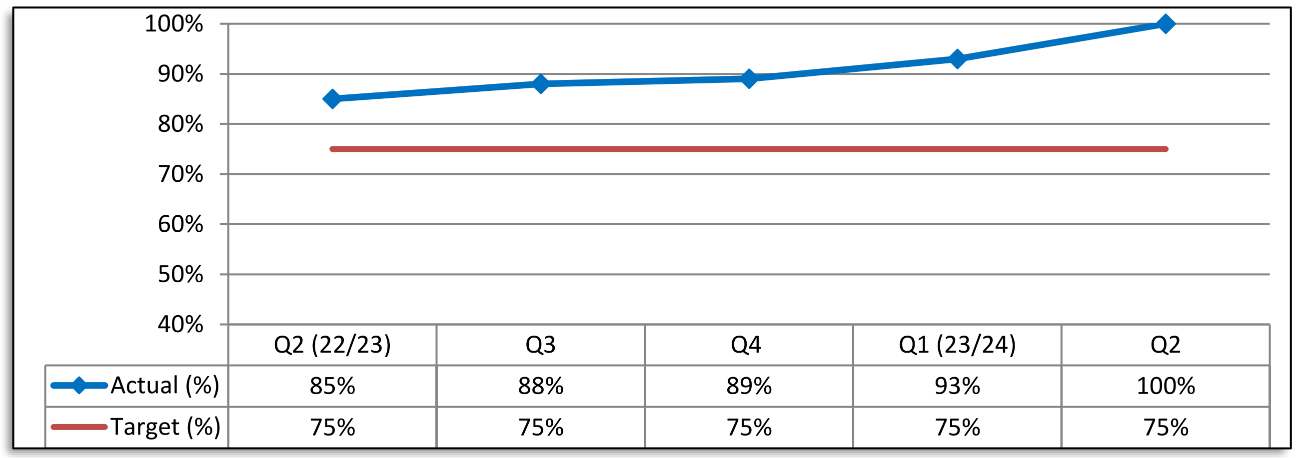
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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

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

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

Figure 6.1: Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise) (HSCP-01-BIP-3)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	85%	88%	89%	93%	100%
Target (%)	75%	75%	75%	75%	75%

Situational Analysis:
Quarter 2 demonstrates continued performance above target, with all 7 reports submitted to SCRA arriving within the target timescale.

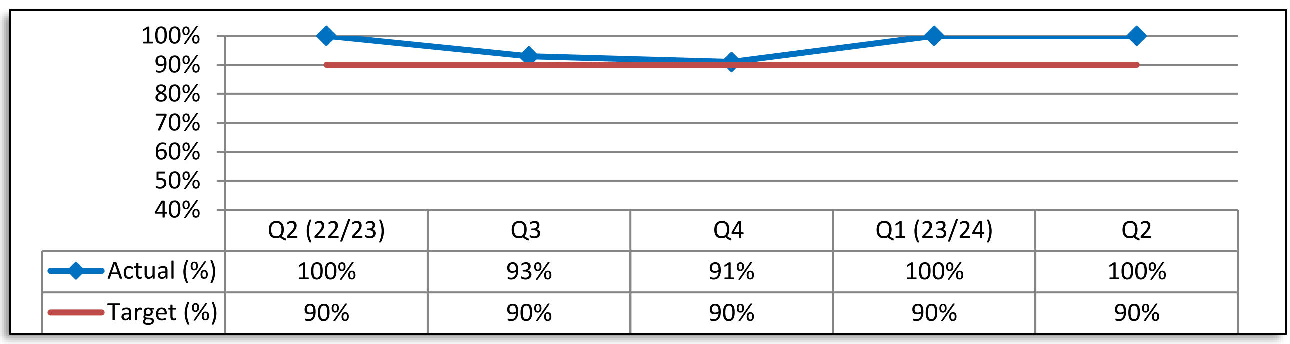
Improvement Action:
Maintain good performance.

6.2 Percentage of Initial Child Protection Planning Meetings taking place within Child Protection National Guidance target timescales

(previously referred to as Initial Child Protection Case Conferences)

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

Figure 6.2: Percentage of Initial Child Protection Planning Meetings taking place within 28 days of concern being raised, as per Child Protection National Guidance. (aim = to maximise) (HSCP-94-LPI-3)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	100%	93%	91%	100%	100%
Target (%)	90%	90%	90%	90%	90%

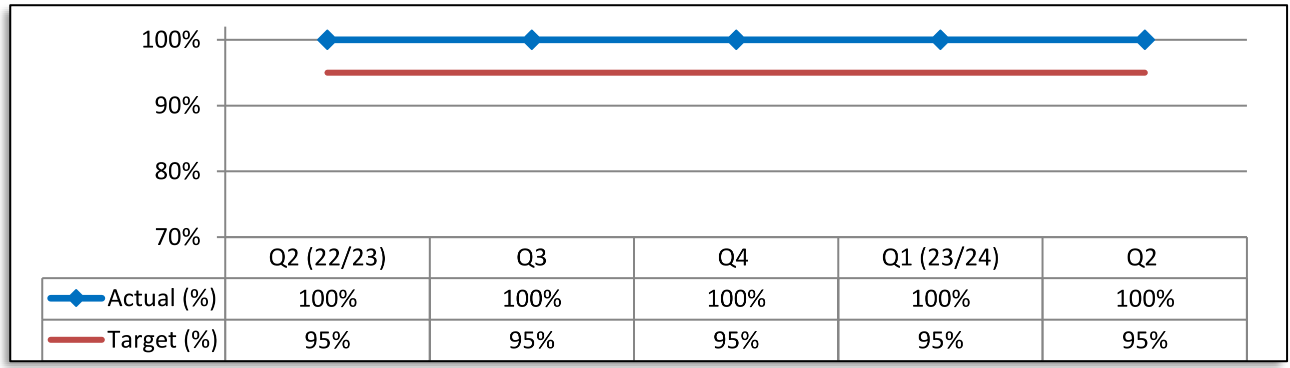
Situational Analysis:
Performance in Quarter 2 is above target at 100% compliance, with all four Initial Child Protection Planning Meetings held within the target timescale during this period.

Improvement Action:
To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

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

Figure 6.3: Percentage of first review conferences taking place within 6 months of registration (aim = to maximise) (HSCP-02-BIP-3)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	100%	100%	100%	100%	100%
Target (%)	95%	95%	95%	95%	95%

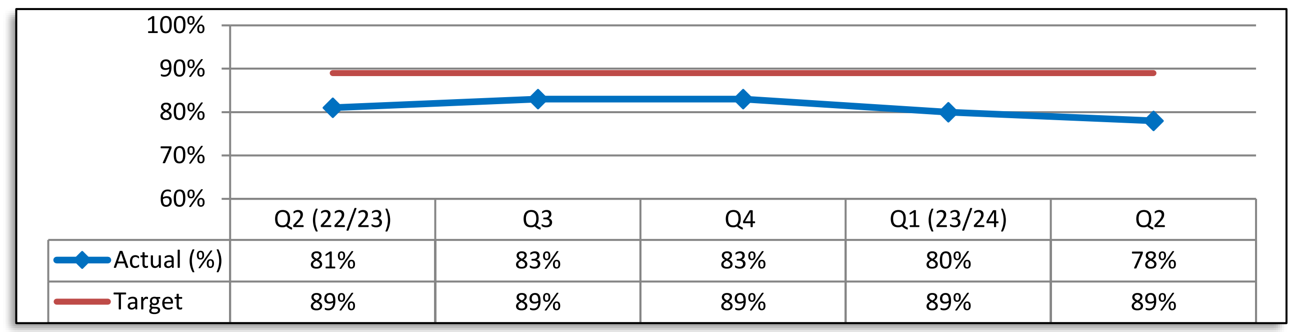
Situational Analysis:
Performance in Quarter 2 continues to be above target at 100%, with all three Child Protection Reviews held within the target timescale during this period.

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

6.4 Balance of Care for Looked After Children

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

Figure 6.4: Percentage of Children being Looked After in the Community (aim = to maximise) (HSCP-SOL-CHN9)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	81%	83%	83%	80%	78%
Target	89%	89%	89%	89%	89%

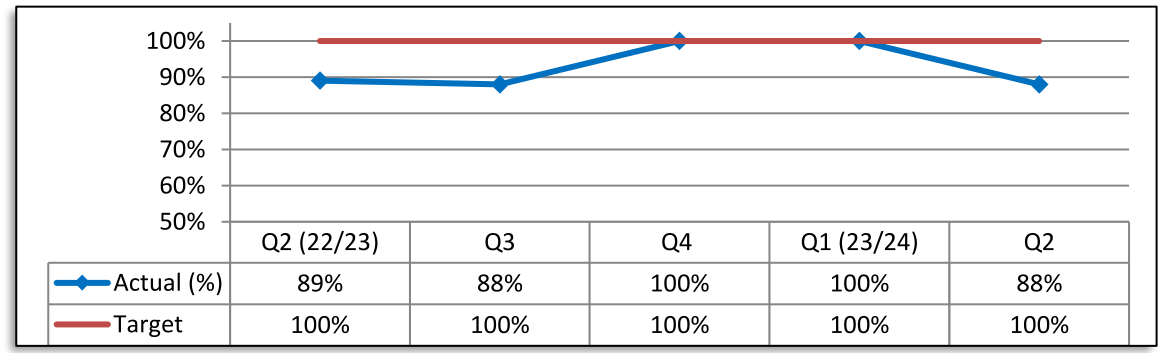
Situational Analysis:
Performance in Quarter 2 has declined slightly from the previous quarter and continues to remain off-target. During this period, there was a slight increase in community placements but a larger increase in residential placements, leading to a shift in the balance of care. The overall number of Looked After Children has increased by 4% from the previous quarter, mainly due to an increase in the number of unaccompanied asylum-seeking children being accommodated.

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

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

Figure 6.5: Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise) (HSCP-04-BIP-3)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	89%	88%	100%	100%	88%
Target	100%	100%	100%	100%	100%

Situational Analysis:
Performance in Quarter 2 is below target, with 7 of 8 first LAAC Reviews taking place within the target timescale. One Review was held after the target timescale due to rearranging for a public holiday.

Improvement Action:
To achieve and maintain high levels of performance.

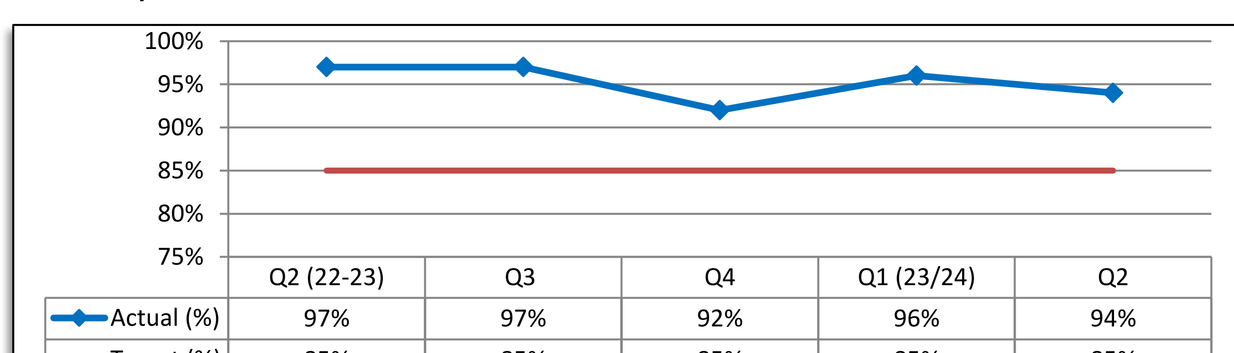
6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.

Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at the age of 3.

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

Figure 6.6: Percentage of Children receiving 27-30 month assessment (aim = to maximise)



	Q2 (22-23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	97%	97%	92%	96%	94%
Target (%)	85%	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Quarter 2 performance continues to be well above target.

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

SECTION 7
Criminal Justice Performance

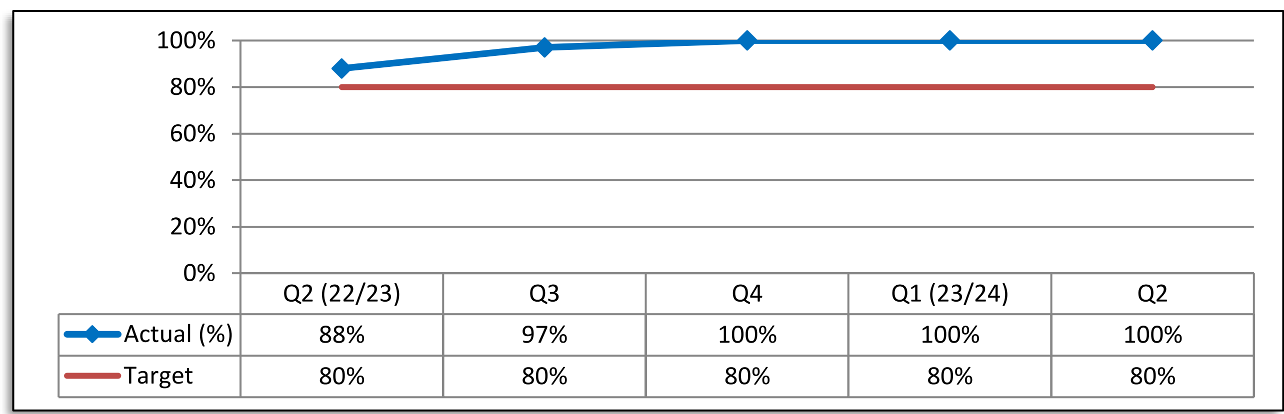
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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

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

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

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise) (HSCP-08-BIP-6)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual (%)	88%	97%	100%	100%	100%
Target	80%	80%	80%	80%	80%

Situational Analysis:

21 people were due to begin work placements during Quarter 2 and all of these started within timescale.

There is a challenge with full compliance on this performance metric, because service users may be unable to commence due to a further conviction, ill health with GP note, employment contract clashing with immediate start or if they are subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with the control of the service.

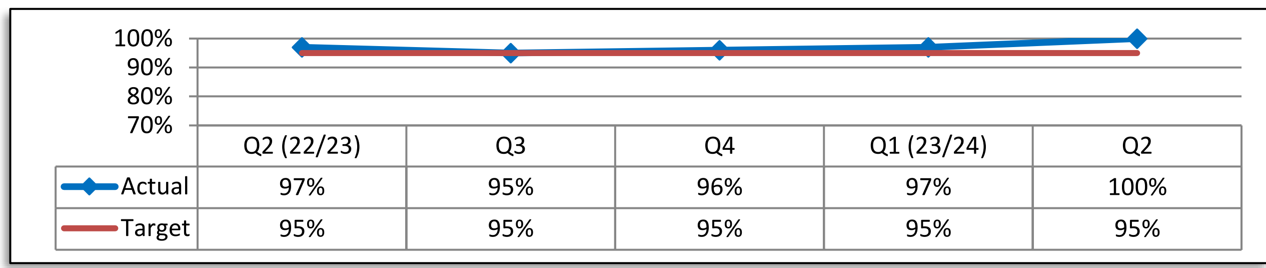
Improvement Action: To maintain good performance.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

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

Figure 7.2: Percentage of CJSW reports submitted to Court by due date (aim = to maximise) (HSCP-07-BIP-6)

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



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual	97%	95%	96%	97%	100%
Target	95%	95%	95%	95%	95%

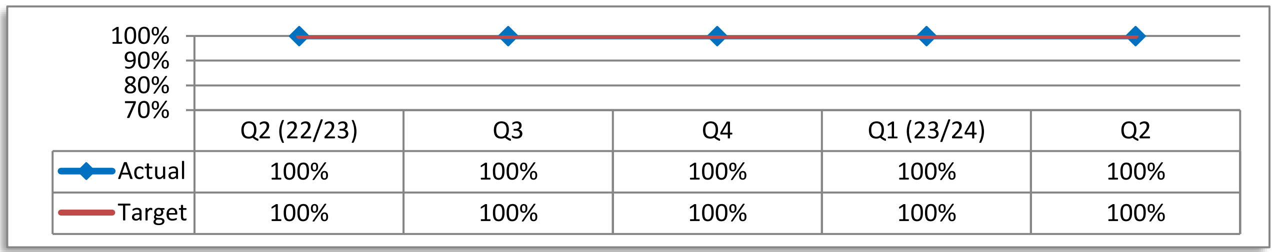
Situational Analysis: Performance in Quarter 2 has improved and is above target. 61 reports were submitted to Court and all were submitted within the target timescale.

Improvement Action: Monitor and improve performance.

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

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

Figure 7.3: Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise) (HSCP-CS-LPI-3)



	Q2 (22/23)	Q3	Q4	Q1 (23/24)	Q2
Actual	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%

Situational Analysis: Performance continues to be on target with all 106 requests allocated within the target timescale.

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

SECTION 8
Corporate Performance

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

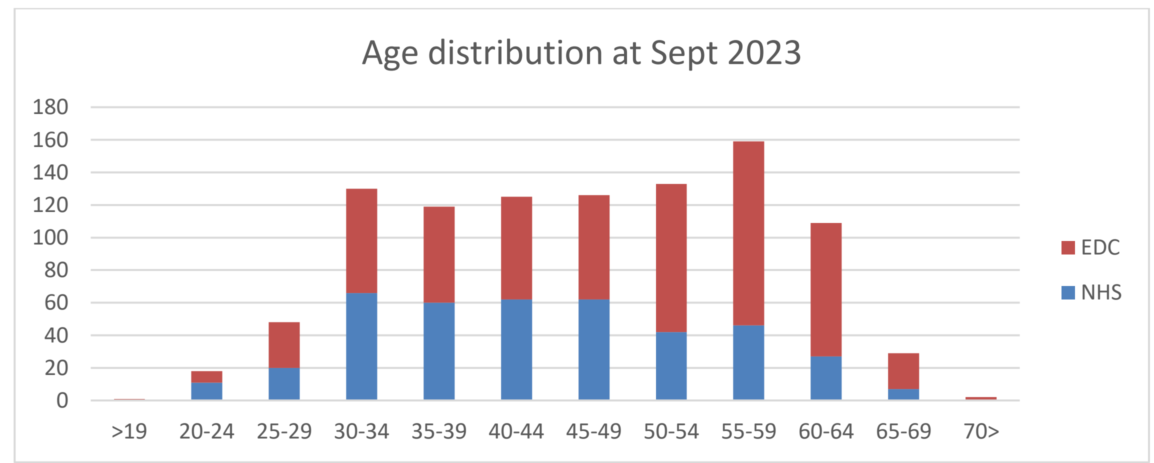
8.1 Workforce Demographics

Employer	Headcount				WTE			
	Sept 22	Dec 22	Jun 23	Sept 23	Sept 22	Dec 22	Jun 23	Sept 23
NHSGGC	368	375	388	403	311.68	321.7	331.21	343.3
EDC	607	598	585	595	520.3	512.78	504.36	506.4
Total	975	973	973	998	831.98	834.48	835.57	849.7

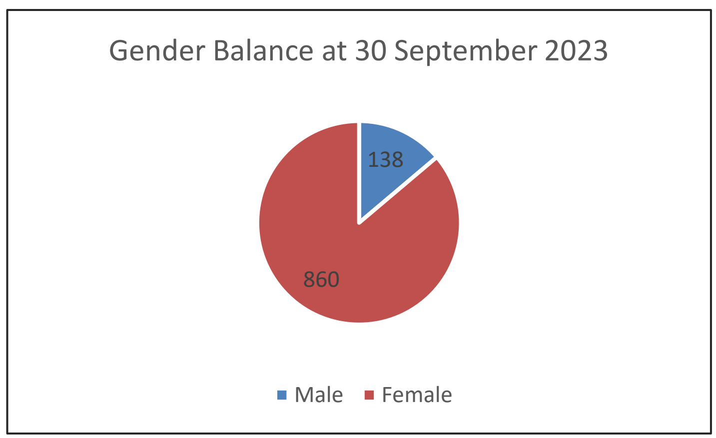
The picture for the NHS workforce within the HSCP shows an increase overall since September 2022 of 35 staff, with an overall increase of 31.62 WTE staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff with some staff increasing their hours. The overall workforce within EDC has declined, with 12 fewer staff and a reduction of 13.9 WTE staffing over the same period. Overall as an HSCP, whilst we have 23 more staff, our WTE has only increased by 17.72.

8.2 HSCP Staff by Age profile

The age profile shows that the majority of staff are aged over 45 years of age and that we have a very low number of staff less than 25 years of age (19). This age range is not unexpected within the services that the HSCP provides, although as identified above, this high percentage of older staff might impact on the number of requests for a more flexible employment option.



8.3 Gender Profile



The gender ratio of female to male employed staff has remained constant since the 4th Quarter of 2021-22, with 86% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within the HSCP has been decreasing overall amongst NHS staff since November 2022 and amongst Council staff since quarter 3 of 2022-23.

EDC absence figures are Working Days Lost to sickness per Full Time Equivalent in line with the Local Government Benchmarking Framework:

Sickness / Absence % EDC	
Quarter	**WDL per FTE**
Q2 22-23	5.37
Q3 22-23	6.53
Q4 22-23	5.96
Q1 23-24	4.69
Average over 12 months	**5.64**

There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

All absence is managed in line with policy.

Sickness / Absence % GG&C	
Month	**NHSGGC**
Oct-22	6.42
Nov-22	6.95
Dec-22	6.62
Jan-23	6.47
Feb-23	5.25
Mar-23	5.23
April 23	4.8
May 23	5.27
June 23	5.14
July 23	5.83
Aug 23	5.56
Sept 23	4.49
Average	**5.67**

8.5 Knowledge & Skills Framework (GG&C)

KSF Activity	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23
Actual %	57	61	61	61	62	61	60	58	54	54	56	57
Target %	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Work continues to promote the KSF conversation and ensure that staff wellbeing is a key component of the conversation.

8.6 Performance Development Review (Council)

Quarter	% recorded	Target %
Q2 (22-23)	18.06	75
Q3	19.30	80
Q4	25.30	85
Q1 (23-24)	4.48	65
Q2	(not yet available)	75

PDR (Performance Development Review) is East Dunbartonshire Council's process for reviewing staff performance and aligning their learning and development to service objectives.

Operationally, formal PDRs have not taken place in all areas; however, shorter term objective setting conversations have taken place. Further targeted work is still required around the PDR paperwork and process structure. Where formal PDRs have not been completed, managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 13.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/13**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD of COMMUNITY HEALTH and CARE SERVICES**
SUBJECT TITLE:	**HOSPITAL DISCHARGE DELAYS; PERFORMANCE AND ASSURANCE ROUTINE UPDATE**

1.0 PURPOSE

1.1 The purpose of this report is to provide the requested routine update to members of the position of East Dunbartonshire in relation to delayed hospital discharge performance, assurance and scrutiny.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the report and the performance and assurance reflected therein.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

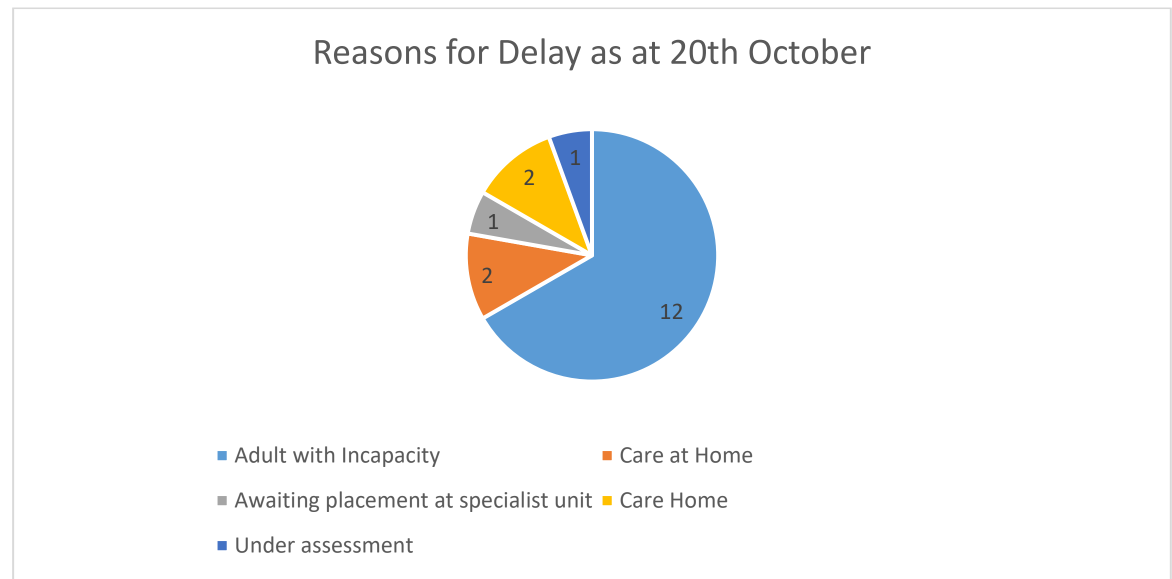
3.1 The management of unscheduled care continues to be a key area of business strategically and operationally for the HSCP and IJB.

3.2 Board members were appraised of the multifactorial and complex issues that impact on hospital discharges in the report presented to the IJB in September 2023.

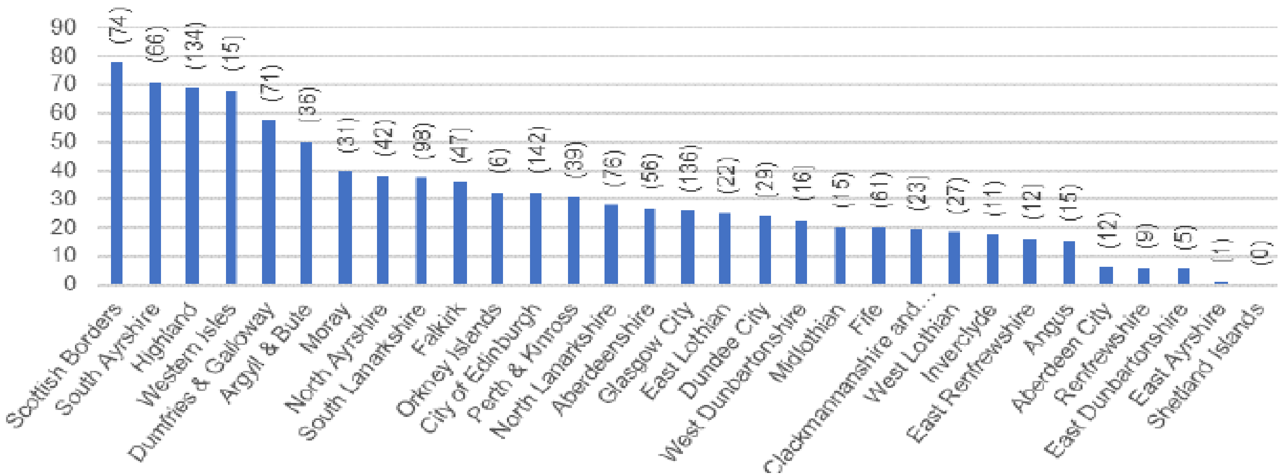
3.3 Board members should be assured that the daily scrutiny and robust process to manage hospital discharge and cases of people being delayed in their discharge as detailed in the previous report continues.

3.4 Performance current continues to sit at 97.5% for all patients discharged from hospital without a delay.

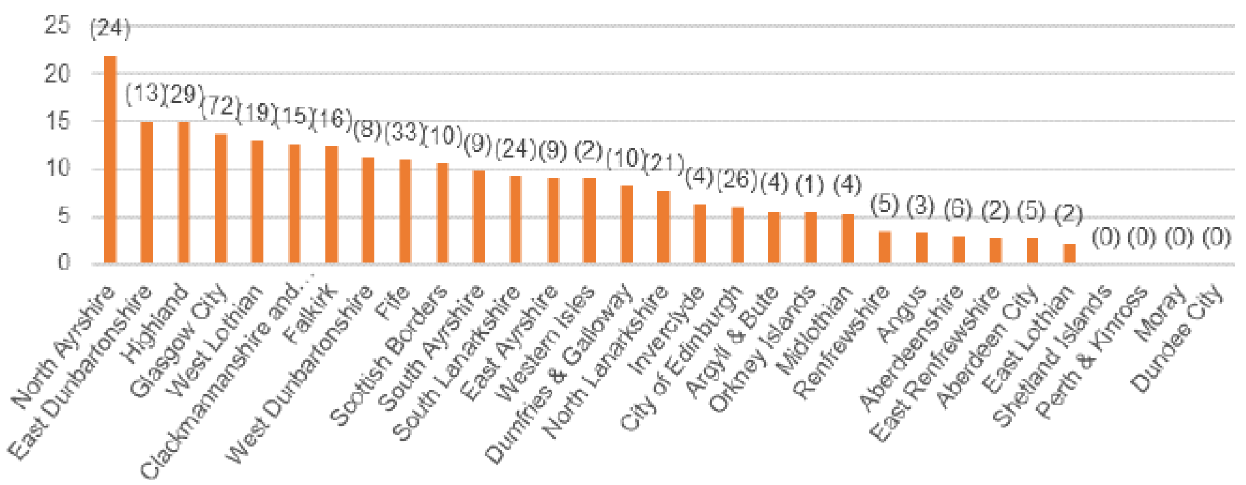
3.5 The main reason for people being delayed in their discharge from hospital is due to be subject to the Adults with Incapacity (AWI) Act which, due to the legislative processes associated with moving these individuals', results in lengthy delays. Chart 1 below illustrates the proportion of delays in other categories. There were 2 people delayed in their discharge to care at home in this snapshot report which was due to the complexity of package of care needed.



3.6 Our performance in relation to managing standard delays remains high with East Dunbartonshire HSCP rated 3rd in Scotland and 1st in GGC as at the 9th October 2023, as illustrated in Chart 2 below.



3.7 In contrast, our performance in terms of AWI delays is challenging. The partnership is 2nd poorest performing across Scotland and poorest performing within the NHSGGC partnerships as at 9th October 2023.



Actions focussing on improved performance

3.8 The major focus in the next period will be in reducing our level of AWI delays the following update describes that. In relation to standard delays we are focussed on maximizing the capacity of the in-house care at home service through continued quality improvement and efficiency work to reduce the incidence of people being delayed in their discharge while waiting care at home. We are also working with provider partners in the same endeavour.

3.9 There has been extensive work led via the Public, Service User and Carer Group (PSUC) focussing of promoting uptake of Power of Attorney (PoA). Recent figures (July 2023) have demonstrated a 22.5% increase in PoA's registered with the Office of Public Guardian when compared to March 2020.

3.10 As part of the PSUC work it was highlighted that there were some solicitors that were not registering the PoA with the Office of Public Guardian (OPG) and keeping it on file until it was required to be enacted. We intend to undertake a programme of community engagement and practitioner training around PoA and Guardianship and this issue will be highlighted to individuals so they can ensure that the whole process is completed.

3.11 The OPG are currently experiencing a backlog in registrations of a year, hence the requirement for patients to be subject to the AWI process. The OPG assure HSCPs will fast track any applications where the individual is delayed in their discharge from hospital however this still takes around 4-6 weeks to complete.

3.12 It is our intention to undertake a focussed piece of work looking at those patients currently delayed in their discharge from hospital as a result of AWI to explore their interactions with HSCP services prior to admission. Through this we will try to identify if there are any commonalities and where there were opportunities to have discussions re obtaining a PoA during their interactions with services.

3.13 Having a PoA in place is key to avoiding being delayed in ones discharge because of being subject to AWI Act so, as noted above, the partnership is going to undertake a programme of education and awareness training within our core services. This will equip staff and people who use our services to have more informed discussions about the importance of having a PoA in place and the potential implications if one loses capacity.

3.14 We will develop a standardised information pack which all staff groups can provide to service users to reinforce the importance of having a PoA and how to proceed. This will include detail about what PoA is and isn't as there are still fears that having it in place relinquishes control.

3.15 We will undertake focussed work with the Older Peoples Mental Health Team to skill up colleagues in this service to have more detailed and ongoing conversations with patients and their families about the implications of not having a PoA in place.

3.16 Our Post Diagnostic Support service provides everybody, with a new diagnosis of dementia, at least 1 years' support to develop a personal support plan to inform future care planning and will have real focus on supporting there being a PoA in place for each person we interact with.

3.17 We will work closely with our Third Sector partners to develop pathways to enable individuals to be signposted and assisted through the process of putting powers in place. This will also look at ways to support the funding of this as costs are often cited as a barrier.

3.18 We will link with partners in housing to explore obtaining a PoA as part of new tenancy agreements. This will wider system benefit as it could prevent any lying empty while a tenant requires to go through a guardianship process while delayed in their discharge from hospital.

3.19 We will update the HSCP webpages on the EDC Website to include information about PoA, process for putting this in place, who can assist and advantages of having this in advance of any admission to hospital. We will also continue to use social media to highlight PoA campaigns.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

3. Prevention and Early Intervention
5. Supporting Carers and Families
8. Maximising Operational Integration

4.2 Frontline Service to Customers – This report described front line services to people who are being discharged from hospital and are delayed in their discharge.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/14**
CONTACT OFFICER:	**LISA DORRIAN, GENERAL MANAGER ORAL HEALTH**
SUBJECT TITLE:	**ORAL HEALTH PERFORMANCE REPORT**

1.0 PURPOSE

1.1 The purpose of this report is to provide an overview of the activities carried out by the Oral Health Directorate within NHS GGC.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the Report.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The report provides an overview of the oral health services provided throughout NHSGGC.

3.2 The report provides performance data in relation to oral health programmes and monitoring of oral health activities in NHSGGC.

3.3 The report supports the strategic aims of the HSCP Board in relation to health improvement, the provision of general dental services and the priority group work carried out for oral health in GGC and aligns with the requirements of the Boards Annual Delivery Plan.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1-** Oral Health Directorate Primary Care Performance Report April 2022 – March 2023

NHS Greater Glasgow and Clyde
Oral Health Directorate
Primary Care Performance Report
April 2022 – March 2023

FOREWORD

This report sets out to provide a summary of primary care dental services delivered by the Oral Health Directorate (OHD) within Greater Glasgow and Clyde (GGC). We are still in the remobilisation phase for many of our services, the report will detail how we are performing against the various targets whilst still dealing with the significant challenges caused by the pandemic and with a backlog of patient care to address.

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

In addition Scottish Government has been undertaking a Reform of Dental Services, which will result in a significant change in the way NHS dental treatment will be provided. This payment reform (Determination 1) takes effect from 1st November 2023 and will require consequential amendment to existing regulations the (National Health Service (General Dental Services) (Scotland) Regulations 2010) to modernise and better reflect the present realities of NHS dentistry. This will be the most significant change to dental service provision in recent times.

We strive to work collaboratively with all Health and Social Care Partnerships (HSCPs) across GGC to tackle health inequalities or inequities faced by the population and to find ways to improve health outcomes for those most in need. We aim to continue to deliver safe, person-centred, effective and efficient oral health service across GGC.

Lisa Dorrian
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0141 201 4271

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GENERAL DENTAL SERVICES (GDS)

NHS general dental services (GDS) are provided by general dental practitioners (GDPs). Unlike general medical services, NHS Boards are not required to provide a full dental service to their populations, but are required to keep a list of dentists providing NHS services available in their area.

To aid the delivery of GDS, the Oral Health Directorate performs an administrative function in relation to clinical and financial governance to all NHS dental practices in NHS Greater Glasgow and Clyde (NHSGGC). This is to ensure that dental services are delivered to an expected professional standard, and involves carrying out Combined Practice Inspections and Sedation Practice Inspections on a minimum three yearly basis in line with General Dental Service Regulations. These inspections were paused due to the pandemic and resumed in the latter part of 2021. We are now working our way to addressing any backlog and moving the inspections back onto a three yearly cycle.

We also engage with Practitioner Services Division (PSD) and National Services Scotland (NSS) in relation to financial oversight/activity and regulatory functions in relation to Primary Care Dental Services.

Within NHSGGC we currently have 272 practices and 833 listed dentists who provide a service in line with The National Health Services (General Dental Services) (Scotland) Regulations 2010, these figures remain fairly static. The OHD has a governance role to ensure this group of NHS independent listed practitioners meets their statutory responsibilities.

The breakdown of the 272 practices by HSCP is detailed in Table 1 below.

HSCP	**Dental Practices**
Glasgow City HSCP - North West	61
Glasgow City HSCP - North East	44
Glasgow City HSCP - South	55
Renfrewshire HSCP	36
West Dunbartonshire HSCP	16
East Renfrewshire HSCP	20
Inverclyde HSCP	12
East Dunbartonshire HSCP	28
Total August	**272**

Table 1. Breakdown of practices by HSCP

Registration with an NHS Dentist

In Scotland, there is lifetime registration with a dentist. This means following an initial examination and registration a patient remains registered with an NHS dentist for life. This can be ended by a patient choosing to leave a dental practice and registering with another dentist. The dentist may de-register a patient under certain circumstances such as incidents of violence and aggression. Dental registration data only provides information on the registration status of a patient. It does not provide information on what further engagement there has been with services, what treatment has been provided or what the quality or outcomes were from a course of treatment. Therefore, dental registration data has limited utility, particularly into adulthood as registration rates approach 100%. However, this data is relatively reliable and is published by Public Health Scotland annually. Furthermore, the effect of the pandemic on access to dental services has had such a profound effect on the ability to register young children with a dentist that the simple statistic of dental registration has developed greater significance and has become a fundamental target for improvement falling within the scope of Better Health and Better Care.

Without registration there is limited opportunity to engage with dental services i.e. access to care is predicated by registration, therefore in order to address the significant challenges in improving child oral health and reducing inequalities, there is a need to ensure registration with young children with a dentist.

	Sep 2019		Sep 2021		Mar 2022		Sep 2022	
	0-2 yrs old	3-5 yrs old	0-2 yrs old	3-5 yrs old	0-2 yrs old	3-5 yrs old	0-2 yrs old	3-5 yrs old
East Dunbartonshire	52.0%	90.6%	27.1%	82.0%	28.7%	80.8%	36.6%	80.2%
East Renfrewshire	53.9%	92.2%	25.2%	79.7%	25.8%	77.1%	36.8%	77.8%
Glasgow City	53.6%	91.3%	26.5%	84.5%	24.0%	79.8%	29.7%	77.0%
Inverclyde	57.5%	93.6%	30.1%	84.9%	29.9%	82.9%	42.2%	78.5%
Renfrewshire	54.8%	93.2%	29.3%	86.8%	29.0%	83.5%	36.3%	78.7%
West Dunbartonshire	47.4%	87.0%	18.9%	78.0%	16.1%	72.5%	24.9%	68.2%
GGC	53.4%	91.4%	26.5%	83.7%	25.1%	75.4%	32.2%	77.1%
Scotland	48.8%	89.8%	22.6%	79.8%	22.1%	75.4%	28.1%	73.1%

Table 2. Dental registration of young children (by HSCP) between 2019 and 2022. Data published by Public Health Scotland (Jan 2023)

The data in Table 2 illustrates that prior to the pandemic (September 2019), the registration of children with an NHS dentist in NHSGGC was good, with some variation across HSCP areas. By the age of 5, almost all children had been seen by (registered with) a dentist.

Historically, the comparatively lower registration for very young children (aged 0-2 years) has formed the basis of engagement with HSCP partners to seek to drive up the registration of young children, with collaborative work with Health Visiting teams, Dental Health Support Workers (DHSW) and dental practices.

The data in Table 2 demonstrates there has been a chronic and sustained reduction in capacity during the Pandemic and during the recovery period, which has limited access to dental services for young children and resulted in significant reductions in dental registrations. The most profound impact is on the cohort born during the pandemic, those aged 0-2 years. Less than a third of children in this age group were able to be registered with an NHS dentist. A significant effect is also seen for children aged 3-5 years. This affect appears to have peaked in the data for March 2022, with the data for September 2022 showing an improvement in registrations. This will be monitored and reviewed when PHS publish the next report in January 2024.

Participation Rates

Participation is defined as patients who have been seen by dental services in the preceding 24-months and is reported as population rates. Understandably, participation rates are lower than registration rates and this data provides better information on the proportion of the population who engage with dental services. This was of importance as we exited the COVID-19 Pandemic and dental services sought to recover capacity.

		SIMD				
		1	**2**	**3**	**4**	**5**
Child Participation Rates (%)						
Mar 2021	GGC	66.4	71.7	74.2	79.2	82.8
	Scotland	67.9	73.2	77.2	80.8	82.7
Sep 2021	GGC	55.4	61.2	64.2	69.0	73.9
	Scotland	56.7	62.1	66.2	70.8	74.0
Mar 2022	GGC	43.3	48.9	51.9	56.6	64.3
	Scotland	43.6	48.9	53.8	58.6	63.4
Sep 2022	GGC	55.3	61.6	64.7	70.6	76.8
	Scotland	55.9	61.7	67.0	71.7	75.8
Adult Participation Rates (%)						
Mar 2021	GGC	51.2	55.7	56.9	61.1	63.5
	Scotland	53.1	58.0	61.0	64.4	64.4
Sep 2021	GGC	45.0	49.3	50.3	54.1	56.7
	Scotland	46.6	50.9	53.5	56.7	57.4
Mar 2022	GGC	36.9	40.3	40.4	43.4	46.8
	Scotland	37.4	40.2	42.4	45.0	46.5
Sep 2022	GGC	42.1	46.3	46.4	50.4	53.8
	Scotland	42.7	46.3	49.0	52.0	53.5

Table 3. Participation Rates for Child and Adult patients by SIMD Quintile (March 2021 to September 2022)

Participation data is reported by Public Health Scotland and restricted to patients who are registered with an NHS dentist and therefore does not include patients who only see a dentist for occasional or emergency treatment, or who are registered with a private dentist. Data is generally not reported by HSCP area, but at a national and Board level. However, the data is reported by Scottish Index of Multiple Deprivation (SIMD) Quintile (with SIMD 1 being most deprived and SIMD 5 least deprived), which provides an indication of how deprivation has an impact on the level of engagement with NHS dental services.

Data for September 2022 suggest that children living in the most deprived areas of GGC were least likely to see a dentist in the last two years (55.3% for most deprived; 76.8% for least deprived) (Table 3). The gap between the rates for the most and least deprived quintiles continues to widen when looking at the data from 2021. The Pandemic had a significant effect on participation rates, which did not fully manifest in the data until March 2022 (as data up to this point included pre-Pandemic engagement with services).

A similar pattern was seen for adults, with patients living in the most deprived areas of GGC being the least likely to participate as at September 2022 (42.1% in most deprived compared with 53.8% in least deprived) (Table 3). As with children, the gap between the rates for the most and least deprived quintiles continues to widen.

The data for GGC is comparable to that for Scotland, with both sets of data indicating there is a social gradient in the population for those who engage with dental services.

NHS Dental Reform

The dental operating environment and background to current challenges is set out within this recent SPiCE briefing NHS Dental Services in Scotland – Braced for change – SPICe Spotlight | Solas air SPICe (spice-spotlight.scot)

A review of all of these elements are part of an ongoing Reform of NHS Dental Services. In particular, changes to the Statement of Dental Remuneration (Determination 1), which sees a condensed list of items of service that may be claimed by GDPs. This has now been published and will take effect from 1 November 2023. Although it appears to have been generally accepted by the profession, there are some changes to payments which are causing a greater concern, particularly in relation those to Enhanced Skills Practitioners for Domiciliary Care.

De-registrations

A practice can de-register patients for a variety of reasons. They may have decided to change their business model and move more to the provision of care on a private basis, they can essentially be ‘cleaning’ their list of patients who have not actively attended for a significant period of time or there may have been a breakdown in the relationship between the practice and patient. With regard to de-registrations within the Public Dental Service this could be that the patient has been registered in error.

De-registration data to end of September 2023

3 month - 2023	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	running total
East Dunbartonshire	36	25	30	836	16	529	8	468	565	0	0	0	2513
East Renfrewshire	57	9	557	10	224	14	9	3	221	0	0	0	1104
Glasgow City - North East	29	44	14	39	34	28	37	4	52	0	0	0	281
Glasgow City - North West	105	381	468	362	278	1306	128	90	101	0	0	0	3219
Glasgow City - South	29	35	27	32	21	47	21	8	15	0	0	0	235
Inverclyde	7	8	37	2	4	4	41	0	9	0	0	0	112
Renfrewshire	190	237	239	164	260	429	5515	151	1934	0	0	0	9119
West Dunbartonshire	20	30	75	42	74	45	13	23	32	0	0	0	354
PDS sites	13	29	5	23	7	3	19	8	11	0	0	0	118
Total	486	798	1452	1510	918	2405	5791	755	2940	**0**	**0**	**0**	**17055**

Private - 2023	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	running total
East Dunbartonshire	153	28	57	63	119	183	4	110	178	0	0	0	895
East Renfrewshire	0	4	47	2	8	2	0	4	1	0	0	0	68
Glasgow City - North East	1	0	0	1	3	0	10	1	16	0	0	0	32
Glasgow City - North West	69	70	187	197	159	343	23	175	113	0	0	0	1336
Glasgow City - South	29	53	100	111	106	115	4	41	50	0	0	0	609
Inverclyde	0	13	14	0	32	22	34	17	27	0	0	0	159
Renfrewshire	23	35	14	19	19	21	33	20	13	0	0	0	197
West Dunbartonshire	0	94	27	9	106	23	2	0	30	0	0	0	291
PDS Sites	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**275**	**297**	**446**	**402**	**552**	**709**	**110**	**368**	**428**	**0**	**0**	**0**	**3587**

Immediate 2023	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	running total
East Dunbartonshire	0	0	0	0	0	0	1	0	0	0	0	0	1
East Renfrewshire	0	0	0	0	0	1	0	0	0	0	0	0	1
Glasgow City - North East	0	0	0	0	0	2	1	0	1	0	0	0	4
Glasgow City - North West	1	3	0	2	1	4	2	0	5	0	0	0	18
Glasgow City - South	0	0	0	0	1	4	1	3	0	0	0	0	9
Inverclyde	0	0	0	0	0	0	0	0	0	0	0	0	0
Renfrewshire	0	0	1	0	0	1	0	0	1	0	0	0	3
West Dunbartonshire	0	0	0	0	0	1	0	1	0	0	0	0	2
Total	**1**	**3**	**1**	**2**	**2**	**13**	**5**	**4**	**7**	**0**	**0**	**0**	**38**

Money Owed - 2023	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	running total
East Dunbartonshire	3	0	0	0	8	3	0	0	0	0	0	0	14
East Renfrewshire	0	0	1	0	0	0	0	0	0	0	0	0	1
Glasgow City - North East	0	1	0	1	2	11	2	1	0	0	0	0	18
Glasgow City - North West	0	5	7	0	6	11	0	3	1	0	0	0	33
Glasgow City - South	0	0	3	0	0	1	17	0	0	0	0	0	21
Inverclyde	0	0	0	0	0	0	0	0	0	0	0	0	0
Renfrewshire	1	0	3	1	3	1	2	3	1	0	0	0	15
West Dunbartonshire	0	6	13	5	1	4	1	2	0	0	0	0	32
Total	**4**	**12**	**27**	**7**	**20**	**31**	**22**	**9**	**2**	**0**	**0**	**0**	**134**

Table 4. De registrations by month and reason

	Running total HSCP
East Dunbartonshire	3423
East Renfrewshire	1174
Glasgow City North East	335
Glasgow City North West	4606
Glasgow City - South	874
Inverclyde	271
Renfrewshire	9334
West Dunbartonshire	679
PDS sites	118
Total de-registered	**20,814**

Table 5. De registrations by HSCP

Access Issues

We also acknowledge that across GGC there a number of practices who have chosen to change their business model and as a result access to NHS care is becoming difficult, in particular for new patient registrations, therefore we continue to monitor this situation on a regular basis.

Inverclyde has a defined access problem, there are currently no practices accepting NHS registrations. It has therefore now been recognised as eligible for Scottish Dental Access Initiative (SDAI) funding to support unmet clinical need, however there continues to be no uptake of this. The OHD are looking to develop a paper which will consider longer term possible solutions to access issues within Inverclyde.

The lack of uptake for SDAI funding could partly relate to the current GDS environment which is in a state of change and relative uncertainty in part related to the new Determination 1 and the impact this will have on practices going forward in terms of financial stability.

However part of the SDAI grant criteria is a 7 year monitoring period over which all criteria must be adhered to. Given the current GDS environment GDPs may feel this is too much of a long term commitment and may not be certain that this can be adhered to. There is also a requirement to maintain an annual gross NHS income at 80% over the 7 year period, in particular for practices who have mixed model of NHS and private care this may be challenging.

In addition, the current workforce challenges will also impact as there is a commitment for each grant funded chair to provide 10 additional weekly NHS GDS sessions. Therefore if a dentist leaves the practice and there is a difficulty replacing them then the terms and conditions of the grant are likely to be breached. Any breach to the terms and conditions require the grant to be paid back to Scottish Government, this is not negotiable and is legally binding.

PUBLIC DENTAL SERVICE

Traditionally the Public Dental Service (PDS) operates on a board wide basis to provide 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 for 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.

The PDS underwent a service review which set out to identify the drivers for change, the challenges, risks and future opportunities for the PDS and to provide recommendations for tests of change and service redesign. The recommendations from the review have been revisited and updated to take account of any lessons learned and any post Covid changes. Plans are being put in place to implement these recommendations to ensure that the services currently provided by the PDS in NHSGGC are fit for purpose and that our infrastructure is appropriate to support these services now and in the future.

Paediatric Patient Pathway

Historically within the PDS, data on paediatric patients being referred for general anaesthetic assessment has been held locally by the service. Over recent years this process has been extended to include the management of new patients and it has become clear that since remobilisation of services following the pandemic, the demand for assessment and treatment has increased. The current manner of holding information, which is not supported directly by e-Health, and the associated processes mainly involve manual transfer of data. This increases the risk of errors, data corruption and makes it difficult to provide meaningful data on numbers of patients referred and their pathway through the service.

Reviewing the current 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. This also directly relates to recommendations within the PDS review.

Paediatric GA Extractions

At the beginning of 2023 there continued to be significant pressures on general anaesthetic (GA) extraction waiting times as well as the pressure on base theatre sessions at the Royal Hospital for Children (RHC) as a result of the pandemic backlog. At that time there were over 600 patients on the waiting list, including approximately 90-100 urgent patients, with a longest routine wait of 90 weeks. Dental treatment under GA, whilst unavoidable for some children, is a traumatic experience with multiple impacts on children and families involved, as well as the teams delivering

care. It is expensive and resource intensive for services leading up to, during and post-procedure.

Reducing the number of children requiring a GA episode and reducing the pressures on services meets several of NHSGGC's objectives; Better Care, Better Health, Better Value and Better Workplace.

A proportion of children referred into NHSGGC services are likely to require a GA, however, this is not determined until an assessment has been made. Therefore, simply counting numbers of referrals into services will not correlate with the number of children requiring a GA. All dental referrals for children follow a standard pathway with urgent referrals flagged for triage. An assessment process determines which treatment pathway a patient will follow, with those who require treatment under GA added to the waiting list.

In order to monitor the situation, NHSGGC's Business Intelligence Team and Public Health Intelligence Group has looked to collate local data exported to the Datamart for Public Health Scotland (PHS) to derive a simple, measureable statistic related to the number of children requiring dental treatment under GA. This measure is the population weighted number of children added to the GA waiting list, as this is directly associated with the number of children who require dental treatment under GA.

The data in Table 6 illustrates data from Q4 2021/22 through to Q4 2022/23. An increase in patient numbers was expected as services remobilised resulting in an increase in the number of patients seen, many of whom have high levels of complex unmet need resulting in an increase in referrals to NHSGGC services. There have also been increased numbers of children referred via alternative routes, such as Health Visitors and GMPs. It was anticipated this increase would continue until the backlog of care was addressed and services stabilised. Data from Q1 2022/23 onwards suggests a turning point may have been reached.

HSCP	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
East Dunbartonshire	8.2	5.8	9.1	10.1	4.8
East Renfrewshire	9.0	10.0	7.1	5.2	6.7
Glasgow City - NE Sector	17.7	21.9	14.6	10.7	8.8
Glasgow City - NW Sector	11.8	17.6	13.8	7.4	9.9
Glasgow City - South Sector	20.1	20.1	16.2	13.8	10.2
Inverclyde	16.9	13.0	10.7	8.4	9.2
Renfrewshire	14.2	12.3	12.0	11.7	6.9
West Dunbartonshire	12.9	17.3	16.6	8.0	9.9
Grand Total	**14.5**	**15.7**	**13.0**	**10.0**	**8.4**

Table 6. Rate per 10000 population added to paediatric youth extraction under GA waiting list

In addition to the quality improvement work undertaken as part of the Paediatric Patient Pathway Review to deflect patients away from GA there has been significant work with RHC to increase available theatre sessions, and there has been an increase of availability over the spring/summer months. PDS staff have worked to pick up all available sessions including short notice offers of lists, which can mean a turnaround time of around 48 hours in some cases. This has led to a decrease in both numbers of patients on the list and weeks waited.

Currently there are around 380 patients listed, with the longest wait of 78 weeks which is anticipated to fall to under 52 weeks by the end of October 2023 and be closer to 40 weeks by the end of December 2023.

Availability of base theatre sessions remains limited, although this has been bolstered by the offer of short notice lists, however this may be challenging heading into the winter months.

Adult Special Care

The PDS Special Care Dental team provide care for adult patients with additional care needs. A number of these patients are unable to tolerate care under local anaesthetic and may require a GA for the delivery of care to secure oral health. The challenges faced by paediatric services in accessing theatre lists is also experienced by special care dentistry, with restricted access to theatre sessions. There are currently in the region of 100 adult special care patients on the GA waiting list, with the longest wait at 64 weeks.

Efforts by the service to deflect patients away from GA by using alternative treatment modalities (in a similar manner to paediatric patients) is not straight forward, owing to the complex nature of the patients and their ability to tolerate treatment. Nevertheless, there are work streams seeking to support the delivery of care and alleviate service pressures. The use of anaesthetist-led sedation is employed where practicable, and other advanced techniques, such as intra-nasal sedation are being explored by the service.

Priority Groups and Complex Needs

The PDS support access to dental care for vulnerable/complex needs groups. There are limited board resources to deliver care to this population group, with a reliance on third sector groups in the support of service delivery. A needs assessment produced in 2021 involved stakeholder representatives from board services, academia, third sector and those who have experienced homelessness. Work is underway to deliver against the recommendations from the need assessment.

The Oral Health Improvement Team (OHIT) have a Dental Health Support Worker (DHSW) working across NHSGGC with homeless services to provide advice and support to service users and to assist in linking with dental services via the Smile4Life programme. Access to urgent care is a priority and the PDS has worked with the OHIT in the development of supportive literature for guidance and signposting to services.

Longer-term plans are seeking to develop trauma-informed and inclusive dental services to meet the needs of the various client groups. The service is working closely with NHSGGC Complex Needs Team and third sector organisations and has developed a Programme Board to bring together a number of work streams looking at innovative solutions; including options appraisals on mobile dental units and the use of existing estates to deliver different models of care.

Prison Dental Service

The PDS provides dental care in the 3 prisons within NHSGGC; HMP Barlinnie, HMP Low Moss and HMP Greenock.

The funding for oral health services within the prisons is provided by Scottish Government via Glasgow City HSCP and is then cross charged by the PDS. The current funding is for 10 sessions (6 sessions HMP Barlinnie, 3 sessions HMP Low Moss and 1 session HMP Greenock) of care per week (which does not equate to 1.0 WTE as does not cover leave etc) to cover all 3 establishments and this has not changed since the NHS took over responsibility for health care in 2011 and there is an agreement that dental services in prisons are not funded to meet the demand.

Currently urgent care is offered to all prisoners but routine dental care is not available where a prisoner is on remand, sentenced to one year or less, or due for release within 6 months (Scottish Government; Oral Health Improvement & Dental Services in Scottish Prisons 2015). With the introduction of Determination 1 (1st November 2023) these restrictions on routine dental care will be removed and all prisoners will be entitled to urgent and routine care, and while this change will benefit those patients on remand it will see a further increase in demand. This will be of particular issue to GGC as approximately 50% of the prison population is on remand.

A paper has been prepared which is currently going through appropriate governance structures and details a number of possible options with the preferred option being an appropriately funded model which would provide the level of care that is required to meet the demand of the prison population. For the 3 prisons this would be to fund 2 full time Senior Dental Officers (20 sessions) plus 2 full time band 4 dental nurses.

This would allow the PDS to provide 20 clinical sessions per week which has been shown to be effective at keeping waiting lists manageable.

PDS are currently involved in the discussions around the design of HMP Glasgow and when it opens (now likely to be 2027) there will need to be further discussions around the level of funding to ensure the service is maintained and appropriate use of dental skill mix can be utilised.

Developments - North East Hub at Parkhead

NHSGGC is working with Glasgow City Health and Social Care Partnership to develop a new health and social care Hub at Parkhead in North East Glasgow, on the site of the former Parkhead Hospital, and current Sandyford, Anvil and Health Centres at Salamanca Street.

As part of this new facility we will see a new dental department with 6 surgeries (including one Special Care Surgery with an overhead hoist) from which we will provide a range of services including:

- Paediatric (Including Paediatric GA Assessment) and Special Care Adults
- Paediatric Outreach - BDS3 and BDS4
- Inhalation Sedation

The building is on schedule for completion in July 2024. There will then be an 8 week commissioning period, giving an approximate move in date of September 2024 for the PDS.

Q Exchange

The Oral Health Paediatric team submitted a project "Supporting vulnerable families and children in achieving optimal oral care" and were successful in obtaining Q exchange funding.

This was a huge achievement for the team having been shortlisted and successful in a field of 120 submissions. This was also the only Scottish project submitted.

Leading on this project will be an amazing opportunity to make connections, to work with and learn collaboratively with the Q Community, and championing this important work.

As part of the bid, the oral health team identified that that non-attendance for appointments can be linked to barriers to communication with services, poor understanding of the treatment required and what alternative treatment options are available. High levels of non-attendance impact negatively on waiting times and can cause delays.

The overall aim of the project is to improve communication and service experience for vulnerable families in order to improve attendance and increase the number of patients utilising treatment options alternative to GA and in turn, reducing waiting lists alongside the following outcomes:

- To reduce the time for vulnerable families to engage with dental services
- To reduce the number of failed appointments with vulnerable families
- To increase the number of vulnerable children who have alternative dental treatment to a General Anaesthetic

DENTAL PUBLIC HEALTH

The National Dental Inspection Programme

The National Dental Inspection Programme (NDIP) provides surveillance and epidemiological data on child oral health. The programme was severely impacted during the Pandemic and was limited to the collection of surveillance (basic) data for Primary 1 children during 2021/22. This data did provide some information on the more immediate impact of the Pandemic on child oral health.

Basic NDIP provides surveillance data on child oral health. There are three outcomes (letters) communicated to families following an inspection based on the child's oral health status.

- Category A- should arrange to see the dentist as soon as possible, if the child has not had a recent appointment, on account of severe decay or abscess; or
- Category B- should arrange to see the dentist in the near future, if the child has not had a recent appointment, on account of evidence of current or previous decay ; or
- Category C- no obvious decay experience but should continue to see the family dentist on a regular basis

The data in Table 7 outlines the outcomes from the Basic Primary 1 inspections carried out during 2021/22. There are limits to what can be inferred from this data, however the data available is suggestive of there being no obvious increase in prevalence in dental decay in this population, but there appears to have been an increase in disease severity for those with decay experience. This is illustrated by the increase in the proportion of Category A letters for NHS GGC and for Scotland.

NHS Board	Year	Cat A Letter	Cat B Letter	Cat C Letter	Cat A+B Letter
NHS GGC	**2021/22**	**13.1%**	**17.9%**	**69.1%**	**31.0%**
	2019/20*	9.1%	25.0%	65.9%	34.1%
	2018/19	8.8%	24.5%	66.8%	33.2%
Scotland	**2021/22**	**9.7%**	**17.2%**	**73.1%**	**26.9%**
	2019/20*	6.7%	20.9%	72.4%	27.6%
	2018/19	6.8%	21.7%	71.6%	29.4%

Table 7. Basic NDIP Outcomes Primary 1 Children (data from PHS). *Data for 2019/20 was incomplete as programme was suspended March 2020.

Additional analyses of the 2021/22 Primary 1 NDIP data has illustrated a social gradient in the proportion of children without obvious decay experience. This is outlined in Table 8.

NHS Board	SIMD1 (most deprived)	SIMD2	SIMD3	SIMD4	SIMD5 (least deprived)
NHS GGC	57.0%	66.6%	72.7%	79.5%	86.6%
Scotland	58.4%	67.5%	75.9%	81.4%	85.8%

Table 8. Proportion of Children without Obvious Decay Experience by SIMD Quintile

The data in Tables 7 and 8 underline the challenges associated with child oral health and the clear health inequalities that existed prior to the Pandemic, which will undoubtedly have been compounded by the impacts on the Childsmile programme and access to services.

NDIP will report in late October for the 2022/23 inspections. This will be for Primary 1 and Primary 7 children and will provide additional information on the impact of the pandemic on child oral health. However, it is unlikely the full extent will be known for several years as we observe birth cohorts over time.

Annual Delivery Plan and Operational Priorities for NHSGGC

The objectives for the Oral Health Directorate align with the objectives for NHSGGC as set out in the Annual Delivery Plan and Operational Priorities. The Annual Delivery Plan and Operational Priorities required consideration of the emerging evidence on the adverse impact of the pandemic on individuals and communities. This included child oral health, where in addition to historical challenges faced by NHSGGC, there were significant impacts on routine service provision and oral health improvement programmes as a direct result of the COVID-19 pandemic and by pressures experienced by dental services.

The priorities for the Annual Delivery Plan for 2022/23 were to balance the response as we moved to 'living with COVID' and included specific oral health-related indicators. These indicators were to focus on prevention and early intervention in line with the Public Health Strategy 'Turning the Tide through prevention'. As part of work focussing on Child Health, Dental Health Services prioritised:

· *Increasing levels of dental registration for young children*
· *Reducing the number of children who need a General Anaesthetic for dental treatment*

Oral health measures have translated into the Operational Priorities for NHSGGC for 2023/24 and have been outlined for Child Oral Health as: ***Improve children's oral health, increasing registration with dental services enabling secondary prevention. With related the actions:***

· *Focus activity on dental registration of young children supporting the most vulnerable children and families via the Health Visiting Universal Pathway*
· *Increase uptake of Childsmile Programme in the most deprived areas establishing tooth brushing in the early years*
· *Reduce need for general anaesthetics in children requiring tooth extraction*

ORAL HEALTH IMPROVEMENT

Childsmile Supervised Toothbrushing

The Childsmile Programme supports supervised toothbrushing in education establishments – nurseries and primary schools. The remobilisation of the Childsmile programme has made progress but the rate of progress during 2021/22 was slower than expected with an increasing number of schools expressing reluctance/unwillingness to participate in the programme. This was in addition to a cohort of schools with little or no engagement with the programme prior to the Pandemic. These are known to the Oral Health Improvement Team, and some have previously been targeted for additional engagement (at more senior levels), without success. Historically, financial incentives (for schools in Glasgow City) were attempted, with limited or no success. This was withdrawn several years ago.

During the 2022/23 academic year there was steady progress with schools restarting the programme. By the end of the academic year 71% of schools were reported to be brushing. This was up from 41% in November 2022 and 62% in March 2022.

Data - 19/06/2023	School						Nurseries		
HSCP	Number of schools	Number of Green RAG	Number of Amber RAG	Number of Red RAG	Number schools Brushing	Number of schools NOT Brushing	Number of Nurseries	Number of Nurseries Brushing	Number of nurseries declined programme
East Dun	34	25	5	4	25	9	46	25	0
East Ren	25	25	0	0	25	0	37	36	0
Inverclyde	21	21	0	0	21	0	32	32	0
Renfrewshire	52	40	6	7	37	15	75	75	0
West Dun	34	31		3	31	3	46	36	0
North East	49	21	1	27	21	28	69	63	1
North West	44	26	5	13	26	18	81	66	0
South	60	39	5	15	40	20	82	58	5
	319	228	22	69	226	93	462	391	6
			Percentage Schools Tooth Brushing			70.8%	Percentage Nurseries Tooth Brushing		85%
RED	Schools that will not commit to toothbrushing this academic year or has never participated.								
AMBER	Schools willing to toothbrush, however may have barriers at present i.e. staffing issues, but plan to re-join the programme this term/academic year.								
GREEN	Schools currently toothbrushing or awaiting assistance from OHIT								

Table 9. Number of Schools and Nurseries Reported to be Toothbrushing at the End of the 2022/23 Academic Year

The number of schools and nurseries brushing is approaching pre-pandemic levels. However, it is clear there are additional and significant barriers for many schools.

The data in Table 9 outlines where there are schools unable/unwilling to participate in the programme.

Feedback suggests the drive to improve academic attainment (which has fallen during the Pandemic) as well as increasing need and demand for schools to support Social Care and Mental Health and Wellbeing has led to insurmountable pressures. Many schools are making pragmatic priorities-based decisions leading to withdrawal of support for Childsmile.

The schools withdrawing support (or showing unwillingness to commit) includes those who have previously demonstrated sustained delivery. This is becoming a concern as there is a risk this could spread further, with increasing numbers of vulnerable children unable to access daily toothbrushing.

The challenges related to Childsmile uptake are not new but have been compounded by additional barriers reported by schools. There has been a process of engagement and escalation in relation to increasing the uptake of Childsmile.

To explore the barriers and enablers to the programme, a Webropol survey was circulated to schools. This was completed and the findings are currently being collated. Early analysis of the survey findings has identified a number of significant themes. These include:

- Increasing pressures on schools to address levels of academic attainment
- Competing priorities, with schools increasingly being required to pick social care and mental health & wellbeing matters
- Long term staff shortages with reduced ability to identify staff to deliver programme amidst competing priorities
- Lack of time and/or physical space to deliver programme within curriculum
- A number of schools expressing no support for toothbrushing as this is deemed to be a parental responsibility, not education

The findings of the survey will assist in local engagement, but will inform discussion with the national Childsmile team on possible alternative methods of delivery.

There is continued engagement by OHIT with all schools. This delivered the increase in uptake seen by the end of the academic year 2022/23. This continues into the new academic year. Based on current engagement it is anticipated Childsmile delivery at (and hopefully above) pre-pandemic levels may be achievable during the 2023/24 academic year.

Childsmile Fluoride Varnish Programme

The OHIT work with HSCP partners to deliver the Childsmile Fluoride Varnish Programme in targeted schools and nurseries with GGC. The health board is funded to target fluoride varnish for SIMD1 and 2 schools and nurseries.

The programme has faced challenges in remobilisation following the Pandemic, with many staff involved with consenting and delivery seconded to other duties. Nevertheless, this was reflected in the expectations for programme delivery, with a removal of targets for fluoride varnish applications.

By the end of the academic year for 2022/23, the programme was able to deliver close to pre-Pandemic levels. Overall, approximately 75% of targeted children were consented, with 90% of those children receiving at least one application of fluoride varnish, and 66% receiving two or more applications.

Caring For Smiles Programme

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

A quality illustration has been produced by the Care Inspectorate to:

- Highlight good practice in oral care for care services and staff

- Help care services and staff/inspectors to identify indicators where a care service's practice could be better and support them to improve

- Support care providers to better understand and implement good quality oral care.

The quality illustration does not replace the need for training of care home staff and highlights the availability of the accredited training for Caring for Smiles (older people, including care home residents) and also Open Wide (adults with additional care needs living in the community). The quality illustration provides examples of what good practice looks like and links to support actions and resources to assist care homes and inspectors in how to improve mouth care for residents.

The Pandemic had a profound impact on the ability for Caring for Smiles teams to delivery training to care home staff and monitor activity. This has been compounded by the challenges faced by health & social care services in the recruitment and retention of staff. The OHIT engage regularly with care homes around support and training for Caring for Smiles.

The feedback from care homes highlights the challenges faced within the system. It is becoming increasingly difficult to release staff for training and it is reported there a few incentives for staff to attend accredited training, as it is generally performed in their own time, carries no additional pay and is not linked to promotion. This is reflected in

the low uptake for training, which is reflected across Scotland and has been reported to the national Caring for Smiles team.

The data in Table 10 outlines the current status for Caring for Smiles in NHSGGC. The data demonstrates the low numbers of care home staff participating in training. Most (if not all) of the Caring for Smiles training currently being delivered is unaccredited owing to the issues outlined above. This illustrates the challenges faced by the sector in the post-Pandemic period.

	Number of care Homes	Number care home staff trained	Number of Care Homes participating in training	Percentage of Care homes participating in Training	Other Training	Number of staff Attending 'Other training'
East Dunbartonshire	14	37	7	50.0%	Care at Home HSCP Social Work	58
East Renfrewshire	15	8	2	13.3%		
Inverclyde	13	29	5	38.5%		
Renfrewshire	23	60	10	43.5%	Care at Home HSCP Social Work	9
West Dunbartonshire	10	72	6	60.0%		
Glasgow City	62	207	22	35.5%	Mental Health Charity	2
	137	413	52	38.0%		69

Table 10. Current status of Caring for Smiles Training by HSCP

Despite the challenges, the OHIT remain engaged with care home managers and provide opportunities for training and explore alternative methods of delivery via hybrid models. There is work with the Care Home Collaborative to promote training and also to pilot induction training for staff.

A number of HSCPs have sought to deliver alternative training and there is engagement with OHIT, HSCPs and NHS Education Scotland (NES) to find collaborative solutions to delivering training at a time when it is difficult to release staff from duties, utilising platforms such as TURAS Learn.

Enhanced Skills Domiciliary Care Dentists

As part of the Oral Health Improvement Plan (OHIP) (2018), Scottish Government introduced new arrangements for the provision of Enhanced Skills Domiciliary Care, by appropriately trained dentists to support care home residents.

This programme was set out in PCA(D) 2019(9) which detailed NES delivered training sessions followed by a period of mentoring by an experienced PDS practitioner. The purpose of these new arrangements was to encourage increased numbers of independent dentists to provide more domiciliary care.

Pre-Pandemic most domiciliary care in NHSGGC was provided by GDPs, typically the practitioner would make provision to see all residents within the home, unless declined by the resident or guardian.

Post-Pandemic, despite the restricted access to a dentist, care home residents were still able to receive personalised oral care plans and risk assessments by trained care home staff as part of the Caring for Smiles Programme. The care home manager may access emergency care for residents through identified pathways and can identify when escalation is required.

Owing to recruitment and retention issues in GDS, and other uncertainties in relation to dental reform, there has been a decline in aligned dentists resuming domiciliary care or taking on new residents within care homes. Opportunities for GDPs to train as Enhanced Skills Practitioners have been limited, with NES only able to provide a small number of courses for training. In response to this, the OHIT have engaged with care homes to develop risk assessment RAG rating to indicate when care homes require assistance to ensure dental cover.

The RAG rating allows the OHIT and PDS to identify and develop process to support patients at most risk, using the following processes:

- Provide a list of local practices for care home managers
- OHIT will approach and existing Enhanced Skills Practitioner (or GDP) for assistance
- Registration status of residents can be obtained and provided to the care home manager
- If no care provider has been identified the PDS will be approached to provide urgent/ emergency care.

The data in Table 11 indicates the status of care home as of July 2023. This picture fluctuates and provides an indication of where there is a need to liaise with stakeholders to ensure cover.

	REPORTS				Red	Amber	Green
	Number of care Homes	Number visits	Number residents within care home	Number of residents seen by a dentist in the last year	Immediate request for assistance	Partial cover within a care e.g. enhanced practitioner/ GDP	Full coverage within care home and acceptance of new residents
GC North West	16	15	949	337	1	6	9
GC North East	20	15	1054	405	0	8	12
GC South	26	26	1247	716	0	12	14
East Dun	14	13	724	202	1	4	9
East Ren	15	11	610	258	0	3	12
Renfrewshire	23	20	1195	693	0	4	19
Inverclyde	13	12	604	121	5	3	5
West Dun	10	9	571	183	0	3	7
	137	**121**	**6954**	**2915**	**7**	**43**	**87**
		88%		42%			

Table 11. Care Home RAG Status Information (June-July 2023)

The data in Table 11 shows there is a need to continue this level of engagement and support to care homes from the PDS, GDS and OHIT to ensure the level of cover for dental care is as good as practicably achievable.

PATIENT FEEDBACK

Our services regularly receive feedback from patients and carers, here is just a small sample of some.

I called NHS24 for advice for my son who had toothache. The response time and advice given by each member of staff I spoke with was fantastic. I called NHS24 at 6:00pm

I've attended Eileen's clinic with my teenager for a couple of years now. We started with Eileen during the first lockdown over video and are now being seen regularly in the hospital dental clinic. The difference in my teen is immense. It all started because of the need for several long sessions of root treatment on two broken teeth. Our own dentist had referred us to the paediatric specialists, which was great for a time, but over the months of treatments it all got a bit much to cope with and my child developed a phobia of all dental work. We got referred to Eileen and she started by asking lots of questions to gauge what the issues were, and how she might be able to help with them. By the time we got into the clinic (after lockdowns), it got a bit scary again for my child, and Eileen and the various dental nurses have been really aware of the need for taking things slow so as not to re-traumatise my child. They are always so good at explaining what they want to work on, how they'd like to do it, offer options to help make it the least difficult possible, and remind my child they can stop at any time. Eileen and this clinic have helped make the ultimate leap from trauma to possibility. She's helped the dental clinic become a less panicky place. She's opened up the option for regular dental care in my child's life. She's potentially paved the way for this second root treatment to be done. I've sat in the corner and watched my child overcome fear and be treated as a human with particular needs. And those needs have been held and allowed to relax. Thank you, Eileen, and the rest of the team. You've changed my child's relationship to the dentist and helped them overcome so so many fears. It's been absolutely priceless. Thank you.

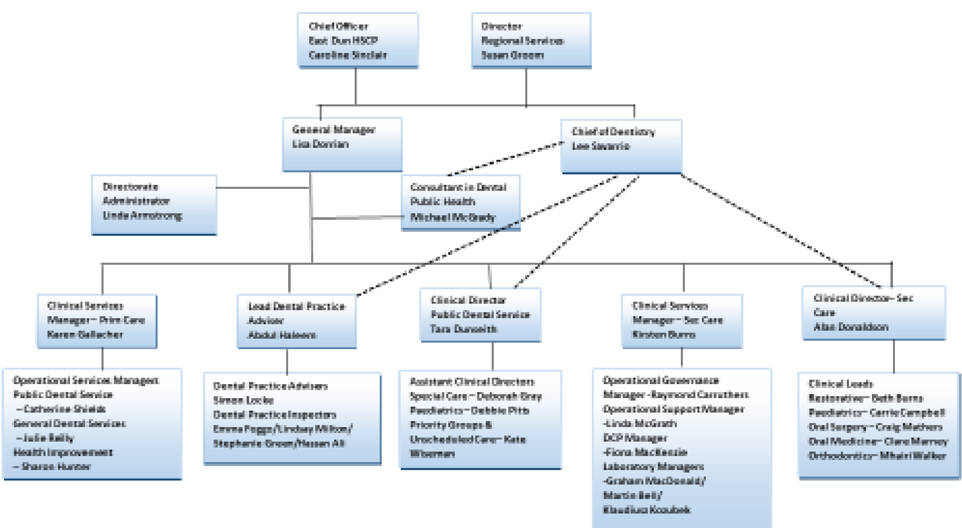
It was just a first class experience, from the receptionist to the dentist. All really professional and efficient and I am so grateful for it! The dental assistant was very good as well.

I want to write a little review about my dental treatment at Glasgow Dental Hospital. Due to many unfortunate events in my life, I neglected my dental health. However, the hospital made great efforts to fix my teeth. 11 years ago, I had an accident which caused me to fall unconscious in the kitchen, resulting in three broken teeth, a broken nose, and other injuries that disfigured my smile for a decade. A few years later, I lost one of my front teeth while eating leftover pizza. I thought I would never have a decent smile again. I tried to treat many pus pockets myself to relieve pressure from the tissue. This went on for quite some time until I found myself in a position where I needed emergency intervention last August. The problematic tooth was removed, and later, after the dentist saw the state of my mouth, they offered to repair it. Although I had to overcome my fear of dental treatment, I am grateful for the job they did. They built a clip-in denture and treated other spots beforehand. I would like to thank the entire team, led by Ms. Swan, and the ladies who helped me during the emergency tooth extraction. Their superb service and professionalism helped me get into better shape, both physically and mentally. I am sorry I missed a couple of appointments, and I appreciate their patience and empathy throughout the process. Overall, the Glasgow Dental Hospital provided me with an excellent experience, and I would

I was seen within 1 hour of phoning NHS, by a dentist after suffering severe pain in my front crown fracture after eating lunch, Dentist Andrew and the nurse, put me at ease, X-ray done, no infection, it was all explained very well to me in detail, crown needs replaced, so need to see a dentist Monday. What a lovely professional man, painkillers, rest and baby food since Friday. Thanks to NHS and Glasgow Dental Hospital for helping me out. Much appreciated, very grateful.

Everyone was lovely and excellent at their jobs

Organisational Chart



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Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 15.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/140923/15**
CONTACT OFFICER:	**JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000**
SUBJECT TITLE:	**FINANCIAL PERFORMANCE BUDGET 2023/24 – MONTH 6 & BUDGET PLANNING 2024/25**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the financial performance of the partnership's budget as at month 6 of 2023/24.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the projected outturn position is reporting a deficit on budget of £2.839m as at month 6 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provides a deficit on budget of ££0.506m.

2.2 Note that the Chief Officer and her management team are working on actions to mitigate cost pressures in the current year

2.3 Note and approve the budget adjustments outlined within paragraph 3.2 (**Appendix 1**)

2.4 Note the HSCP financial performance as detailed in (**Appendix 2)**

2.5 Note the progress on the achievement of the approved savings plan for 2023/24 as detailed in **(Appendix 3)**.

2.6 Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4)**.

2.7 Note the summary of directions set out within (**Appendix 5)**

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2023/24

The budget for East Dunbartonshire HSCP was approved by the IJB on the 23rd March 2023. This provided a total net budget for the year of £234.962m (including £38.382m related to the set aside budget). This included £3.894m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2023 which has increased the annual budget for 23/24 to £246.068m (an increase of £11.106m). This represents a reduction in the reported budget as at month 4 (£7.685m) and relates to actual funding allocations from SG for pay uplift and other policy initiatives as opposed to estimates and we are still awaiting confirmation of the dental bundle for 23/24 .A breakdown of these adjustments are included as **Appendix 1.**

3.3 Partnership Performance Summary

The overall partnership position is showing a projected year end overspend on directly managed partnership budgets of £2.839m, adjusting for balances planned to be taken from earmarked reserves of £2.334m, provides a projected overspend on budget of £0.506m for the financial year 2023/24. The year-end projections are based on current assumptions on costs, demands and staffing levels and expectations on funding from SG (elements of which are yet to be confirmed) to support the pay uplifts for both health and social care staff as well as a number of policy areas where costs are being incurred on a recurring basis.

In addition the pay uplift negotiations for local authority staff has yet to be finalised and will vary greatly from the 2% assumptions built into the budget. There is expected to be some funding passed through from the local authority to meet the costs of the pay uplift, however this is not expected to cover the full extent of the impact and will undoubtedly have a negative impact on the budget performance for the HSCP. There is therefore significant uncertainty at this stage in the financial year and risks to the projected financial position.

3.4 A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2023/24 (£000)	Actual Expenditure 2023/24 £000	Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 6 (£000)	Previously Reported Variance (£000)	Movement from last period
East Dunbartonshire Council	74,144	76,468	(2,325)	1,383	(942)	(1,898)	956
NHS GG&C	171,924	172,438	(515)	951	436	433	2
TOTAL	246,067	248,907	(2,839)	2,334	(506)	(1,465)	959

3.5 This shows an underlying projected year end overspend on Social Work services and delegated housing functions of £0.942m (an improved position of £0.956m from that reported at month 4) and a projected under spend on community health services of £0.436m. The improved position relates in the main to the planned application of

additional reserves to expenditure being incurred in year related to adult winter planning pressures.

3.6 In summary, the main areas which account for the variance relate to:

- Social work payroll pressures within LD residential units (John Street and Pineview), mental health officer cover, LD day services and challenging turnover savings. These are offset to some extent through delays in recruitment and turnover in relation to community health staff.
- There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is now at capacity and requires the purchase of costly externally purchased placements to address the needs and demands as they are presenting.
- Prescribing pressures experienced in the previous financial year continue with price increases and demand pressures in this area. There has been a significant spike in activity during May 2023, on which projections have been modified. This is being offset by underspends across other NHS budgets and the planned use of £0.650m of the reserves set aside for prescribing pressure.
- Under - achievement of the budget savings programme for 23/24 is creating some pressures on budget. There are some 'smoothing reserves' set aside in expectation that some programmes would take time to bed in.

3.7 The planned use of reserves at this point in the financial year relate largely to the smoothing reserve for the savings programme approved as part of the budget setting in March 2023, use of prescribing reserves and adult winter planning funding applied across pressures on older people services..

3.8 Financial Performance – Care Group Breakdown

The projected year end underspend across each care group area is set out in the table below:

Care Group Analysis	Annual Budget 2023/24 (£000)	Actual Expenditure 2023/24 £000	Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 6 (£000)	Previously Reported Variance (£000)	Movement
Strategic & Resources	(3,283)	(3,125)	(157)	83	(73)	(71)	(3)
Community Health & Care Services	60,419	60,461	(43)	1,107	1,064	605	458
Mental Health, Learning Disability, Addictions & Health Improvement	30,833	31,648	(815)	407	(408)	(635)	226
Children & Criminal Justice Services	17,457	18,022	(566)	86	(479)	(730)	251
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,541	1,403	138	0	138	141	(3)
FHS - GMS / Other	33,161	33,161	0	0	0	0	0
FHS - Prescribing	21,731	23,127	(1,396)	650	(746)	(777)	32
Oral Health - hosted	11,605	11,605	0	0	0	0	0
Specialist Children - hosted	34,223	38,382	0	0	0	0	0
Set Aside	38,382	38,382	0	0	0	0	0
Covid	0	0	0	0	0	0	0
Net Expenditure	**246,067**	**253,066**	**(2,839)**	**2,334**	**(506)**	**(1,465)**	**959**

3.9 The main variances to budget during the financial year relate to:

- Community Health and Care Services – Older People / Physical Disability (underspend of £1.064m, a positive movement of £0.458m from that reported at month 4) – there are some pressures relating to in house homecare staffing budgets (use of overtime and continued displaced staff) and increasing pressures on care home placements and purchased homecare in response to demands, however these are largely covered through the planned application of £1.1m of

adult winter planning reserves (an increase of £0.8m applied since that reported at month 4). Pressures are also being offset by projected underspends across supported living and daycare budgets for older people and with underspends on NHS staffing budgets in this area due to staffing vacancies held within elderly MH service in expectation of a transfer of service to North Lanarkshire HSCP, delays and difficulties in recruitment and continuing care funding which is delivering an overall underspend in this care group area.

- Mental Health, Learning Disability, Addiction Services (£0.408m overspend, a positive movement of £0.226m since that reported at month 4)) – there are significant pressures related to SW staffing budgets due to continued use of agency staff to fill mental health officer posts where there have been difficulties in recruitment – a proposal is being developed to mitigate the use of agency in this area but will take time to embed with recruitment processes. There is also use of agency within John Street and Pineview contributing to staffing pressures. There are challenging savings targets in this area related to a review of supported accommodation and daycare where the planned use of smoothing reserves will mitigate pressures as these plans are progressed. Overall pressures are being further mitigated through delays in recruitment and turnover of staff with community health services.

- Children and Criminal Justice Services (£0.0.479m overspend, a positive movement of £0.251m since that reported at month 4)) – there are anticipated pressures on SW payroll budgets related to use of agency staff within Lowmoss Prison service and challenging turnover savings albeit there is an improving picture here with expected turnover savings to be met for the year. This will be monitored as the year progresses given the continuing recruitment and retention challenges across Children's services, particularly in relation to the community support team and frontline social workers with an expectation that turnover savings will be fully delivered in year, as with previous years. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate children as continuing needs and demands present. A proposal is in development to address the needs of USAC within the local area which will take time to progress in terms of identifying a care provider, securing and making fit for purpose appropriate accommodation etc. Pressures are being mitigated by reductions in external fostering as children move onto positive destinations and underspends on NHS payroll budgets due to ongoing recruitment delays.

- Other Non-Social Work Services delegated to HSCP (underspend of £0.138m, a slight positive movement of £0.03m since that reported at month 4) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, fleet provision, sheltered housing and planning & commissioning support. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate and the Corporate Directorate – there has been a continuing underspend in relation to fleet recharges related to a downturn in transport provision needed as a consequence of Covid and a reduction in services requiring this type of transport. There has been underspends in previous years across the care and repair service and private sector housing grants which are expected to materialise as the year progresses given the delays in progressing recruitment to this service and delays in the awarding of grants.

Care Group Analysis	Annual Budget 2023/24 £000	Full Year Spend £000	Full Year Variance
Private Sector Housing Grants	331	331	-
Care & Repair	244	244	-
Care of Gardens*	90	90	-
Fleet*	593	455	138
Sheltered Housing	-	-	-
Planning & Commissioning	286	286	-
Net Expenditure	1,544	1,406	138
**Included in care group budgets*			

- Prescribing (overspend of £0.746m, a slight positive movement of £0.032m since that reported at month 4) – pressures in relation to price and volume increases across a range of medicines have been reported throughout the previous financial year which has resulted in a continued adverse variance in this area. NSS, who produce the prescribing data across Scotland are implementing a new system which is causing significant delays in getting robust, reliable data for current prescribing volumes and prices – only April and May data is available with June data emerging. This would indicate a significant spike in volumes for May which is informing a revised projection of £1.4m over which has been mitigated through the application of £0.650m of reserves this period. June data would suggest that for East Dunbartonshire we will see a further increase in June, however figures have yet to be verified.

  There are a number of initiatives in development to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. The HSCP has invested some spend to save funding locally to target waste within care homes and we expect to see a positive impact as this is bedded in. Prices across the market are expected to continue to increase due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C. Pressures are being offset in part by underspends related to payroll and other budgets across NHS delegated services and the planned application of reserves will mitigate this further.

- Hosted Services - Oral Health and Specialist Children's Services (breakeven at this stage) – confirmation of SG funding in these areas is awaited which will determine the anticipated financial performance on these budgets for the year.

3.10 The consolidated position for the HSCP is set out in **Appendix 2**.

3.11 Savings Programme 2023/24
There is a programme of service redesign and transformation which was approved as part of the Budget 2023/24, progress and assumptions against this programme are set out in **Appendix 3**. This provides that of the overall planned savings of £3.894m, it is expected that the HSCP will achieve £2.467m, a shortfall of £1,428m (a negative movement of £0.7m since that reported at month 4). There was a smoothing reserve created of £0.594m for those areas considered at higher risk and where implementation and achievement was expected to commence in 2023/24. When applying this to the savings shortfall provides an under achievement of £0.8m

on the programme for 2023/24. This will continue to be monitored and action taken to maximise the savings to be achieved in year. The under achievement of planned savings is contributing to the projected pressure on budget.

3.12 Partnership Reserves

As at the 1st April 2023, the HSCP had a general (contingency) reserves balance of £4.371m. If the overspend position remains and there is a need to utilise reserves in year to deliver a balanced budget, then as things stand there would be a reduction in the HSCP contingency reserves of £0.506m leaving a balance of £3.865m. There will be a number of other considerations prior to the use of reserves as set out below.

3.13 In addition, the HSCP had earmarked reserves of £15.691m which are available to deliver on specific strategic priorities. It is expected, at this stage that there will be a net reduction in earmarked reserves of £2.334m related in the main to anticipated drawdown of the smoothing reserves to manage the delivery of savings during 2023/24 as well as use of the Adult Winter Planning monies to manage pressures in relation to care at home services and community equipment pressures. This will leave a balance of £13.357m at this stage in the year, albeit it is expected that there will be use of a number of other reserve balances as the year progresses in relation to SG policy delivery and use of transformation to lever in programmes which will deliver efficiencies and savings into future years.

3.14 The overall level of partnership reserves is expected to reduce from £20.062m to £17.222m based on the financial performance to date. The detail of reserves and expected in year movements is set out in **Appendix 4.**

3.15 Budget Management / Financial Recovery

The East Dunbartonshire Integration Scheme 2018 provides that:

> ‘The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan does not succeed, the first resort should be to the IJB reserves, where available, in line with the IJB’s Reserves policy. The Parties may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and IJB. If the revised plan cannot be agreed by the Parties, or is not approved by the IJB, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme. ‘

3.16 The SMT continue to work on actions to mitigate cost pressures in year and maximise the delivery of the savings programme for 2023/24 including challenging staff turnover savings.

3.17 The IJB may be asked to approve a recovery plan at a future date in the event that cost containing measures and the challenging savings programme are not delivering a balanced budget position.

3.18 Financial Risks

As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue throughout the year. The most significant risks to be managed during 2023/24 are:

- Pay Uplifts
  Pay negotiations have concluded for health staff, having agreed an average 6.5% uplift. Financial allocations have now been made to HSCPs from the health board which are broadly in line with assumptions with only medical funding to be allocated further. Pay uplifts related to policy areas which sit with HSCPs such as PCIP, ADP and Action 15 may not be as expected with SG allocating funding on an nrac (allocation methodology based on need) basis as opposed to amounts needed which does not favour East Dunbartonshire. There is a risk that elements of this may not be fully funded.

  Pay negotiations continue in respect of local authority staff with two unions having accepted the latest offer and one rejecting the offer. There are expected to be further discussions through COSLA on the final position for local authorities and we await the outcome of these considerations. For the HSCP, staffing projections are based on the budgeted assumptions of 2% and while there may be some additional funding from SG (an additional £155m indicated by SG for local authorities of which a share would be expected to HSCPs with potential further funding identified as part of the latest offer) there will likely be a shortfall as this is not expected to fully fund the pay uplift.

- The cost of living crisis and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2023/24. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This will include national contracts and frameworks being negotiated through SXL.

- Delivery of a recurring savings programme identified as part of the budget process for 2023/24. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.

- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures with funding within earmarked reserves to mitigate potential funding of these pressures.

- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children

- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and allocations for 2023/24 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. This is expected to continue into future years.

- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.

- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

3.19 Budget Planning 2024/25

3.19.1 Work is progressing on the budget 2024/25 in terms of identifying the extent of anticipated cost pressures and funding assumptions moving into the next financial year with expectations that the next few years will be particularly challenging.

3.19.2 As part of the budget planning for 2024/25 the HSCP is undertaking consultation on the HSCP budget with key stakeholders and wider public engagement. This will take the format of the consultation process undertaken each year by East Dunbartonshire Council and supported by the Council communications team.

3.19.3 The public consultation will be open for 4 weeks through an online survey during November and into early December and this will be supplemented with stakeholder engagement through the established forums in place – Strategic Planning Group, Public Service User and Carers Forum, Staff Partnership Forum and the HSCP Leadership Group. Posters will also be available to encourage wider staff and public engagement.

3.19.4 The intent will be to seek views on the principles within which the HSCP will be developing its approach to setting a balanced budget for 2024/25 and questions intended to illicit views on where the HSCP could be making decisions on dis investment and prioritising services we should continue to invest in.

3.19.5 A copy of the HSCP budget brief and survey questions is attached at **Appendix 5.**

3.19.6 The outcome of the consultation process will be brought back to a future meeting of the IJB as part of the considerations for setting a balanced budget for 2024/25.

4.0 <u>IMPLICATIONS</u>

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The financial performance reflects an underlying overspend on budget of £0.506m for the financial year 2023/24. This will potentially reduce the general reserve balances and compromise compliance with the HSCP Reserves Policy to provide a contingency to manage in year pressures and support ongoing financial sustainability. There may be a requirement to consider a recovery plan for the HSCP in the event that cost containing measures and delivery of the savings programme for 2023/24 does not deliver a balanced budget.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of recurring budget pressures and challenging savings targets may be compromised. In order to maintain the reserves position, the HSCP will require to continue to focus on transformational change and service redesign going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services

users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.18.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

6.3 NHS GREATER GLASGOW & CLYDE – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 Appendix 1 – Budget Reconciliation 2023/24
8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 6
8.3 Appendix 2a – NHS Financial Performance at Month 6
8.4 Appendix 2b – Social Work Financial Performance as at Period 6
8.5 Appendix 3 – HSCP Savings Update 23/24
8.6 Appendix 4 – HSCP Reserves Position 2023/24
8.7 Appendix 5 – HSCP Budget Consultation 2024/25
8.8 Appendix 6 – Directions Template

East Dunbartonshire HSCP
Consolidated Budget Reconciliation 2023/24

APPENDIX 1

2023/24	NHS £000	Local Authority £000	Total £000	
Budget Approved at HSCP Board on 23rd March 2023	**123,354**	**73,226**	**196,580**	
Set Aside approved at HSCP Board on 24th March 2022	38,382		38,382	
TOTAL Budget Approved	161,736	73,226	234,962	
Rollover Budget Adjustment	17		17	
Period 4 Budget Adjustments				
Disabled Adaptations / Care & Repair - Other Non SW Services		575	575	
Attainment fund from Education service		20	20	
Contribution to LAC posts from Education		42	42	
Contribution to Planning & Commissioning Posts		286	286	
23.24 Uplift in Budget Approved not yet received	(1,162)		(1,162)	??
ADP	814		814	
Winter Funding - Band 2-4	650		650	
Specialist Children - Stem Cell Psychology post	76		76	
Specialist Children - Management Accountant	52		52	
Oral Health - Movements	(10)		(10)	
Primary Care Improvement Funding	3,160		3,160	
Prescribing tariff swap	(288)		(288)	
Pay Uplift - 23.24 One Off Payment	878		878	
Health Visiting - Training	42		42	
Health Improvement	0		0	
Apremilast	35		35	
Period 6 Budget Adjustments				
SG Additional Pay Uplift	4,389		4,389	
Specialist Children - Apprentice Levy/ Pension from Glasgow	65		65	
Childsmile	685		685	
Primary Care Improvement Funding adjustment	(69)		(69)	
District Nursing	131		131	
School Nursing	220		220	

Winter Funding - Enhanced MDT	697		697
Open University Students	30		30
Revenue to Capital (Dental Chairs)	(415)		(415)
Apremilast	190		190
Contribution to LAC posts from Education - adjustment		(5)	(5)
Revised 2023/24 Budget	**171,924**	**74,144**	**246,068**
Anticipated 2023/24 Budget	***171,924***	***74,144***	***246,068***

171923.7		74,144
0	-	0

East Dunbartonshire HSCP
Consolidated Financial Performance 2023/24 6 **APPENDIX 2**
Period to the 30th September 2023

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(3,283)	2,179	2,093	85	(3,125)	(157)	83	0	(73)	2.23%
Older People & Adult Community Services	55,050	25,054	24,677	378	55,214	(164)	1,107	0	942	1.71%
Physical Disability	5,368	2,502	2,316	186	5,247	121	0	0	121	2.26%
Learning Disability	23,369	10,366	10,422	(56)	24,593	(1,224)	407	0	(817)	-3.50%
Mental Health	5,066	2,353	2,147	205	4,632	434	0	0	434	8.58%
Addictions	1,833	699	731	(32)	1,891	(59)	0	0	(59)	-3.19%
Planning & Health Improvement	565	318	302	17	532	33	0	0	33	5.81%
Childrens Services	16,953	8,355	8,191	164	17,318	(366)	86	0	(279)	-1.65%
Criminal Justice Services	504	298	464	(166)	704	(200)	0	0	(200)	-39.71%
Other Non Social Work Services	1,541	756	384	372	1,403	138	0	0	138	8.95%
Family Health Services	33,161	16,230	16,230	0	33,161	0	0	0	0	0.00%
Prescribing	21,731	10,817	11,497	(680)	23,127	(1,396)	650	0	(746)	-3.43%
Oral Health Services	11,605	6,069	5,813	256	11,605	0	0	0	0	0.00%
Specialist Childrens Services	34,223	19,252	18,533	719	34,223	0	0	0	0	0
Set Aside	38,382	19,191	19,191	0	38,382	0	0	0	0	0.00%
Covid Expenditure	0	0	0	0	0	0	0	0	0	#DIV/0!
Net Expenditure	246,067	124,440	122,992	1,448	248,906	(2,839)	2,334	0	(506)	-0.21%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	105,558	54,663	53,600	1,063	105,624	(66)	31	0	(36)	-0.03%
Property Costs	524	193	201	(9)	554	(31)	0	0	(31)	-5.83%
Supplies and Services	(2,951)	1,423	1,322	101	(2,937)	(14)	167	0	153	-5.18%
Third Party Payments (care providers)	67,718	30,346	29,691	655	69,160	(1,442)	1,369	0	(74)	-0.11%
Transport & Plant	728	366	373	(7)	735	(7)	0	0	(7)	-0.90%
Administrative Costs	3,900	1,962	1,433	529	3,732	168	87	0	254	6.53%
Family Health Services	33,998	16,685	16,688	(3)	33,998	0	0	0	0	0.00%
Prescribing	21,731	10,817	11,497	(680)	23,127	(1,396)	650	0	(746)	-3.43%
Other	(50)	(25)	0	(25)	0	(50)	0	0	(50)	100.00%
Resource Transfer	18,763	9,382	9,382	0	18,763	1	1	0	0	0.00%
Set Aside	38,382	19,191	19,191	0	38,382	0	0	0	0	0.00%
Gross Expenditure	288,300	145,002	143,376	1,626	291,137	(2,837)	2,304	0	(535)	-0.19%
Income	(42,233)	(20,563)	(20,385)	(178)	(42,230)	(2)	30	0	28	-0.07%
Net Expenditure	246,067	124,439	122,992	1,448	248,907	(2,839)	2,334	0	(506)	-0.21%

East Dunbartonshire HSCP
Consolidated Financial Performance 2023/24 6 **APPENDIX 2A**
Period to the 30th September 2023

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	12,527	9,996	9,968	29	12,523	4			4	0.03%
Older People & Adult Community Services	12,269	6,398	5,980	418	11,734	535	301		835	6.81%
Learning Disability	750	377	353	24	702	48			48	6.37%
Mental Health	2,330	1,158	1,082	77	2,177	153			153	6.56%
Addictions	1,284	408	402	6	1,272	11			11	0.89%
Planning & Health Improvement	565	318	302	17	532	33			33	5.81%
Childrens Services	3,099	1,634	1,530	104	3,002	97			97	3.13%
Family Health Services	33,161	16,230	16,230	0	33,161	0			0	0.00%
Prescribing	21,731	10,817	11,497	(680)	23,127	(1,396)	650		(746)	-3.43%
Oral Health Services	11,605	6,069	5,813	256	11,605	0			0	0.00%
Specialist Childrens Services	34,223	19,252	18,533	719	34,223	0			0	0.00%
Set Aside	38,382	19,191	19,191	0	38,382	0			0	0.00%
Covid Expenditure	0	0	0	0	0	0			0	#DIV/0!
Net Expenditure	171,924	91,847	90,878	969	172,439	(515)	951	0	436	0.25%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	79,958	42,657	41,404	1,253	79,462	496	141		637	0.80%
Property Costs	372	186	201	(15)	402	(31)			(31)	-8.23%
Supplies and Services	(4,672)	557	623	(66)	(4,672)	0	160		160	-3.42%
Third Party Payments (care providers)	477	249	78	172	155	322			322	67.48%
Transport & Plant	0	0	0	0	0	0			0	#DIV/0!
Administrative Costs	2,820	1,420	1,088	332	2,677	143			143	5.08%
Family Health Services	33,998	16,685	16,688	(3)	33,998	0			0	0.00%
Prescribing	21,731	10,817	11,497	(680)	23,127	(1,396)	650		(746)	-3.43%
Other	(50)	(25)	0	(25)	0	(50)			(50)	100.00%
Resource Transfer	18,763	9,382	9,382	0	18,763	0			0	0.00%
Set Aside	38,382	19,191	19,191	0	38,382	0			0	0.00%
Gross Expenditure	191,778	101,119	100,150	969	192,293	(515)	951	0	436	0.23%
Income	(19,855)	(9,272)	(9,272)	0	(19,855)	0			0	0.00%
Net Expenditure	171,924	91,847	90,878	969	172,439	(515)	951	0	436	0.25%

East Dunbartonshire HSCP
Consolidated Financial Performance 2023/24 6 **APPENDIX 2B**
Period to the 30th September 2023

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,810)	(7,817)	(7,874)	57	(15,648)	(162)	83		(78)	0.50%
Older People & Adult Community Services	42,782	18,656	18,697	(40)	43,481	(700)	806		107	0.25%
Physical Disability	5,368	2,502	2,316	186	5,247	121	0		121	2.26%
Learning Disability	22,619	9,989	10,069	(80)	23,891	(1,272)	407		(865)	-3.82%
Mental Health	2,736	1,195	1,066	129	2,454	282	0		282	10.29%
Addictions	549	292	329	(38)	619	(70)	0		(70)	-12.73%
Childrens Services	13,854	6,721	6,662	59	14,317	(463)	86		(376)	-2.72%
Criminal Justice Services	504	298	464	(166)	704	(200)	0		(200)	-39.71%
Other Non Social Work Services	1,541	756	384	372	1,403	138	0		138	8.95%
Covid Expenditure	0	0	0	0	0	0	0		0	#DIV/0!
Net Expenditure	74,144	32,592	32,113	479	76,468	(2,325)	1,383	0	(942)	-1.27%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	25,600	12,006	12,196	(190)	26,162	(562)	(110)		(672)	-2.63%
Property Costs	152	7	0	7	152	0			0	0.05%
Supplies and Services	1,721	867	700	167	1,735	(14)	7		(7)	-0.41%
Third Party Payments (care providers)	67,241	30,096	29,613	483	69,005	(1,764)	1,369		(395)	-0.59%
Transport & Plant	728	366	373	(7)	735	(7)			(7)	-0.90%
Administrative Costs	1,080	542	344	198	1,056	24	87		111	10.30%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	0	0	0	0	0	0			0	#DIV/0!
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	96,521	43,884	43,226	658	98,844	(2,322)	1,353	0	(969)	-1.00%
Income	(22,378)	(11,291)	(11,113)	(179)	(22,376)	(2)	30		28	-0.12%
Net Expenditure	74,144	32,592	32,113	479	76,468	(2,325)	1,383	0	(942)	-1.27%

East Dunbatonshire HSCP

Financial Planning 2023/24 - Savings Programme APPENDIX 3

Workstream	Action	Lead	Full Year Savings Target 23/24	Actual Savings Anticipated 23/24	Savings Un Achieved 23/24	Smoothing Reserve 23/24
	Community Health & Care					
Policy	Development of a Charging Policy for Teleca	Derrick				
Service Change	Review of Older People Day Supports	Derrick	30,000		30,000	30,000
Service Change	Health Improvement Redesign	Derrick	-			
Efficiency	Demographic Growth	Derrick	50,000	50,000	-	
Service Change	Review of Continuing Care	Derrick	1,043,746	1,043,746	-	
Service Change	Review of PDS funding from Carers	Derrick	277,000 70,000	277,000		
			1,470,746	1,400,746 70,000	- 30,000 -	
	Mental Health, Learning Disability &					
Efficiency	Impact of New Investment on Mainstream budgets	David	136,000	136,000	- -	
Efficiency	Increased turnover due to delays / difficulties in recruitment	David				
Service Change	Cessation of review Team function	David	250,000 101,415	250,000		
Service Change	Review of Pineview / move to 2 bedded unit	David		101,415		
Efficiency	Review of Suuported Accommodation / Support Living Budgets for Adult Services in line with Fair Access policy and access to	David	338,356	142,356	- 196,000	
Service Change	New Allander Daycare opportunties	David	407,000 190,900		407,000 190,900	407,000

Service Change	Review of Voluntary Sector / MH / Addicitions Commissioning	David				
			30,000			
			1,453,671			
	Childrens Services			629,771	30,000	
					823,900	
Service Change	Continuance of House Project model	Claire	500,000			
	Strategic & Resources		500,000		500,000	
					500,000	
Efficiency	Review of Planning & Commissioning fundin	Jean	157,000	-	-	157,000
Efficiency	Management Efficiencies	Jean		83,079	73,921	
			313,000			
	Total Savings Programme 23/24		470,000	313,000		
			3,894,417			
				396,079	73,921	
				2,466,596	1,427,821	833,821
					-	594,000

HSCP RESERVES (Appendix 4)	Balance at 31 March 2023 £000	Proposed Use of Reserves 23/24 £000	Anticipated Additions to reserves 23/24 £000	Projected Balance at 31st March 2024 £000
HSCP Transformation	(1,100)	111		(989)
HSCP Accommodation Redesign	(3,000)			(3,000)
HSCP Smoothing Reserve	(594)	511		(83)
HSCP Digital Redesign	(500)			(500)
Apropriate Adults	(24)			(24)
Review Team	(72)			(72)
Children's MH & Wellbeing Programme	0			0
Children's MH & Emotional Wellbeing - Covid	(0)			(0)
Scottish Govt. Funding - SDS	(76)			(76)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health	(2,575)			(2,575)
Infant Feeding	(61)			(61)
CHW Henry Programme	(15)			(15)
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(316)	141		(175)
SG – Action 15 Mental Health	(145)			(145)
SG – Alcohol & Drugs Partnership	(1,240)			(1,240)
SG – Technology Enabled Care	(11)			(11)
GP Premises	(229)			(229)
PC Support	(27)			(27)
Prescribing	(1,185)	650		(535)
Covid	0			0
Community Living Charge	(341)			(341)
Psychological Therapies	(60)			(60)
District Nursing	(93)			(93)
Chief Nurse	(102)			(102)
Health & Wellbeing	(40)			(40)
Specialist Children - SLT	0			0
Woodland Garden Project	(7)			(7)
National Trauma Training	(81)			(81)
Adult Winter Planning Funding	(2,503)	921		(1,582)
Mental Health Recovery & Renewal	(119)			(119)
Learning Disability	(37)			(37)
Community Link Workers	(267)			(267)
Telecare Fire Safety	(20)			(20)
Whole Family Wellbeing	(7)			(7)
Care Experienced Attainment	(20)			(20)
Unaccompanied Asylum Seeking Children	(22)			(22)
LAC Posts - Education Contribution	(40)			(40)
Dementia	(114)			(114)
Wellbeing	(72)			(72)
Premises	0			0
MH Estate Funding	(255)			(255)
Total Earmarked	**(15,691)**	**2,334**	**0**	**(13,357)**
Contingency	(4,371)	505		(3,866)
General Fund - Total Reserves	**(20,062)**	**2,839**	**0**	**(17,223)**

HSCP Budget Consultation 2024/25

Overview

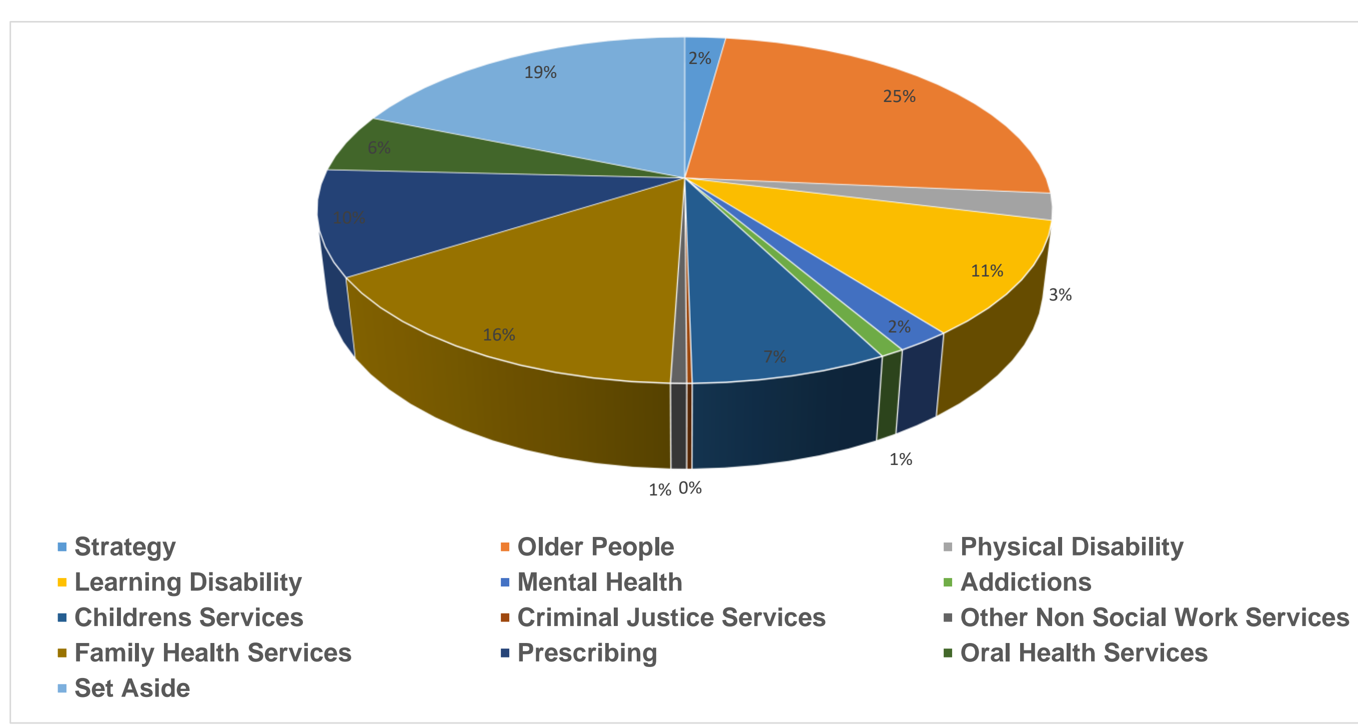
East Dunbartonshire Health & Social Care Partnership (HSCP) is responsible for delivering health and social care services to residents in East Dunbartonshire.

Community based services provided by the HSCP include:

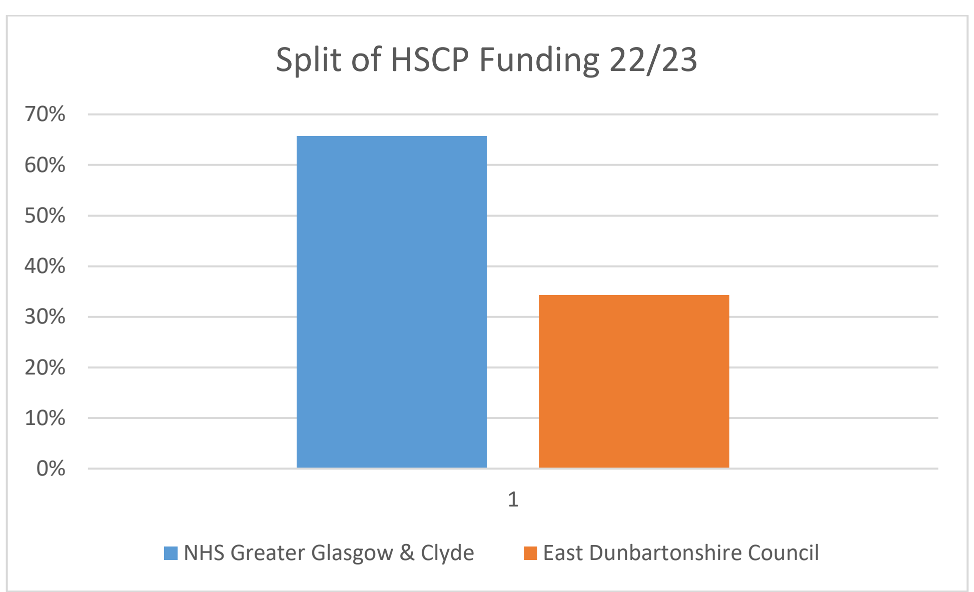
- Assessment for access to social care
- Care at Home
- Care Homes
- Independent Living and Social Support
- District Nursing
- Rehabilitation
- Child and Adult Protection
- Aids and Adaptations
- Addiction and Mental Health Services

The HSCP also has responsibility for unplanned hospital care and in reducing the amount of time people spend within a hospital setting when this is not the best place for them.

The proportion of expenditure on health and social care services is set out below:



The HSCP is funded from contributions from NHS Greater Glasgow & Clyde and East Dunbartonshire Council, with some funding coming from the Scottish Government for specific priorities such as increasing the Scottish Living wage to staff in the independent sector, increasing free personal and nursing care allowances, and support to carers.



As with other public sector organisations, the HSCP is under extreme financial pressures with uplifts in pay for staff, increases in contractual payments for care services purchased from independent care providers, the cost of medicines, increasing demand for services due to increase / complexity of needs as people grow older or need support with their mental health, addiction or require to be kept safe from harm. This is all occurring against a backdrop of a flat cash settlement or limited additional funding to meet specific cost pressures. The HSCP is expected to have a financial gap of £4.1m to £4.5m each year for the next five years (a cumulative total of £17.2m).

The HSCP is required to set a balanced budget each year and the Integration Joint Board will determine the budget for 2024/25 in March 2024.

We would like to hear your views on some budget principles for the coming year.

Principles

- Individuals who have the means should pay more for the services they receive directly
- Rigid application of the HSCP Fair Access to Community Care policy which determines that there should be an equity of access to services based on need
- Tighten the eligibility to receive services, and prioritise delivery of services to those with the highest levels of need

- If budget pressures ever exceed available funding, the HSCP will have to implement a recovery plan which may mean delays / reduction / pausing or cancellation of services
- A focus on prevention and ensuring individuals have more control over the care they receive which promotes independence, with the understanding that the benefits to this approach are longer term and difficult to determine impact
- Collaborative commissioning and working in partnership with care providers to ensure services are delivered efficiently and in the best way to effectively support individuals
- Services should be delivered digitally where appropriate
- Transformation and service redesign should deliver better outcomes for patients and service users and require to be delivered in the most efficient manner possible

Survey Questions

1. Do you agree with the principles underpinning the HSCP approach to delivering a balanced budget? Yes or No.
2. If no: Please explain why and what could be changed?
3. When thinking of the services the HSCP provide, what is important to you and that you wouldn't want to change?
4. Is there anything you think the HSCP should stop doing? Yes or No.
   If yes: Please explain what and why.
5. Is there anything you think the HSCP should do more of that might help our financial situation, whilst still meeting the needs of those we support?
6. How could the HSCP services deliver things differently?
7. How can we collectively respond to all our people's needs if the HSCP can only support those with the highest level of need?
8. From your knowledge or experience are there any concerns about changes to services that may have an impact for groups of people with specific needs? Please explain your answer.

9. Do you have anything else you may want to add?

About You

Survey demographics question

Age - Drop down

Label - From the list of age bands below, please indicate the category that includes your current age in years:

Under 16

16 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65+

Gender - drop down

Label - What is your gender?

Female

Male

Non-binary

Other

Prefer not to answer

Ethnic Group

Label - What is your ethnic group? – note

Label - White - drop down

Scottish

Other British

Irish

Gypsy/Traveller

Polish

Label - Mixed or multiple ethnic groups (if applicable) - Multiline text

Label - Asian, Asian Scottish, Asian British - Dropdown

Pakistani, Pakistani Scottish, Pakistani British

Indian, Indian Scottish, Indian British

Bangladeshi, Bangladeshi Scottish, Bangladeshi British

Chinese, Chinese Scottish, Chinese British

Label - African - dropdown

African, African Scottish, African British

Other

Label – Caribbean or Black – dropdown

Caribbean, Caribbean Scottish, Caribbean British

Black, Black Scottish, Black British

Other

Label - Other Ethnic group - dropdown

Arab, Arab Scottish, Arab British

Other

If relevant:

Illness or Disability- Single choice

Label - Do you have any long-standing illness, disability or infirmity? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?

Yes

No

Prefer not to answer

Caring responsibilities – Single Choice

Label - Are you responsible for caring for an adult relative/partner, disabled child or friend/neighbour?

Yes

No

Prefer not to answer

UK Armed Forces (any branch)
Currently serving personnel or their family members
Former service personnel or their family members
Prefer not to answer

APPENDIX 5

Note: if the survey is EDC wide and the service hasn't already included a location question add in Where do you live? with relevant dropdowns.

Agenda Item Number: 15f.
Appendix 6

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	161123-15 Agenda Item Number 15
2	Report Title	Financial Performance Budget 2023/24 – Month 6
3	Date direction issued by Integration Joint Board	16th November 2023
4	14th September 2023	16th November 2023
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 140923 - 12
7	Functions covered by direction	Budget 2023/24 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £171.924m and East Dunbartonshire Council is £74.144m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2023/24.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2023/24 monitoring reports will supersede this direction planned for 18th January 2024.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16TH NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/16**
CONTACT OFFICER:	**DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER, TELEPHONE NUMBER 0141 355 2391**
SUBJECT TITLE:	**PUBLIC, SERVICE USER & CARER (PSUC) UPDATE**

1.0 PURPOSE

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

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

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

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.

3.2 The PSUC have held four meetings in 2023. The latest meeting took place on the 28 September 2023 and was offered in a hybrid model. Group members had the opportunity to attend in both a 'physical' and 'virtual' capacity, on Microsoft Teams.

3.3 At the latest PSUC meeting, the members received an update from Caroline Sinclair (Chief Officer) on current HSCP business and what opportunities there are for the PSUC group to assist the HSCP with.

3.4 The group also received a presentation from Fiona Munro (Service Manager and Lead Allied Health Professional) on the current challenges and opportunities the HSCP face with hospital discharge.

3.5 The PSUC group received an update on current Power of Attorney (PoA) for East Dunbartonshire included in **Appendix 2**. The most recent evaluation of PoA figures show an increase in registrations.

3.6 The PSUC group have also requested that the Carers 'Transitions' narrative and the Scottish Government Carers funding stream / allocation, be continued, amplified and remain as an ongoing workstream and key agenda item.

3.7 The PSUC group continue to support the HSCP and are also actively looking to recruit new members, through various methods of communication and engagement.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

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

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 ICT – None.

4.8 Procurement – None.

4.9 Economic Impact – None.

4.10 Sustainability – None.

4.11 Equalities Implications – None.

4.12 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY –** None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1:** Public Service User and Carer Support Group of 11 May 2022.
8.2 **Appendix 2:** Power of Attorney figures (September 2023)

Agenda Item Number: 16a Appendix 1

Public Service User and Carer Support Group – 28 September 2023

Attending; Gordon Cox, Linda Hill, Mary Kennedy, Fiona McManus, Michael O'Donnell.

Apologies; Karen Albrow, David Bain, Suzanne McGlennan Briggs, Catherine Buchanan, Sandra Docherty, Avril Jamieson, Linda Jolly, Jenny Proctor, Michael Rankin and Frances Slorance.

HSCP Staff in attendance; Caroline Sinclair (Chief Officer), Fiona Munro (Service Manager and Lead Allied Health Professional).

HSCP Support Staff; Anthony Craig.

Action points agreed at meeting:

Action		By who	When	G	A	R
1	HSCP officer to share details of the October Wellbeing event (PSUC involvement to engage with attendee's)	A Craig	28/09/2023			
2	HSCP officer to liaise with HSCP BM, for PSUC / Carer awareness films/info to be added to IJB agenda	A Craig	By next meeting 07/12/2023			
3	HSCP officer to further discuss with HSCP SMT/PSUC Chair, re; the support the PSUC can provide on HSCP staff recruitment.	A Craig	By next meeting 07/12/2023			
4	PSUC group to be fully engaged in the 'winter planning' communications and engagement programme and the dissemination of health and wellbeing 'care pathways.'	A Craig	By next meeting 07/12/2023			
5	PSUC officer to liaise with LD project lead and facilitate PSUC group visit to the new Allander service.	A Craig	By next meeting 07/12/2023			
6	PSUC wish to continue to liaise with Head of Service and disseminate the Carers Transitions Narrative and continue to clarify funding offered to HSCP via the Scottish Carers funding stream / allocation.	A Craig	Ongoing			
7	The members wish to continue to liaise with the Primary Care Transformation Manager, to scope and provide the most recent figures on GP patient contacts and percentage that 'do not attend'.	A Craig	Ongoing			

Agenda Item Number: 16b Appendix 2

East Dunbartonshire Public, Service User and Carer (PSUC) group

Power of Attorney – Update of Figures (September 2023)

Content

The findings presented in this paper will provide an update to the East Dunbartonshire Health and Social Care Partnership, on the the two year PoA promotional campaign that was undertaken by the East Dunbartonshire Public, Service User and Carer (PSUC) group.

1. **Introduction**
2. **Background**
3. **Policy**
4. **Aims and Objectives**
5. **Synopsis of PoA figures**
6. **Recommendations**

1. Introduction

This paper will inform the East Dunbartonshire Health and Social Care Partnership of the current Power of Attorney (PoA) figures for East Dunbartonshire. The content of this papers will also describe the benefits for the Health and Social Care Partnership of continuing to promote PoA across East Dunbartonshire.

The HSCP officer, on behalf of the PSUC group, originally contacted the Office of Public Guardian (OPG) in May 2020. Contact was again progressed in July 2023. On both occasions the request was for all (registered) PoA figures for East Dunbartonshire. We were notified that for this application to be processed, then it would be required to be made as a Freedom of Information (FoI) request, under the (Scotland) Act (the FOI Act 2002). A FOI request was sent to the OPG in both May 2020 and in June 2023 to the OPG. The figures (appendix 1) relay both the 2020 request and the updated figures for 2023.

On both occasions the HSCP officer, asked for:

- all PoA's registered in East Dunbartonshire
- all PoA's still open in East Dunbartonshire
- a breakdown of these figures, by sex and age
- the year they were registered, and;
- the postcode of East Dunbartonshire the recipient of the PoA resided.

2. Background

East Dunbartonshire Health and Social Care Partnership (HSCP) is committed to having robust arrangements to support meaningful public, carer, patient, service user and stakeholder involvement. The HSCP and its teams regularly devise and implement a range of engagement, participation and community involvement programmes aimed at various stakeholders.

One of these programmes is the East Dunbartonshire Public, Service User and Carer (PSUC) representatives group which was formed in 2016 and is a network of local people with an interest in improving the Health and Care services provided by the HSCP.

In May 2020 and again in July 2023, the PSUC group asked the HSCP officer to gather PoA figures for East Dunbartonshire. This was in response to a presentation the group received from Stephen McDonald (Joint Service

Manager, Older People) on the challenges that the HSCP face when residents are hospitalised without capacity and do not have a PoA in place.

The PSUC group then embarked on a promotional campaign to communicate the benefits of having a PoA to all residents and communities in East Dunbartonshire. The PSUC group included this project in the work stream for their (2021-2024) action plan. They did this by with the assistance of the HSCP officer to bench the 2020 PoA figures and to then become PoA advocates; communicating to all residents what a PoA is, what it does and the benefits of having PoA in place.

A PoA lets the individual plan what they want another person(s) to do for them in the future, should they become incapable of making decisions about they're their own affairs. (See Appendix 2 for the 3 types of PoA).

3. Policy

Scottish Government guidance states health and care services should be "planned and led locally in a way which is engaged with the community (including in particular Service Users, those who look after Service Users and those who are involved in the provision of health or social care[1])". East Dunbartonshire HSCP's Strategic Plan 2022-25 has eight priorities, six of these priorities can be aided by engaging with our communities to increase their knowledge of and uptake of PoA.

Priority 1. Promote positive health and wellbeing, preventing ill-health and building strong communities.

Priority 2. Enhance the quality of life and supporting independence for people, particularly those with long-term conditions.

Priority 4. Address inequalities and support people to have more choice and control.

Priority 5. People have a positive experience of health and social care services.

Priority 7. Improve support for Carers enabling them to continue in their caring role

1 Scottish Government. Integration Planning and Delivery Principles

Priority 8. Optimise efficiency, effectiveness and flexibility

4. Aims and Objectives

By including this work stream within the PSUC action plan and creating 'PoA Community Champions,' the aim was to promote PoA, increase public knowledge, leading to an increased uptake of PoA's in East Dunbartonshire and also further developing HSCP engagement and participation channels with our local communities, covering the six priorities listed above.

The overall aim of this project is to build a comprehensive knowledge of PoA activity in East Dunbartonshire. The benefits to the HSCP could be:

- To lessen the need and the amount of times that the HSCP will be required to use legal channels to obtain authority to act on peoples behalf, making decisions the individual may not have wanted (This process is time consuming and costly and above all it can be a very stressful and emotional experience for everyone involved)
- East Dunbartonshire will have a more knowledgeable population with regards to PoA, be more aware of the need and benefits of having a PoA in place, and;
- East Dunbartonshire residents will get the financial and the health and social care needs and treatment they specified for, adhered to; if they are in hospital and do not have capacity.

6. Synopsis

- In May 2020, there were 21,926 registered PoA's from East Dunbartonshire.
- In July 2023, there were 26,846 registered PoA's from East Dunbartonshire, this is an increase of 22.5% compared to 2020. (The OPG have a 12 month backlog in registrations).
- 30.3% of the 16+ East Dunbartonshire population[2] have a registered PoA (based on 2011 census population figures).

[2] East Dunbartonshire Area Profile | East Dunbartonshire Council

- The East Dunbartonshire community with the highest percentage of the population with a registered PoA is Milngavie (35.2%), with Twechar (8.6%) being the lowest.

7. Recommendations

It is recommended that the HSCP note:

- the content of this paper, and;
- continue to support the PSUC group with the PoA awareness campaign, and to work collaboratively with East Dunbartonshire HSCP teams, to support the PSUC group in their programme, to raise awareness and uptake of PoA across East Dunbartonshire.

Appendix 1 (Power of Attorney – Breakdown of Figures)

Table 1; Breakdown by Sex of (registered PoA)

SEX	2001 - 2020	2020-23	Total
MALE	9,162	1,925	11,087
FEMALE	12,764	2,516	15,280
TOTAL	21,926	4,920	26,846
Total % + or -			
MALE	9,162	1925	+21%
FEMALE	12,764	2516	+19.7%
Sub Total	21,926	4920	+22.5%
Total	21,926	4920	26,846

Table 2; Breakdown by Age range (registered PoA)

AGE GROUP				TOTAL	% Increase
2001 - 2020		**2020 - 2023**			
16 - 20	23	**16 - 20**	4	27	+17%
21 - 30	72	**21 - 30**	13	85	+18%
31 - 40	259	**31 - 40**	71	330	+27%
41 - 50	610	**41 - 50**	157	767	+25%
51 - 60	2,025	**51 - 60**	596	2,621	+29%
61 - 70	4,273	**61 - 70**	1117	5,390	+26%
71 - 80	5,806	**71 - 80**	1229	7,035	+21%
81 - 90	4,476	**81 - 90**	869	5,345	+19%
91 & Over	816	**91 & Over**	141	957	+17%
Age Not Disclosed	3,566	**Age Not Disclosed**	723	4,289	
TOTALS	21,926	Totals	4920	26,846	+22%

Table 3; Breakdown by Area* (and by % comparison to total population statistics with a POA registered)

Area	Total POA by area	Current Population[3]	% of pop with POA	% + or – since 2020
Bearsden	8,845	28,023	31.5%	+5.2%
Bishopbriggs	5,198	23,753	21.8%	+4.1%
Kirkintilloch	3,522	19,689	17.8%	+3.8%
Lennoxtown	559	4,868	11.5%	+2.0%
Lenzie	2,585	8,873	29.1%	+5.9%
Milngavie	4,401	12,490	35.2%	+5.6%
Milton of Campsie	899	3,889	23.1%	+5.1%
Torrance	662	2,807	23.5%	+4.9%
Twechar	120	1,389	8.6%	+1.8%
TOTALS	26,846	105,781*	28.3%	+5.8%

*These figure are from the 2011 population census and cover whole population, we cannot source 16+ pop for each area/locality.

Table 3; Breakdown by Locality (PoA registered)

	East Locality	West Locality
2020	10,845	11,081
2023	13,600	13,246
Population	66,911	41,729
PoA % + or -	+25%	+19%
% of population	20.3% of East have a PoA	31.7% of West have a PoA

*These figure are from the 2011 population census and cover whole population, we cannot source 16+ pop for each area/locality.

Appendix 2

Power of Attorney Explained

[4] https://www.eastdunbarton.gov.uk/statistics-facts-and-figures

There are 3 types of PoA:

Continuing PoA – gives powers to deal with money and/or property:

- Continuing (financial) powers can be used by the attorney immediately after the PoA document has been registered with the OPG. If the PoA is only to be used in the event of someone's incapacity, it must clearly state that the powers are not to be used until this happens. The person may wish to add a statement about who should make this decision about their incapacity.

Welfare PoA – gives powers to make decisions around a person's health or personal welfare matters:

- Welfare powers may only be acted upon after the PoA has been registered with the OPG and when a person may have lost capacity to make decisions on matters to which the powers apply. Read the definition of incapacity here.

Combined PoA – gives continuing and welfare powers:

- The majority of PoAs registered with the OPG are a combination of continuing and welfare powers. However, it is the person's choice as to the type of PoA they wish to grant.)

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 17.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: **16th NOVEMBER 2023**

REPORT REFERENCE: **HSCP/161123/17**

CONTACT OFFICER: **JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER TEL: 07583902000**

SUBJECT TITLE: **PERFORMANCE, AUDIT AND RISK COMMITTEE DRAFT MINUTES HELD ON 28TH SEPTEMBER 2023**

1.0 PURPOSE

1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 28th September 2023 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 28TH September 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 28th September 2023.

3.2 The main highlights from the meeting were:

- An update on the internal audit work to August 2023 with 2 audits having been completed during this period – Workforce Planning and HSCP Bad Debt provision. A number of improvement actions have been agreed as part of these audits.
- The outcome of a self-evaluation of the effectiveness of the HSCP Performance Audit & Risk Committee against guidelines issued by Scottish Government and CIPFA. The PAR Committee is broadly compliant with the guidelines with two action agreed to further improve the current arrangements.
- An update on progress on the Annual Delivery Plan 23/24 priorities and the HSCP Corporate risk register.
- Details of the outcome of the recent inspection by the Care Inspectorate on the Care at Home Service which achieved grade 5 for all aspects looked at.
- An update on the outcome of the National Records of Scotland review on the HSCP Records Management Plan.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 STATUTORY DUTY – None

6.2 EAST DUNBARTONSHIRE COUNCIL – None.

6.3 NHS GREATER GLASGOW & CLYDE – None.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – No Direction Required. (insert as appropriate)

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1** – Performance, Audit and Risk Committee Minutes of 28th September 2023.

Chief Officer
Caroline Sinclair

Agenda Item Number 17a.
Appendix 1

Minutes of
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting
Date: Thursday 28th September 2023 at 2pm
Location: Via MS Teams

Present:	Jacqueline Forbes(Chair)	**JF**	Councillor Calum Smith	**CSm**
	Caroline Sinclair	**CS**	Ketki Miles	**KM**
	Jean Campbell	**JC**	Gillian McConnachie	**GMcC**
	Derrick Pearce	**DP**	Jamie Steel	**JS**
	Tom Reid	**TR**	Vandrew McLean	**VMcL**
	Ian Ritchie	**IR**		

Minutes : Sarah Hogg

No.	Topic	Action by
1.	**Welcome and Apologies**	**JF**
	Chair welcomed the Committee members to the meeting. Apologies submitted from: Ewan Patterson, Ishana Singh, Claire Carthy, David Aitken, Councillor Alan Moir, Councillor Susan Murray	
2.	**Minutes of Last Meeting – Extraordinary Performance, Audit and Risk Committee Meeting of 20th June 2023**	**All**
	The minutes of the meeting on the 20th June 2023 were accepted as accurate and approved. It was confirmed to the Committee that there has been a rotation of the chair with Jacquie Forbes resuming the Chair of the PAR Committee. No matters arising.	
3.	**Internal Audit Report to August 2023**	**GMcC**
	GMcC reported from Internal Audit Report updating to August 2023. Points highlighted: • GMcC noted two audits have since been completed since the last meeting – Workforce Planning and HSCP Bad Debt provision. • It was noted that 2 medium risk areas requiring further improvement in relation to Workforce Planning with 3 lower level risks in respect of bad debt provision- the action plan developed in response to each audit will address these points. **Questions:** No questions	

	It was resolved: • The content of the Internal Audit Report was noted.	
4.	**Performance, Audit and Risk Committee Self- Assessment**	**GMcC**
	GMcC updated on the Performance, Audit and Risk Committee Self-Assessment. The report was provided for consideration by the Committee. Points highlighted: • GMcC advised Appendix 1 in the report reflects guidance from the Scottish Government and the IJB is generally compliant with the guidance with a minor area for improvement identified • Appendix 2 reflects CIPFA guidance, generally applied to local authorities. This noted 2 areas for improvement with non-compliance in some areas considered not applicable to the IJB PAR committee or disproportionate in terms of action required to become compliant. • The paper outlines two actions to be completed – a review of the terms of reference for the meeting to ensure these remain fit for purpose and to consider whether enhanced governance arrangements are required to provide the PAR Committee with rights of access and formal engagement with the HSCP Strategic Group. **Questions:** JF commented on Item 6 within the SG guidance appendix 1 with the Chair invited to appoint committee members. The PAR Committee is compliant due to the number NHS board members and Councillors appointed to the Committee being the same as that represented on the IJB, however the chair does not have any involvement in the appointment process due the small numbers. It was agreed the wording within the report will be updated. JF noted Appendix 4B, the lack of reporting from the Strategic Planning Group into this meeting. In response, JC confirmed from the next meeting cycle the minutes from the Strategic Planning Group will be brought to the meeting and added to the agenda. KM asked for Whistleblowing to be brought to the following meetings and considered in the Terms of Reference. CS agreed having whistleblowing incorporated into the updated Terms of Reference. **It was resolved:** • The content of the Performance, Audit & Risk Committee Self-Assessment was noted.	
5.	**HSCP Delivery Plan 2023-2024 Update**	**JC**
	JC updated on the HSCP Delivery Plan 2023/2024 report. Points Highlighted:	

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JC confirmed that of a total of 24 projects for 2023/24, the HSCP has 20 targets in green expected to full deliver before the end of the financial year.
Four targets are currently in amber and at risk of delivery within the financial year.
It was also noted the impact on the savings programme with a shortfall of £0.7m expected at year end, this will continue to be monitored.

Questions:
JF requested further detail on the review of Adult Learning Disability, more information on ‘No one dies alone’, greater detail on Mental Health Addiction Recovery Services and an update on the development of modern facilities, specifically in relation to risks within the Milngavie area.

JC confirmed more detail on the areas noted in amber. The Milngavie development project has been slightly delayed and a more detailed report to be brought to the next IJB meeting cycle as work is ongoing. There are issues related to securing appropriate accommodation, costing new designs and submitting a further business case to access capital funding to support the project. More information will be provided on the other areas in future updates to the Committee.

It was resolved:

The content of the HSCP Delivery Plan 2023-2024 update was noted.

</td><td></td></tr>
<tr><td>6.</td><td>HSCP Corporate Risk Register 2023-2024</td><td>JC</td></tr>
<tr><td></td><td>JC updated on the HSCP corporate risk register and confirmed minor changes to the register. It will continue to be monitored closely with key risks related to delivery of financial balance and service redesign which may have higher risk ratings going forward due to the impending budget process for 2024/25.

Points Highlighted:

It is noted one additional risk from Oral health has been included in the corporate risk register flowing from the service risk register with delays in receiving sign off for progressing projects in relation to infection and prevention control testing of equipment which is having an impact on service delivery. This has been escalated through the Chief Officer.
It is understood service specific risk registers are more fluid with a total of 74 active risks reported though the 21 service risk registers across the HSCP. This is significantly higher than noted at previous meetings due to the continued emphasis on risk management processes and identifying and recording risks appropriately in service areas.

Questions:
KM expressed thanks for the additional transparency and continued progress made in the reporting of risks across the HSCP.
JF commented on the terminology within the report ‘acceptable’. It was agreed the terminology would be updated to ‘tolerable’.
JF also asked if given the risks noted for the Milngavie property development, this should be re graded. JC confirmed this relates to the wider property strategy and</td><td></td></tr>
</table>

	Milngavie is one aspect of this, a review of this item will be completed before the next meeting. **It was resolved:** • The content of the HSCP Corporate Risk Register 2023-2024 was noted.	
7.	**Care Inspectorate – Care at Home (CAH) Inspection May 2023**	**DP**
	DP reported from the Care at home Inspection. This paper was brought to the meeting for noting. Points highlighted: • DP noted once the five day unplanned inspection had been completed the Care Inspectorate graded in house East Dunbartonshire Council Care at Home services at grade 5 for all aspects looked at with grade 6 being the highest rating available. • DP expressed thanks to the team for the continued hard work and improvement from the initial poor inspection outcome in 2018 but noted there is still scope for improvement. • It is understood the Care Inspectorate are not due to inspect the service again within the next 18 months unless a significant rise in complaints is noted. **Questions:** JF & IR conveyed congratulations to the teams and praised the hard work of all to date. **It was resolved:** • The content of the Care at home Inspection May 2023 was noted.	
8.	**Records Management Plan Interim Update – Progress update review (PUR) Outcome**	**JC**
	JC deferred this item to VMcL to present. VMcL provided the group with a brief summary of the report. Points highlighted: • A voluntary Progress Update Review (PUR) report was submitted to the Assessment Team for the National Records of Scotland in March 2023, this report was agreed at the Integrated Joint Board in March 2023 and was submitted for review. • A draft report has been returned for consideration, and on approval will be accepted and published on the National Records of Scotland website. • Once the final report has been approved it will be shared with EDC and NHS information governance colleagues. • 15 areas are assessed, with 1 area as not applicable, 11 outcomes currently in green status, with only three in amber status due to circumstances outwith the control of the service. The IJB is unable to receive a higher	

	• rating than its partner bodies given the reliance and inter linking of records management across the wider system. • It is noted the next joint submission will see improvement in these areas. **Questions:** No questions were raised. **It was resolved:** • The Records Management Plan Interim Update report was considered and approved. This will now be formally accepted to the Keeper of the Records of Scotland by 30th September 2023 and published on the National Records of Scotland website (NRS).	
9.	**PAR Committee Agenda Planner**	**JC**
	JC noted the audited accounts were due to be brought to this meeting but will be deferred to the next meeting on the 3rd November. An update / clearance meeting is scheduled for mid-October with Mazaars to ensure the content of the paper is agreed and we remain on target for the signing off of the Annual Accounts on the 3rd Nov. IR asked for Whistleblowing to be added to the planner. JC confirmed this can be brought to the next meeting on 3rd November and the website has been updated to ensure appropriate links are included to the correct partner agencies. GMcC noted the internal audit work completed on HSCP governance arrangements included a review of whistleblowing arrangements with a number of improvement actions noted which have now been concluded to provide committee members with some assurance on the arrangements in place. **It was resolved:** • The planner was noted.	
10.	**A.O.C.B**	**JF**
	None	
11.	**Date of next meeting** November 3rd 2023.	**ALL**

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/18**
CONTACT OFFICER:	**DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES, TELEPHONE NUMBER 0141 232 8233**
SUBJECT TITLE:	**HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES OF 24TH AUGUST 2023**

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 24th August 2023.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the HSCP Strategic Planning Group draft minutes of 24th August 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 24th August 2023. This SPG was chaired by the Head of Children's Services and Justice in place of the Dead of Community Health and Care Service due to annual leave.

3.2 The main highlights from the conversations within the meeting related to:

a) A presentation by the NHSGG&C Head of Primary Care Support and Development about the ongoing evolution of the Health Board's Primary Care Strategy;
b) Group work in breakout discussions in relation to locality planning;
c) Engagement on the HSCP's draft Property and Assets Strategy, draft Strategy for Adults with Learning Disabilities and the draft Alcohol and Drugs Partnership Strategy.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 POLICY CHECKLIST

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 APPENDICES

8.1 **Appendix 1:** Draft Strategic Planning Group Minutes of 24th August 2023.

Chief Officer
Caroline Sinclair

Agenda Item Number: 18a.
Appendix 1

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 24th August 2023 via MS Teams

Present

NAME	Designation
Claire Carthy	CHAIR – Head of Children's Services and Criminal Justice.
David Aitken	Head of Adult Services
Karen Albrow	Carers Representative
Dr Alison Blair	GP Representative
Leanne Connell	Chief Nurse
Jean Campbell	Chief Finance & Resource Officer
Sharon Gallagher	Commissioning Support & Development Team Leader
David Radford	Health Improvement & Inequalities Manager
Anna Houston	Sector Rep for Care & Support Services
Ann Innes	Third Sector Rep EDVA
James Johnstone	Primary Care Transformation Manager
Ian Marshall	Independent Sector Rep – Care Homes
Fiona Munro	Service Manager/Lead AHP
Dianne Rice	Primary Care Development Officer
Fiona McManus	Carers Representative
Lisa Dorrian	General Manager – Oral Health Directorate
Claire McNeil	Strategic and Performance Adviser
Lynsay Haglington	Alcohol and Drug Partnership Coordinator
Gayle Patterson	Learning Disability Strategic Review Project Lead
Andy Craig	Planning, Performance & Quality Officer
Marion Watson	Admin Assistant, Practice Nurse Support & Dev Team

Attending: Ann Forsyth, Head of NHSGGC Primary Care Support

Minutes: Jacqueline Hughes

1.	**Introductions & Apologies**	**Actions/ Attachments**
	Apologies: Derrick Pearce, Adam Bowman, Catherine McKiernan, Caroline Sinclair, Lisa Walsh CC welcomed everyone to the meeting and introductions were made.	
2.	**Presentation: Primary Care Strategy update (new board wide strategy)**	
	Presentation attached to the agenda. AF delivered an informative presentation on the NHSGGC Primary Care Strategy. Key point made: • Strategy is at the test and refine stage. • Public involved during engagement sessions. • Strategy aims: • Shared vision for primary care with future health & wellbeing ambitions	

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Whole system approach
Build on good practice, recognize dependencies and critical interfaces
5 year implementation plan

Highlights how it aligns to the HSCP.
Key area is maintaining independence at home.
Outlines what is Primary Care.
Details the Scope of Primary Care, noted were the out of scope services but visualised for stakeholder engagement.
Moving forward together, looking at:

Vision
Scope
People
Service Sustainability
Financial Environment
NHSGGC Whole System Planning Structures
Community Infrastructure

Emerging strategic themes:

Improving access
Digital Enabled
Optimised Workforce
Prevention
Effective Integration & Interfacing
Communication
Infrastructure

Next steps is Phase 2 Engagement to finalise ideas

Questions:
AB thanked for the highly informative information, and noted it was very inspiring and would like to see engagement with GP’s and requested to share the presentation with colleagues. AF was happy for the slides to be shared and confirmed work was being done to link independent practitioners who provide NHS services and help them integrate and work together.
IM noted an observation on health inequalities in line with poverty and asked if there was an impact. AF advised the NHS Strategy part of health inequality message is primary care cannot fix but could influence. It is not the same for everyone, where you live can make the biggest impact e.g. access to services.
AF asked that feedback be emailed to:
ggc.primarycaresupport@ggc.scot.nhs.uk

CC thanked Alison for her informative presentation.
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<tr><td>3.</td><td>Notes of Previous Meeting & Matters Arising</td><td></td></tr>
<tr><td></td><td>The minutes of the last meeting were reviewed and accepted as an accurate record.
No matters arising.</td><td></td></tr>
<tr><td>4.</td><td>Updates</td><td></td></tr>
<tr><td>4.1</td><td>East & West LPG Update</td><td></td></tr>
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	CC gave an overview of what the aims of the LPG are and entered the group into Teams Breakout rooms looking for their main points on what the LPG should be looking to achieve. **Attached is the summary points from the rooms.**	SPG 240823 - LPG Notes.doc
4.2	**3rd Sector Update**	
	AI reported the Adult Wellbeing Fund has been approved again and can be applied for between 25th Sept & 23rd Nov. It is open to groups and organisations and information can be found on the website. **Noted.** CC thanked for the update. No questions were asked.	
4.3	**Independent Sector Update**	
	SG reported the Scottish Living Wage has been implemented. Currently waiting for overhead uplifts from Scotland Excel. There is pressures regarding recruitment & wages. Out to tender is the Care & Support Framework. Price increases is causing provider challenges. They are working on home care provider engagement to develop a winter plan. There are 2 provider forums with the welcome to attend and present. IM added sustainability pressures in house and care at home and wanted to note the positive relationship between EDC HSCP and Primary Care is excellent and works well, SG echoed its success. JC reminded the minutes of variation needs to be signed for payments. SG confirmed it is in progress, they have been issued. **Noted** CC thanked for the update.	
4.4	**Communications & Engagement**	
	FM reported the July meeting was hybrid with 2 presentations, one on Public Health Improvement from Derrick Pearce and Care at Home from Caroline Cashman. They are continually working on Power of Attorney issues. They have welcomed a new staff member but are always looking to recruit more. The noted the value on having carers input on Strategic Planning. CC thanked the group for their hard work and asked for examples of good practice to be shared with CC. DR added this is presented to the Board & SMT and also pleaded with the group to help recruit more members as they are covering a lot of work to support the HCSP and it is ever increasing. Anyone who can help should contact David Radford or Anthony Craig. **Noted.**	
4.5	**Housing Update**	
	CMcN reported:	

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Local Housing Strategy has been delayed by Peer Review Process from the Scottish Government. Adjustments will need to be made based on the review.
Lack of data around specialist groups.
Strategy will go to committee in September.
Rise in homelessness since the pandemic, highest point in 5 years.
Unable to break Unsuitable Housing Order.
Currently waiting on Scottish Government to confirm funding when Rapid Rehousing ends October 2023.
Staff training sessions on trauma & informed practice.
October there will be Power of Attorney training.

CMcN reported tenants are keen to volunteer on housing reviews and potentially would for the health service reviews. Currently there is a housing service transformation with services being split with different directives. She is hoping to continue in post and to still contact her regarding anything.

Noted

CC thanked Claire for her updated and noted she is glad she is staying with us at the moment and hopes that continue.</td><td></td></tr>
<tr><td>4.6</td><td>Primary Care Update</td><td></td></tr>
<tr><td></td><td>JJ updated on the Scottish Government report is positive. The tracker has been fed back. PCIP and GP contracts are ongoing, no further updates. Funding has been received. Focus is on CTAC nursing services in Bearsden & Milngavie. Looking at vacant shop fronts as suitable premises. A practice did have a list closure however they have reopened with some amendments to catchment area and looking to move CTAC off premises to give them more accommodation for services. Winter Planning is in progress, GP’s have concerns regarding this winter. The Primary Care Newsletter has been successful. JJ noted the good work on Power of Attorney and will share within the newsletter.

Noted.

CC thanked for the update. No questions were asked.</td><td></td></tr>
<tr><td>4.7</td><td>Improving the Cancer Journey in East Dunbartonshire</td><td></td></tr>
<tr><td></td><td>DR reported on the support for patients with cancer and their families. Support to local communities. This last quarter the team has been impacted by sickness however Renfrewshire has supported with cover and there has been no impact to service. Increase in referrals and noted East Dun has a higher diagnosis in affluent areas compared to neighbouring authorities. There are financial challenges, however working with Citizens Advice Bureau funding od £440,000 had been raised. Most common cancers are breast, lung & urology. Funding is due to end in 12 months, however McMillan have intimated that they hope to extend.

Noted.

CC thanked for the update. No questions were asked.</td><td></td></tr>
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4.8	**Performance Update** AC updated: • Report is in progress and will be brought to this group. • Positivity noted, currently on target. • Unscheduled care pressures throughout the year. • Lower A&E attendance from the area, could be due to the healthy relationship with Primary Care. **Noted.** FM asked if the delayed discharges could be due to power of attorney links. AC responded there was complexity with adult's incapacitated, family circumstance and delay in support being common. FMu added that delays are scrutinised, adults with incapacity is a high proportion with other areas also increasing. CC thanked for the update.	
5.	**DRAFT - HSCP Property Strategy 2023 - 2025 (Property and Assets Group review)**	

	Report attached to agenda.
	JC summarised the report and noted:
	• Feedback required, report will be presented to IJB
	• This is the second Property Strategy, it is more details & informed
	• To delivery Primary Care & GP Contract, there is a need for fit for purpose accommodation
	• Aligns with delivery of the Strategic Plan
	• The HSCP does not own property but coped where to deliver from
	• Key drivers e.g. Moving forward together, services like phlebotomy but access to accommodation is a barrier as is lack of funding
	• Net migration, new housing developments are needing services
	• Will be looking at East/West localities and how the accommodation is used, feasibility study on how to maximize and deliver
	• COVID experience has maximized digital & hybrid working in order to focus on front line services
	• Drivers:
	  ◦ Expand accommodation
	  ◦ Deliver GP contract
	  ◦ Expand service areas
	• Long term aspiration, depending on funding would be an integrated HSCP facility
	• In meantime working on short & medium towards this
	• Shop front premises aspirations are work in progress
	• Care group area priorities
	
	Feedback on the report should be sent to Jean Campbell or Vandrew McLean.
	
	Noted.
	
	CC thanked for the report. No questions were asked.	

6.	**East Dunbartonshire ADP Strategy 2024-2029**	
	The Strategy is attached to the agenda. LH presented an update and noted the new strategy evolves from the 2021 strategy due to the change in government policies. The strategy aligns with national and local policies. It focuses on what the population needs and that the needs are met through the resources available. DA added that it all needs updated in line with Scottish Government and noted drug related deaths have dropped, but are still too high. Locally is showing the same trend, last year there were 16 drug related deaths this year it is 9. And they have a human cost, with the impact on families. Whilst it has improved, more work needs to be done. A detailed breakdown of figures will be made available at the next meeting. **Noted.** CC thanked for the presentation & report and noted the welcomed decrease and hard work being carried out along with the tragedy of the circumstances.	
7.	**Adult Learning Disability Strategy Consultation Paper**	
	Report attached to agenda. GP noted the new LD Strategy will run from 2024-2029 for those over the age of 18. There is no statutory requirement for the strategy but it has been done to reinforce commitment into service provision, this strategy will include families and carers. It is being developed alongside the Scottish Human Rights Bill, using themes such as housing, respite, being heard. At present the aim is 'Working together to deliver better outcomes for people with learning disabilities and their families & carers'. The next steps is to put the draft strategy out to consultation, 15th Sept for 90 days. Prepare the final strategy for Jan 2024. JC asked if the final strategy presented to the SMT would have a Financial Framework. GP confirmed it is within the current document and will review further funding. DA added the strategy will be presented to the IJB on Feb 15th for approval. The overarching report looks at the foundation of LD and the importance of consultation and support. Next phase will look at accommodation based support and it sits within the current financial framework. JC added the importance of being pragmatic. DA confirmed the aspirations are within existing resource. CMcN noted she would like to discuss the housing link and help. **Action: GP to meet with CMcN** **Noted.** CC thanked for the update	
8.	**AOB**	
	JJ wanted to express his thanks to Dr Blair for contributions to the HSCP and wished them well in their next adventure. This was emulated by the chair and rest of the group. Dr Blair thanked the group and expressed her joy for diversity and growth within the HSCP and has been pleased to see how great it has evolved.	

	Noted.	
11.	**Dates of Next Meeting**	
	2nd November 2023 at 10am via MS Teams	

Chief Officer
Caroline Sinclair
AGENDA ITEM NO: 19.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	**16th NOVEMBER 2023**
REPORT REFERENCE:	**HSCP/161123/19**
CONTACT OFFICER:	**TOM QUINN, HEAD OF HUMAN RESOURCES TELEPHONE 07801302947**
SUBJECT TITLE:	**STAFF PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 16th AUGUST 2023**

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 16th August 2023.

2.0 RECOMMENDATIONS

It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the Staff Partnership Forum Meeting held on 16th August 2023.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

The staff forum had a varied agenda which covered the array of activity on-going at this time -

a. The Forum received a final report on the successful conclusion of the process to realign management of Specialist Children Services into East Dunbartonshire HSCP.

b. The Forum received a detailed report on the successful iMatter survey for all 3 areas with increased returns, higher EEI scores and increases in the number of Action Plans completed within 8 weeks.

c. The Forum also received details of the process for the Staff Awards 2023 nominations and sought Staff Side representation for the awards panel.

d. The Forum also received an update on process for vaccination this winter with a commitment to hold “peer vaccination” sessions in our Buildings to try and increase uptake amongst staff.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities;-

1. Empowering People
2. Empowering Communities
3. Prevention and Early Intervention
4. Public Protection
5. Supporting Carers and Families
6. Improving Mental Health and Recovery
7. Post-pandemic Renewal
8. Maximising Operational Integration

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None**.**

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

The risks and control measures relating to this Report are as follows:-

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH –** No Direction Required.

7.0 **POLICY CHECKLIST**

7.1 This Report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document.

8.0 **APPENDICES**

8.1 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 16th August 2023

Minutes of Staff Forum

Wednesday 16 August 2023,

Item	Subject	Actions
1.	**Welcome & Confirmation of Attendees** Chair – Alan Robertson, Staff Side Lead (Health) Tom Quinn, Margaret Hopkirk, Lisa Dorrian, David Aitken, Claire Carthy, Jean Campbell, Caroline Sinclair, Diana McCrone, Leanne Connell, Karen Lamb, Andrew McCready, Brian McGinty, Craig Bell, Caroline Smith, Lisa Walsh **Apologies** Mags McCarthy, Derrick Pearce, Greg Usrey Andrew advised that the NHSGGC APF had over ran and therefore Staff side had not met. Allan advised that he had opened the staff side meeting at 12 noon.	
2.	**Minutes of 21 June 2023** Allan asked for any comments or amendments, no comments received and therefore the minutes were approved. Alan advised that he had 2 items for AOCB at present: - Oral Health looking for Rep for Staff Engagement Meetings. - Review Partnership Agreement	
3	**CARH Update** Claire Carthy – Spoke to the previously circulated CARH Action plan and Highlighted that overall the plan is on track for completion. On the Advocacy Service – Claire advised that this will form part of the Strategic Overview of Advocacy across NHSGGC and will go onto website once complete Claire highlighted the need for Children & Young People Opinion – therefore we a Service Development, Public Information sub-group set up. We hope to make greater use of the Mind of my own App. Claire also highlighted the ongoing Multi agency work on chronologies and that we are looking to obtain Qualitative Feedback from Engagement sessions.	
4	**Workforce Plan 2023-24** Tom Quinn advised that paper went to workforce group on 10/8/23 for further discussion. Tom is hoping to have the final draft plan out by end Sept for discussion. This will detail the staffing challenges we	

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	face as we look to maintain and or increase service. Any comments on this draft should be sent to Tom	
5	**Public Health Improvement update** The group last met on 7th August. The group are reviewing Staffing, roles & finance. Andrew McCready, Margaret McCarthy and Greg Usrey are the staff side members on the group. Andrew McCready advised that who attended the meeting are feeding back to colleagues as the staff meetings haven't taken place yet due to holidays. Alan Robertson asked about reduction in staffing. Margaret Hopkirk advised that there was no reduction in staff, and that staff who were initially on redeployment due to their fixed term contracts ending have had their contracts extended as funding has come through from MacMillan.	
6	**iMatter 2023-24 updated position** Tom Quinn spoke to the already circulated Directorate Reports – HSCP/SCS/OHD attached, Highlighting the positive response rate and high EEI scores obtained. Tom highlighted some of the very high scoring within the reports for Staff Governance but also on the support available from line managers. Tom advised that Teams had been working on their Action Plans, and OHD has had 100% uploaded within the 8 Weeks, SCS had 82%, an increase of 20% on the 2022 upload within 8 weeks, and the HSCO which only closed on Monday had 84%, a small decrease of 4% on 2022. Andrew McCready– ask about who do staff want to see at Management level. Tom advised that this is continual problem across the iMatter process and we have once again raised the question with National Team. Andrew asked if it could be incorporated in the Action Plans. Tom advised that it was up to local teams to develop their plans and again reiterated that it was being raised at the National Team Tom also advised that the SMT had this conversation this morning too but agreed that we should only put actions in our plan that we had the ability to enact. We would raise the Visibility Questions at the Board level group to be taken forward Nationally	
7	**Accommodation Strategy** Tom Quinn apologized that the paper had not gone out in advance and that he circulate it after the meeting Jean Campbell highlighted that we are in the process of updating the property strategy for the HSCP and looking to take a report to IJB in September 2023. This will be shared with the forum Key factors is to develop Health & Care Centre in West Locality (Milngavie &Bearsden Area) however substantial funding would be required for this Capital Initiative. However in the short to medium term we are looking at shop front premises in both Milngavie and Bishopbriggs to accommodate services.	

8	**National Care Service – update** Caroline Sinclair spoke to a presentation pack from Scottish Government which was previously circulated. Caroline further advised of some other actions recently and the agreement that Council employed staff would retain their employment through the Council in the new version of the NCS. As advised there has been some feedback from the group looking at the inclusion of Children Services, but as of yet no discussion had taken place on Criminal Justice Services. There had been an expectation that Scottish Parliament would have some voting on the passage of the Bill but this will now take place in the early part of 2024. Key message coming through from Scottish Government is “Partnership Approach”, so Caroline encourage staff side colleagues to get along to any of the engagement sessions that are planned.	
9	**Staff Awards 2023** Lisa Walsh advised that the Staff Awards had been launched on the 20th July – through a Poster campaign (with QR code access). We have had 13 nominations so far, with the closing date for nominations being 20th November 2023. Lisa is looking for staff side representation to join the voting panel. The Award Ceremony and presentation is presently penciled in for 8 February 2024, with a venue to be confirmed. There is an on-going communications plan being developed by Jacqueline Hughes (Administration Team) to ensure that staff are encouraged to keep nominating. Alan Robertson asked if there Is consensus that staff still want these awards or is there opposition? Lisa advised that she had not heard anything to suggest that staff didn’t either want or liked the process. Indeed from the last award presentation staff seems to welcome the getting together & be recognized. Diana McCrone advised that from other services out with our HSCP, the teams that get nominated are delighted to be there. David Aitken advised that from a Social Work Background this has been welcomed for teams to celebrate the good work. Overall the feedback we receive is that the ceremony has been positive and that by having the Highly Commended Awards spreads the recognition.	
10	**NHSGGC HR Metrics – June** Tom spoke to the previously circulated NHSGGC HR Metrics for the HSCP, SCS and OHD that covered June 2023, inviting any questions	

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11	**SCS update (Karen Lamb)** Karen Lamb spoke to the previously Oversight Group paper that advised that the SCS Realignment had now been successfully completed and that the Oversight Group would now be stood down as it was now business as usual. Karen acknowledge that whilst we has some initial teasing problems the process had worked well, had been inclusive and encourage discuss with all stakeholders, Karen thanked our staff side colleagues Marjorie Gaughan and Susan Walker for their participation and guidance as we worked through the staffing issues. All staff directly impacted had had 1:1 meetings and all staff indirectly impacted were invited to a number of roadshows to hear the information and importantly have the opportunity to ask questions	
12	**Winter Planning Activity** Leanne Connell gave a verbal update on progress with current discussions taking place across NHSGGC. Leanne advised that there were 3 GG&C events, which the HSCP has been represented on. The focus of these events was too look at what has worked well and how we can build on this success. There is a Winter Summit next week at which the HSCP will be represented. Leanne advised that further updates will be discussed within this forum in the lead up to winter	
13	**Vaccinations (Staff) – Winter 2023** Leanne Connell gave a brief update on the current advice with regard to Flu and Covid vaccinations for winter 2023. We are still awaiting formal national advice but we expect non front line staff to be able to book in September for Flu immunisation. Whilst Front Line Health & Care staff can book in October for Flu and Covid vaccination. Leanne advised that we will keep staff updated and we will encourage staff to participate, and to try and increase uptake we will be offering local Peer vaccination clinics. Lisa Dorrian, advised that she had been informed that some GDPs have received text invites and some haven't. Karen Lamb, advised that this might be through their own local health board as she was aware of at least one health board that had already sent out information	
14	**AOCB** Allan Robertson advised that Oral Health are looking for Staff Side representation for Staff Engagement Meetings regarding the Opening of the Parkhead Hub in Spring / Summer 2024 - looking for a few reps – Alan has suggested (Andrew McCready, Unite & Allan Robertson, Unison) Allan Robertson advised the Staff Partnership Agreement needs updated – Tom Quinn advised that he would circulate the current TOR for review and asked that any suggested changes be returned to	

	him. This will be brought to the next forum. There was some discussion around what MEL was previously in place Margaret Hopkirk advised that Sustainability Group have accessed funding from HP & support from Repollinate which has been used to improved gardens at Skye House, Ward 4 QEUH & RAH rear entrance. More update & pictures will be in local core briefs. Lisa Walsh looking for staff Side Representation to the judging panel for staff awards. Alan & Craig will have discussion.	
15	**3 Items for the APF** - HSCP Staff Partnership Agreement (Alan looked at a few, all different) there was a MEL issued from Scottish Gov many years ago. - iMatter Reports / scores increased - SCS Realignment now complete	
	Items for information - SCS Redesign Group Minutes - Our News (July 2023) - Health & Care (Staffing)(Scotland) Newsletter 3	
	Date of Next Meeting: 1pm, 27 September 2023 – MS Teams	

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Chief Officer
Caroline Sinclair

East Dunbartonshire HSCP Board Agenda Planner
January 2023 – March 2024

Update: 2nd November 2023

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Performance Reports
Financial Reports
Notes of Meetings – Performance, Audit and Risk, Strategic Planning Group, Clinical and Care Governance Group, Staff Partnership Forum, Patient Service User and Care Group
Board Agenda Planner (CS)
HSCP Board Agenda Items – 19 January 2023
Topic Specific Seminar – Frailty Update – Derrick Pearce
HSCP Public Health Strategy – Derrick Pearce
Older People's Social Support Strategy – Derrick Pearce
Directions Update – Jean Campbell
Risk Register Update – Jean Campbell
HSCP Board Development Seminar – 19 January 2023
Specialist Children Services (SCS) – Realignment – Karen Lamb, Julie Metcalfe
Financial Planning 2023 – 2024 – Jean Campbell
HSCP Board Development Seminar – 16 February 2023
Patient Interface in Primary Care – Derrick Pearce
Trauma Informed Practice – Claire Carthy

HSCP Board Agenda Items – 23 March 2023
Specialist Children Services (SCS) Update Caroline Sinclair/Karen Lamb
Records Management Plan – Interim update
HSCP Board Development Seminar – Tue 6 June 2023 – Hybrid in person / MS Teams
Update on CARH Inspection /Children's services plan (Claire Carthy)
Children's Services management re-alignment to East Dun IJB Update (Karen Lamb)
HSCP Board Agenda Items – 29th June 2023
Topic Specific Seminar (9am) – Care at Home – "State of the Nation"
Outcome of Allander Moves
Annual Performance Report
Draft Annual Accounts 2022-23
Corporate Risk Register
Directions Report
Good News Stories Transfer from Kelvinbank to Allander – David Aitken tbc
Carer Strategy 2023-26
HSCP Board Development Seminar – Wed 23 August 2023 Hybrid – In Person / MS Teams
Board Development – Self assessment Activity (benchmarking activity)
Essential of Good Governance (Invite external guest speaker) - undertake scrutiny, development discussions, an assessment of current risks and performance monitoring
HSCP Board Agenda Items – 14th September 2023
Annual Performance Report – Alan Cairns
Annual Clinical & Care Governance Report – tbc
Drug Harm Framework – David Aitken
HSCP Property Strategy
Hospital Discharge Delays: Performance and Assurance

HSCP Board Development Seminar – Thur 26 October 2023 - Hybrid–In Person / MS Teams
Alcohol and Drugs Partnership strategy and key areas of work update (David Aitken)
Suicide Prevention Strategy and Commissioning / Governance Arrangements
HSCP Board Agenda Items – 16th November 2023
Topic Specific Seminar – Winter Planning
CSWO Annual Report 2022 – 2023 – Caroline Sinclair
HSCP IJB Winter Planning
Oral Health Update – GGC Performance / ED HSCP
Property and Accommodation Update
Recommended Scottish Allowance – Fostering and Kinship Care
Strategic Plan refresh
Records Management Plan
Adult Support and Protection Inspection notification
Mental Health Strategy
HSCP Board Agenda Items – 18th January 2024
Corporate Risk Register
Directions Report
Supporting access to primary healthcare in Twechar
Integration Scheme update
Unscheduled Care update
Consultation and Engagement Strategy Refresh (or March 2024) tbc
HSCP Digital Strategy - tbc
HSCP Board Development Seminar – Wed 7 February 2024 - Hybrid–In Person / MS Teams
Audit Scotland (Invite external guest speaker input) Risk Management, profile, appetite, willingness, public services risks

Budget Setting (Jean Campbell)
HSCP Board Agenda Items – 21st March 2024
Topic Specific Seminar - tbc
Developing Primary Care Strategy Project – tbc (Debra Allen)
HSCP Board Development Seminar – Suggested Topics (2 hours) In-Person 10am–12 noon
Alcohol and Drugs Partnership strategy and key areas of work update
Board Development – Self assessment Activity, assurance (benchmarking activity)
Essential of Good Governance **(Invite external guest speaker)** - undertake scrutiny, development discussions, an assessment of current risks and performance monitoring
Audit Scotland **(Invite external guest speaker input)** – Risk Management, profile, appetite, willingness, public services risks
Budget Setting
National Care Service Update
Primary Care Transformation
Children's Services management re-alignment to East Dun IJB
Conversations with Government on key challenges: • Budget shortfall • Service demand and expectation management