For meeting on
23 MARCH 2017

Agenda 2017

East Dunbartonshire Health & Social Care Partnership

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East Dunbartonshire Health & Social Care Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT** on **Thursday, 23rd March 2017** at **9.30 am** to consider the undernoted business.

(Sgd) Councillor Rhondda Geekie
Chair, East Dunbartonshire Health and Social Care Partnership Integration Joint Board

12 Strathkelvin Place
KIRKINTILLOCH
Glasgow
G66 1XT

Tel: 0141 232 8237
Date: 16 March 2017

AGENDA

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting HSCP Board held on 26 January 2017

No Seminar

Item Number	Contact officer	Description	Page Number
1	Martin Cunningham	Minute of HSCP Board – 26th January 2017 (Copy herewith).	1 - 6
2	Susan Manion	Chief Officer's Report	7 - 14
3	Andy Martin	Unscheduled Care Commissioning Plan	15 - 28
4	Sandra Cairney	Process for Developing Strategic Plan 2018 - 2021	29 – 32
5	Jean Campbell	Financial Planning 2017/2018	33 - 66
6	Jean Campbell	Financial Performance Update Report - Month 10	67 - 76
7	Andy Martin	Strategic Review of Day Care Services for Older People	77 - 112

8	Andy Martin	Proposal to Relocate Podiatry Services for Bishopbriggs	113 - 114
9	Andy Martin	Update on Intermediate Care Pilot	115 - 118
10	Sandra Cairney	Quarter 3 Performance Report	119 – 132
11	Sandra Cairney	Public, Service User & Carer Representative Support Group	133 - 138
12	Sandra Cairney	HSCP Equalities & Diversity Mainstream Report 2017-2021	139 - 156
13	Sandra Cairney	Business Continuity Planning	157 - 184
14	Andy Martin	Update of the Eligibility Criteria Policy	185 - 208
15	Susan Manion	Future HSCP Board Agenda Items	209 - 210
		Date of next meeting **Thursday, 22nd June 2017** at 09.30am, Council Committee Room, Southbank Marina	

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 26 January 2017.**

Voting Members Present: EDC Councillors **GEEKIE, MCNAIR & O'DONNELL**

NHSGGC Non-Executive Directors **LEGG & RITCHIE**

Non Voting Members present:

S. **Manion**	Chief Officer - East Dunbartonshire HSCP
A. **Bowman**	Acute Services Representative
M. **Brickley**	Service User Representative
W. **Hepburn**	Professional Nurse Adviser
A. **McDaid**	Staff Partnership Forum - Secretary
C. **Shepherd**	Carers Representative
L. **Williams**	Clinical Director / Clinical Lead Representative

Rhondda Geekie (Chair) presiding

Also Present:	F. **Borland**	HSCP Communications
	S. **Cairney**	Head of Strategy, Planning & Health Improvement
	J. **Campbell**	Chief Finance and Resources Officer
	M. **Cunningham**	EDC Corporate Governance Manager
	K. **Gardner**	Criminal Justice Manager
	A. **Martin**	Head of Adult & Primary Care Services
	F. **McCulloch**	Planning & Performance Manager
	L. **Tindall**	Organisational Development Lead

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Ian Fraser, Paolo Mazzoncini and Gordon Thomson.

CHAIR'S REMARKS

PRESENTATION – UNSCHEDULED CARE

The Head of Adult & Primary Care Services updated members on the scale of addressing the challenge posed by Unscheduled Care in a general context country wide and also the local position here in East Dunbartonshire.

He gave a brief summary of the background work on-going in terms of data collection and interrogation, the pilot projects being examined including the impact of proposed interventions. He highlighted the cultural and systemic challenges facing all stakeholders where the general direction of travel was to improve the infrastructure of community care and to facilitate a resource shift away from the Unscheduled Acute model to resources in the community. He highlighted various opportunities for new Localities & Clusters and the proposed next steps – Strategic Commissioning Review,

Commissioning for the set aside budgets vi Unscheduled care, Re-design of Services, measurable targets and Resource re-direction and working in partnership with Acute Services.

During questions members highlighted various points including the pressures driven by local demographics, the quality of clinical knowledge and experience available to care homes, increasing specialist care, demands facing residential and nursing care providers. Officers were then heard in response to the points raised.

Thereafter the Chair, on behalf of the Board, thanked the Head of Primary & Adult Care for an interesting and informative presentation.

1. MINUTE OF MEETING – 1 DECEMBER 2016

There was submitted and noted minute of the meeting of the HSCP Board held on 1 December 2016.

2. STRATEGIC COMMISSIONING INTENTIONS FOR UNSCHEDULED CARE

The Chief Officer submitted a Report HSCP 2016/17-11, copies of which had previously been circulated, which summarised initial commissioning intentions for 2017/18 for acute hospital services as detailed in the Integration Scheme.

The Integration Scheme for East Dunbartonshire Health & Social Care Partnership included specific responsibilities for the strategic planning of certain acute hospital services. The HSCP Board's budget included a "set aside" budget for the commissioning of specific acute hospital services. The set aside budget is calculated in line with a formula set down by Scottish Government. . This report provided an update on the progress in developing a Strategic Commissioning Plan for Unscheduled Care, in partnership with the HSCPs within the NHSGG&C area.

Officers were heard in response to members' questions on how to progress the agenda locally, regionally and nationally; how to measure success at a practical level; the level of ambition - leading and managing the transformation of cultures, services & service delivery; incorporating best practice while remaining focussed on the strategic priorities.

Following further discussion the Board agreed as follows:-

- To note progress on the development of a Strategic Commissioning Plan for Unscheduled Care
- To approve the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow & Clyde
- To note that the Chief Officer will present the detailed Strategic Commissioning Plan for Unscheduled Care to the March HSCP Board for approval and implementation from April 2017.

3. CHIEF OFFICER'S REPORT

The Chief Officer submitted a Report HSCP 2016/17-02, copies of which had previously been circulated, which summarised the national and local developments in

relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 since the last meeting of the Partnership Board. Details from the report included:-

- Induction arrangements for the Chief Officer
- Update on the refurbishment of Kirkintilloch Health and Care Centre (KHCC)
- Appointment of a Clinical Director
- Publication of a national Health and Social Care Delivery Plan

The Chief Officer addressed the Board on the details in relation to the above and thereafter the Board agreed to note the Report.

4. FINANCE PERFORMANCE REPORT – UPDATE - MONTH 8

Report HSCP 2016/17-04 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the projected financial outturn for the Health & Social Care Partnership for 2016/17 and the Partnership Reserves position.

Following discussion in relation to expected level of reserves and their application" the Board agreed as follows:-

- To note the projected outturn position for the HSCP for 2016/17 and that uncertainty exists in both funding and operational costs of demand sensitive areas;
- To note the position with regard to partnership reserves and approve the approach outlined in 4.20,
- To note the risk to the projected out turn position detailed in 4.21.

5. FINANCIAL PLANNING 2017/18

Report HSCP 2016/17-05 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial planning assumptions for the HSCP for 2017/18 and advised on the indicative allocations expected of both the Council and the NHS Board.

The Board noted the contents of the report including the updated financial planning positions for the Council and the NHS Board for 2017/18.

Thereafter the Board approved the areas for consideration that had been identified to date to meet the financial challenge for the IJB and agreed to progress the detail of these for further consideration by the IJB.

6. PERFORMANCE REPORT – QUARTER 2

Report HSCP 2016/17-06, copies of which had previously been circulated, presented a summary of the agreed HSCP targets and measures, relating to the delivery of the strategic priorities, for the period July - September 2016 (Quarter 2).

In summary the Report highlighted:-

- Positive Performance (on target) improving (19 measures)

- Positive Performance (on target) declining (2 measures)
- Negative Performance (below target) improving (2 measures)
- Negative Performance (below target) declining (9 measures)

Officers were heard in response to members' questions regarding the methodology applied for certain indicators and thereafter the Board noted the content of the Quarter 2 Performance Report.

7. SERVICE USER & CARER ENGAGEMENT

The Head of Strategy, Planning & Health Improvement submitted Report HSCP 2016/17-08, copies of which had previously been circulated. This Report described in detail, the work that has already taken place in line with the agreed arrangements set up previously by the Health and Social Care Partnership Board. While it was recognised there had been progress, the Board heard from the Service User and Carer representatives who expressed some concern regarding their abilities to successfully contribute / influence and have meaningful representation in the activities of the Board, the Strategic Planning Group and Locality planning. In the course of discussion it was suggested that officers would support both representatives in their communications with their constituent fora/groups to ensure the representation felt more inclusive / responsive. The Board agreed the Chair's suggestion that Service & Carer Engagement would be a standard agenda item with a report at each meeting with substantive reports as and when required..

The opportunity to discuss these issues in detail at a future Board development session was welcomed.

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8. STRATEGIC PLANNING GROUP PROGRESS REPORT

The Chief Officer presented Report HSCP 2016/17-08, copies of which had previously been circulated, which informed the Board of the discussions and actions undertaken and agreed by the Strategic Planning Group (SPG).

In response to members questions the Chief Officer confirmed there was a suite of action plans for specific pieces of work which would be presented to the Board for their consideration. Furthermore she confirmed that the membership of the SPG was outlined in the legislation.

Following further consideration, the Board noted the content of the report.

9. NATIONAL STRATEGY AND FRAMEWORK FOR OUTCOMES, PERFORMANCE AND IMPROVEMENT FOR COMMUNITY JUSTICE

Report HSCP 2016/17-09 by the Chief Social Work Officer, copies of which had previously been circulated, provided the Board with information on the publication of two key Scottish Government documents, which underpinned the introduction of the Community Justice (Scotland) Act on 1st April 2017.

The Board noted that the Scottish Government has introduced legislation, which with effect from 1st April 2017, will transfer the responsibilities of the current Community Justice Authorities (CJAs) to the local Community Planning Partnerships (CPPs) of each local authority across Scotland. To this end the Scottish Government has developed, in conjunction with a range of partners, a National Strategy and a Framework for Outcomes, Performance and Improvement to assist partner agencies in the planning and delivery of Community Justice services.

Having heard the Criminal Justice Manager in response to members' questions the Board noted the report.

10. CRIMINAL JUSTICE PARTNERSHIP: OPTIONS PAPER FOR THE FUTURE PARTNERSHIP ARRANGEMENTS

Report HSCP 2017/18-13 by the Chief Social Work Officer, copies of which had previously been circulated, informed the Board of the discussions taking place within the Argyll and Bute, East and West Dunbartonshire Criminal Justice Partnership (CJP) – and the constituent local authorities – on the future of the partnership arrangements.

The Board were advised that the Criminal Justice Social Work Partnership (CJP) has been in existence for fourteen years across East and West Dunbartonshire and Argyll & Bute Councils. Over the course of its existence the Partnership has developed common systems and processes; had a joint approach to the implementation of policy and reporting across a range of issues; had supported greater efficiency; and had utilised senior management roles flexibly in terms of thematic responsibilities and provision of management support and assistance across authorities.

The impact of the current financial climate, coupled with operational pressures and a changing policy and practice landscape - in terms of the transition to the new community justice arrangements – had created an opportunity to review the partnerships functioning and future service delivery options. The view expressed by the Committee was for Option 4 - revised strategic and operational joint working.

Following discussion the Board noted that the Criminal Justice Authority had approved option 4 in the report. The Board supported this approach and noted the report.

11. PROGRESS REPORT ON CHILD PROTECTION

Report HSCP 2016/17-10 by the Chief Social Work Officer, copies of which had previously been circulated, which provided the Board with an update on key issues relating to child protection (locally and nationally) and updated the Board on the progress being made by East Dunbartonshire's Child Protection Committee in driving forward key policy and practice developments.

This report provided details on the following workstreams, which included:

- the Initial Referral Discussion procedures
- the Child Protection Improvement Programme
- Performance Management and Quality Assurance
- Trafficking and Exploitation Strategy Consultation

Following discussion the Board noted the report and approved that a seminar be programme at an appropriate time to update board members on (1) the outcomes from the Child Protection Improvement Programme and (2) the work being undertaken in East Dunbartonshire around child protection.

12. DATE OF NEXT MEETING – 23 MARCH 2017

The Board noted that the next meeting would be held on Thursday, 23 March 2017 at 9.30 am within the Committee Room at the Council Headquarters, 12 Strathkelvin Place, Kirkintilloch.

Agenda Item Number: 2

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_2**
Subject Title	**Chief Officer Report**
Report By	**Susan Manion, Chief Officer East Dunbartonshire Health and Social Care Partnership**
Contact Officer	**Susan Manion, Chief Officer East Dunbartonshire Health and Social Care Partnership** **0141 232 8216** **Susan.manion@ggc.scot.nhs.uk**

1.0 PURPOSE OF REPORT

1.1 To update HSCP Board Members on a number of local and national matters of interest.

2.0 SUMMARY

2.1 This report updates HSCP Board members on a number of matters including:

- Update on the refurbishment of Kirkintilloch Health and Care Centre
- Highlight our response to the National Health and Social Care Delivery Plan
- HSCP Communications Plan
- HSCP Strategic Planning Group
- NHS Greater Glasgow and Clyde Chief Executive

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Note the content of this Report

4.0 MAIN REPORT

4.1 KHCC Accommodation update

On the 12th December, HSCP staff relocated to Kikintilloch Health and Social Care Centre. Most of the substantive work started on the 9th January and will continue until the end of March. Our staff have worked hard to ensure business as usual and their patience during this time has been appreciated. We are currently entering the phase of work which is particularly challenging as the main work in the office accommodation starts. We are doing everything we can to minimise the disruption and all SMT members are in continuing dialogue with staff

We have agreed the key principles of how we will work to utilise space in the new environment. This includes a commitment to smart working, co locating health and social care staff and creating a positive environment for joint working. The key principles will apply to staff at all levels in the organisation.

Information has been sent to service users who access the building to ensure they are made aware of the situation.

4.2 The National Health and Social Care Delivery Plan

On the 19th December 2016 the Scottish Government published a national Health and Social Care Delivery Plan. It sets out a programme to further develop and enhance health and social care services, building on the opportunities afforded by the establishment of the new partnership arrangements. The plan is specific in terms of expectations, timescales and measures to demonstrate a shift in the balance of care and change in how we deliver services.

By the end of February we were expected to outline to the Scottish Government our response to the expectations in the plan. It is recognised that we currently do not have our detailed plan in place and, in any event, would need to be approved by the HSCP Board before submission to the Scottish Government. In recognition of this the response is high level at this stage. A copy of the response is attached returned to the Scottish Government.

4.3 HSCP Communications Plan

Until October 2017 we have a designated post in place to develop and establish our communication arrangements as an HSCP. Starting with a newsletter, we now have a logo used on all our templates and we are about to launch our website. Given that our work on communications is vital across our planning and operational arrangements, we are currently working on a designated Communications Plan to support the business of the HSCP. A Communications Plan will be come back to the HSCP Board in June.

4.4 HSCP Strategic Planning Group

On the 1st March I attended The Strategic Planning Group. Attendance was good and there was productive, informative debate. It was agreed that we will develop business plan for the group in line with our planning cycles. This Business plan will be reported back to future HSCP Boards with updates on progress.

4. 5 Chief Executive NHS Greater Glasgow and Clyde

On the 1st April Mrs Jane Grant will take up the post as Chief Executive of NHS Great Glasgow and Clyde following the retirement of Mr Robert Calderwood on the 31st March. Mrs Grant is currently the Chief Executive of NHS Forth Valley.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

East Dunbartonshire HSCP
HSCP HQ Office
Kirkintilloch Health & Care Centre
10 Saramago Street
Kirkintilloch
G66 3BF
Telephone: 0141 232 8233
Our Ref: SC/LA

Mr Geoff Huggins,
Integration Division
Directorate for Health & Social Care Division
GE17
St Andrew's House
Regent Road
EDINBURGH
EH1 3DG

28th February 2017

Dear Mr Huggins,

MEASURING PERFORMANCE UNDER INTEGRATION

East Dunbartonshire HSCP is already embarked upon an ambitious programme of transformational change that will see integrated health and social care services focused on prevention and early intervention, supporting more people to live independently in community settings and tackling inequality. This programme is set out within our Strategic Plan 2015-18.

Following your letter received in January 2017, East Dunbartonshire HSCP has prepared specific proposals and improvement objectives for 2017/18 across the six key areas relating to unscheduled care.

Joint responsibilities across all six HSCPs, Acute Services and Primary Care within GGC are acknowledged and our proposals describe both local improvement objectives and where appropriate a suite of actions framed across the whole system to effect change.

We will specifically focus on:

Communication - acute and community services

- Review mechanisms whereby GPs can access advice from senior acute medical staff pre-admission relating to the need for admission and/or options other than admission (e.g. potential hot clinics).
- Establish a consistent system whereby HSCPs are alerted by acute services, at the point of admission, of all patients already identified as at risk of unnecessary admission.

Unplanned admissions

- HSCPs and acute services will identify a joint scoring matrix for identifying patients at risk of unnecessary admission.
- Establish GP access to a range of options for patients at the point of pre-admission, for example urgent next day outpatient appointment by speciality and direct access to diagnostics
- Review and optimise admissions pathways across acute sites with a view to reduce inappropriate variation.
- Identify patterns and causes of Care Home admissions to hospital and target support to nursing homes with a focus on reducing demand on primary care, reduce admissions to acute care, deaths in hospital, reduce demand for GP and other OOH services.
- Review the models of working between GP practices and care homes to share lessons on best practice.
- Consolidate and strengthen Care Home Liaison Nursing and Older People Mental Health Team support to homes.

Occupied bed days for unscheduled care

- Acute Services have undertaken to demonstrate progress in working towards compliance with agreed national benchmark length of stay across all sites and specialities.
- Optimise discharge processes across all sites and specialities to create an earlier in the day discharge profile and increase weekend discharges.

A&E performance

- Acute services to work with HSCP and primary care to create and implement redirection pathway back to minor injury units and primary care.
- Review the balance of staffing in A&E departments to ensure that frail older patients have speedy access to appropriate clinical support and imaging and investigations
- Establish a process whereby GPs are able to access imaging investigations to support diagnosis and decision-making.

Delayed discharges

- Utilise the evaluation our intermediate care pilot to inform the potential increase in provision.
- Establish a system whereby community staff, SSA and acute clinicians routinely use anticipatory care plans and the summary recorded on ekiss as part of assessment process to avoid admission and to expedite discharge.
- Roll out a model of community based rehabilitation where those no longer requiring inpatient care but still require rehabilitation, would be transferred to local community facilities for their on-going care. There will be a strong focus on re-ablement.
- Explore the potential for further step-down intermediate resources and test the model on a locality basis. Develop a step-up model, utilising learning from the step-down pilot. This model will potentially operate both in spot-purchased or specifically commissioned

care home beds, and within the patient's home.

- Strengthen discharge planning between Acute discharge planning and our Hospital Assessment Team (HAT).
- Continue to improve the early referral of patients who are unable to return home from hospital.
- Establish formal process to review NHS continuing care beds in light of revised complex care guidance.

End of life care

- Establish a consistent system whereby HSCPs are given early notice by Acute Services of patients who require end of life care.
- Explore with Acute Services the impact of our service redesign and the impact on clinical support, specifically considering how best to ensure the right input from currently acute based geriatricians.

Balance of spend

- Acute Services to review and ensure effective medicines management at point of admission and discharge.
- Agree a way of working between Acute sites and the 6 HSCPs in Greater Glasgow and Clyde services through which a proportion of set aside budgets is used to support development of interface services out-with acute sites.

We will be refreshing our Strategic Plan this year and in the meantime developing the actions above into specific commissioning intentions which will be costed and activity data with trajectories linked to the above actions.. These commissioning intentions will also be linked to the wider responsibilities we have to commission adult and children's services.

We will copy you in to our more detailed plan as and when they are agreed by our Health and Social Care Partnership Board.

Yours sincerely

Susan Manion

Chief Officer

East Dunbartonshire
Health & Social Care Partnership

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number:3

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_3**
Subject Title	**Unscheduled Care Commissioning Plan**
Report By	**Susan Manion, Chief Officer** **East Dunbartonshire Health & Social Care Partnership**
Contact Officer	**Andy Martin Head of Adult and Primary Care Services,** **East Dunbartonshire Health & Social Care Partnership**

1.0 PURPOSE OF REPORT

1.1 The attached report updates the Health & Social Care Partnership Board on Scottish Government expectations regarding unscheduled care and details HSCP and cross system work to develop a commissioning plan for unscheduled care for 2017/18 and beyond.

2.0 SUMMARY

2.1 The Integration Scheme for East Dunbartonshire Health & Social Care Partnership includes specific responsibilities for the strategic planning of certain acute hospital services.

2.2 The HSCP has prepared specific proposals and improvement objectives for 2017/18 across the six key areas relating to unscheduled care.

2.3 These reflect the priorities set out in the correspondence from the Scottish Government sent to all Partnerships, *Measuring Performance Under Integration,* referred to in the Chief Officer Report (Agenda Item 2).

2.4 Joint responsibilities across all six HSCPs, Acute Services and Primary Care within GGC are acknowledged and our proposals describe both local improvement objectives and where appropriate a suite of actions framed across the whole system to effect change.

2.5 The intention is to develop these actions into specific commissioning intentions which will be costed and activity data with trajectories linked to the actions.

2.6 These commissioning intentions will also be linked to the wider responsibilities we have to commission adult and children's services. During 2017/18 it is the intention to review and redesign particular aspects of a number of services including mental health, learning disabilities and structural efficiency.

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Approve the East Dunbartonshire Unscheduled Care Commissioning Plan for implementation 2017/18.
- Approve the HSCP's commitment to whole system planning across Greater Glasgow & Clyde to further develop and implement shifts in the balance of care.

East Dunbartonshire
Health & Social Care
Partnership

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire HSCP

UNSCHEDULED CARE COMMISSIONING PLAN 2017/18

1. INTRODUCTION

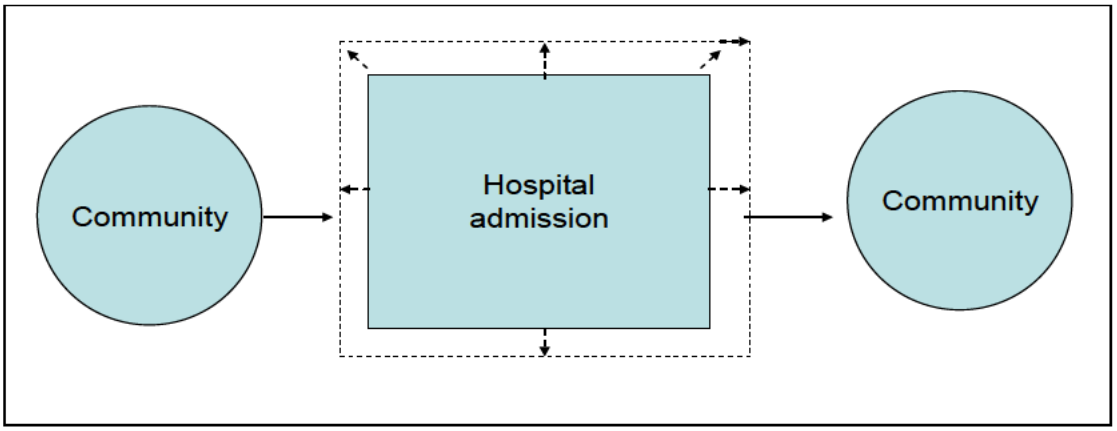
This paper provides the context for East Dunbartonshire HSCP's intentions for the commissioning of unscheduled care. This is an interim statement. It has been agreed that the 6 Health & Social Care Partnerships within NHS Greater Glasgow & Clyde, which share a common Acute sector, will develop a coordinated joint statement of commissioning intentions. This is being developed and will be submitted in due course.

Unscheduled Care is defined as care which cannot reasonably be foreseen or planned in advance of contact with the relevant health or social care professional, or is unavoidably outwith the core working period of NHS Scotland.

Currently, there are multiple points of entry, and levels of activity associated with each part of the health and system, including a significant level of activity out of hours. Community and hospital services currently work separately rather than as a continuum of care. It is our commitment to work to establish a position where the system as a whole operates efficiently and effectively from the patient's perspective with smooth, timeous and reliable transfers of care between different parts of the system.

The diagram below (Figure **1)** shows the system now with separate 'hospital' and 'community' services.

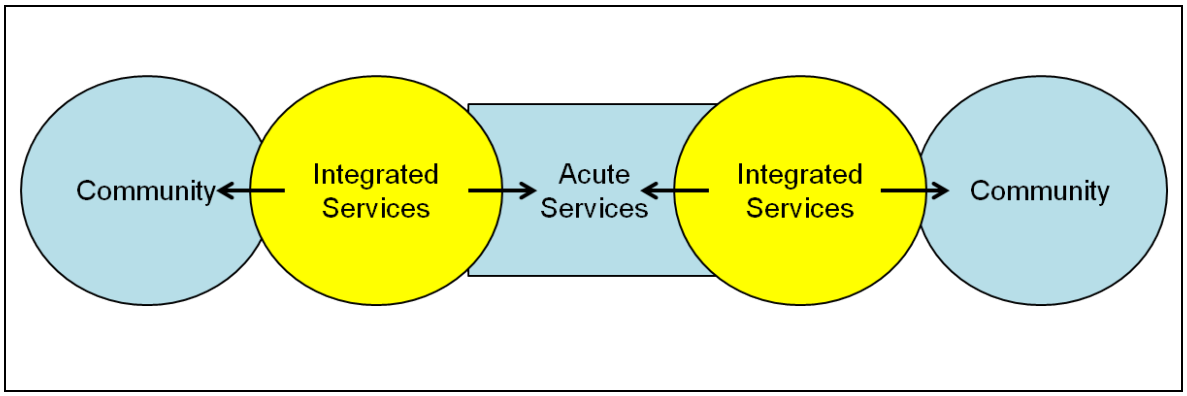
Figure 1 Current system of care



2. NEW SYSTEM OF CARE

A system is required which integrates acute and HSCP services (figure 2 below), and which is based on strengthened, round the clock community services, which enables acute services to focus on the assessment and management of acute episodes. This system will see a range of services being developed at the community/acute interface, such as, extending existing services, creating new ways of working through in-reach, outreach and shared care, as well as changes to the way we communicate and share information across the system. Working differently at the interface will include shared management of high risk patients and a range of alternatives to face-to-face hospital visits.

Figure 2 New system of integrated care



3. INTEGRATED HEALTH AND SOCIAL CARE SYSTEM OF CARE

East Dunbartonshire HSCP is already embarked upon an ambitious programme of transformational change that will see integrated health and social care services focused on prevention and early intervention, supporting more people to live independently in community settings and tackling inequality. This programme is set out within our Strategic Plan 2015-18. This new integrated system of health and social care will enable us to respond to demographic changes while supporting GPs, in partnership with the acute system, to reduce pressure on hospital services. The overriding aim is to ensure people get care in the right place at the right time from people with the right skills, working across the artificial boundary of 'hospital' and 'community' services.

Our integrated system of care comprises a comprehensive range of integrated health and social care services and primary care services working in partnership with housing, the third sector and independent sectors to provide increased support at home, focused on supporting independence, responding to crisis (both in and out of hours), and working as part of a team for a defined patient population. This new system of care has several components:

- enhanced primary care and community services;
- prevention, anticipatory care and early intervention;
- specific care group based services to ensure community based health and social care services are responsive to the needs of older people and those with chronic disease;
- new model for out of hours care;
- improved hospital discharge.

This programme of service development and change will accelerate over the next 3 years to deliver a more extensive and innovative range of community health and social care services. As a result, it will reduce the demand for hospital care and meet the needs of patients who are currently admitted to hospital; while remaining safe and efficient.

4. ENHANCED PRIMARY CARE AND COMMUNITY SERVICES

Primary care is an integral part of the new system of care, and is where most patients have contact with the NHS be that in or out of hours. Our aim is to have a system that provides timely access to high quality primary care and a comprehensive service that

responds to the whole person in the context of their socio-economic environment. Primary care is the focal point for prevention, anticipatory care and early intervention.

The integrated health and social care programme will work closely with GPs to support the management of care within a primary care setting, ensuring continuity and co-ordination of care for people multiple conditions. We will strengthen multi-disciplinary support to practices and develop an Advanced Nurse Practitioner role linked to G P Quality Clusters. We will work closely with GPs and support the new GP Quality Clusters to analyse local needs and demands, including use of acute services and we will strengthen a locality-based approach to better understand variations in activity with a view to improving service quality for patients as well as driving the shift in the balance of care from acute to community settings.

We will specifically focus on:

- Consolidating and extending the existing Rapid Assessment Link model to encompass a comprehensive range of other services, including social care, to enhance and strengthen GP access to such community health and social care services as will provide meaningful, accessible and timely alternatives to admission to secondary care. The coordination of rapid assessment and care for a vulnerable person, or someone with multiple conditions, will ensure that the person receives appropriate care and support, preventing an unnecessary hospital admission. The intention is to link the Rapid Assessment Link model to a Single Point of Access hub which will operate around the clock, providing clinical and social care triage, resource and coordination, with an enhanced turnaround that will allow access to step-up intermediate care, either in a residential setting or in the patient's home; enhanced homecare (including overnight); and a range of augmented assessment and diagnostic options (as outlined below).
- Working with GP clusters to analyse local needs and demands, including use of acute services in order to better understand and plan for local pathways and to develop locally oriented resources.

5. PREVENTION, ANTICIPATORY CARE AND EARLY INTERVENTION

We have in place a comprehensive programme of prevention, anticipatory care and early intervention designed to better support people in the community by responding to specific needs and conditions to avoid unnecessary admission to hospital.

Specific plans being implemented are:

- Enhanced support to residential and nursing homes to reduce the rate of admission to hospital.
- On-going reinforcement of the model of anticipatory care plans, and the introduction of the national approach for people with long term or multiple conditions who have an increased likelihood of hospital admission such as COPD, CHD and mental health.

6. SPECIFIC CARE GROUP BASED SERVICES

We have developed a coherent programme of community based services for specific care groups designed to support our approach to prevention and early intervention, and reduce admission to hospital based care, and ensuring community based health and social care

services are responsive to the needs of older people and those with chronic disease. For older people and their carers in particular services can often seem disjointed, and for those who have been in hospital, discharge and transfer to a community setting is not always as smooth or as timeous as we would like it to be. We will review the learning and best practice to improve our responses and focus on vulnerable populations which require support while delivering significant reductions in hospital admissions and improve timely discharge.

- We will develop an integrated health and social care multi-disciplinary team, designed to better support older people and physical disabled people in the community and improve the discharge process. This will comprise social work, district nursing, community rehabilitation services and older people's mental health staff. It will have access to dedicated resources including homecare, respite, pharmacy support and step-up and step-down facilities. It will link to a broad range of partner services including acute, the third and Independent sectors and housing.
- We will establish a redesigned, integrated OT service that better supports older people in community settings;
- We will further develop the assisted technology programme so that we make the best use of the technological opportunities available to support people within their own homes. This will build on existing good practice such as the Predictive Analytics pilot recently undertaken in partnership with CM2000 and Napier University
- We will undertake a programme of modernisation of older people's day care provision focused on the development of a Local Area Coordinator-led range of low intensity preventative services, with a rationalised formal day care service gatekept for the most frail and vulnerable
- We will revitalise and relaunch a comprehensive falls prevention programme designed to reduce the number of falls among older people.
- For those with complex care needs we will introduce a sustainable complex care model in 2017, including provision for former NHS continuing care patients, and adults with incapacity.
- For older people with mental health problems our programme includes the implementation of our five year dementia strategy designed to improve the lives of people affected by dementia, and their carers. Key priorities within the strategy are an emphasis on early diagnosis and post diagnosis support, including consideration of social, physical, and psychological aspects of a person's care;
- In adult mental health we will develop a specific unscheduled care programme, working closely with acute emergency departments and community mental health services, crisis support services to better support people within a community setting.

For those with addictions our programme includes the ongoing development of a recovery-oriented system of care designed to support individuals to achieve and maintain independence and recovery in the community. We will specifically revise the pathway for alcohol detox, to reduce the reliance upon hospital admission and hospital-based day support

7. INTEGRATED OUT OF HOURS SYSTEM OF CARE

An integrated model of our of hours services will be developed in response to the recommendations of the Ritchie report, including primary care and social work stand by services, to better support people out of hours. The work will involve the Scottish Ambulance Service and NHS 24. A specific out of hours care pathway will be developed as an integral part of the design of our unscheduled care pathway.

8. PRIORITIES FOR CHANGE

An initial suite of actions have been framed by the six HSCPs within GG&C on the basis that there is a shared acknowledgement of the joint responsibilities across Acute Services, Primary Care and HSCPs to effect change. These actions, are described under the following headings:

- Communication - acute and community services
- Unplanned admissions
- Occupied bed days for unscheduled care
- A&E performance
- Delayed discharges
- End of life care
- Balance of Spend - for both HSCP and Acute

A key focus of the East Dunbartonshire HSCP is to develop models of care that support the redirection of avoidable admissions in order to reduce acute bed usage and delayed discharges. This will be realised through the development of models, in partnership with Primary Care and Acute services, which provide alternatives to admission, including assistive technology, homecare, carers support plans, day care and intermediate care beds.

The following section sets out our proposed priorities for change over the next three years. Set under the agreed headings above, each proposal is outlined with a brief rational and the benefits they bring.

8.1 Communication between acute and community services

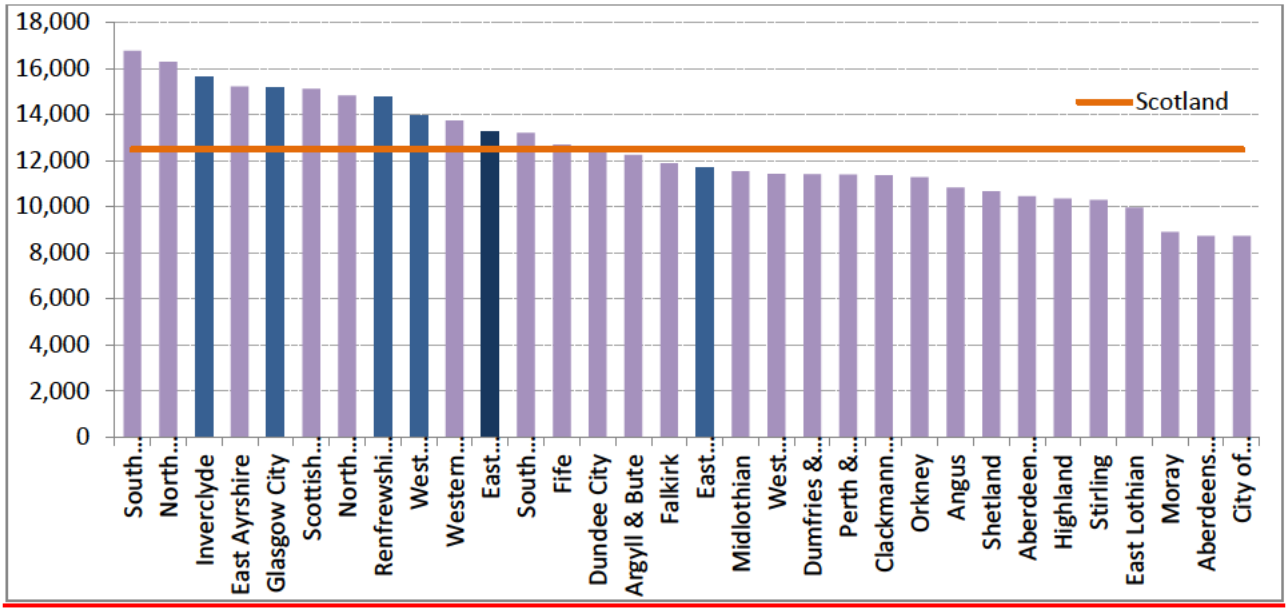
The new system of integrated care is focussed on the interface between community, primary care and Acute services. This will be realised through improved pathways of communication that create a continuum of care rather than the current system of individual services. We will therefore seek to:

- Review mechanisms whereby GPs can access advice from senior acute medical staff pre-admission relating to the need for admission and/or options other than admission (e.g. potential hot clinics).
- Establish a consistent system whereby HSCPs are alerted by acute services, at the point of admission, of all patients already identified as at risk of unnecessary admission.

8.2 Unplanned admissions

The rate for unplanned admissions by residents in East Dunbartonshire is above the Scottish average, although the rate is favourable in comparison the GG&C HSCPs. It is our intention to reduce this rate 10% by 2018, in line with the national target

Figure 3 Rate of emergency admissions per 100,000 population for adults 2015/16



8.2.1 Support Care Homes to reduce Admissions to Acute

There are currently 18 Care Homes that collectively provide 833 beds within East Dunbartonshire. During 2015, there were 3,421 emergency admissions to hospital from care homes across NHSGG&C, accounting for 31,951 occupied in-patient bed days. Assuming an average occupancy level this would correspond to approximately nine in-patient beds for East Dunbartonshire. Our intention is to utilise available data to gain a better understanding of the reasons for care home referral to hospital. This will enable the HSCP to work in partnership with care home providers to identify and develop opportunities to reduce care home admissions and expedite discharge.

To achieve this we will:

- HSCPs and acute services will identify a joint scoring matrix for identifying patients at risk of unnecessary admission.
- Establish GP access to a range of options for patients at the point of pre-admission, for example urgent next day outpatient appointment by speciality and direct access to diagnostics
- Review and optimise admissions pathways across acute sites with a view to reduce inappropriate variation.
- Identify patterns and causes of Care Home admissions to hospital and target support to nursing homes with a focus on reducing demand on primary care, reduce admissions to acute care, deaths in hospital, reduce demand for GP and other OOH services.
- Review the models of working between GP practices and care homes to share lessons on best practice.

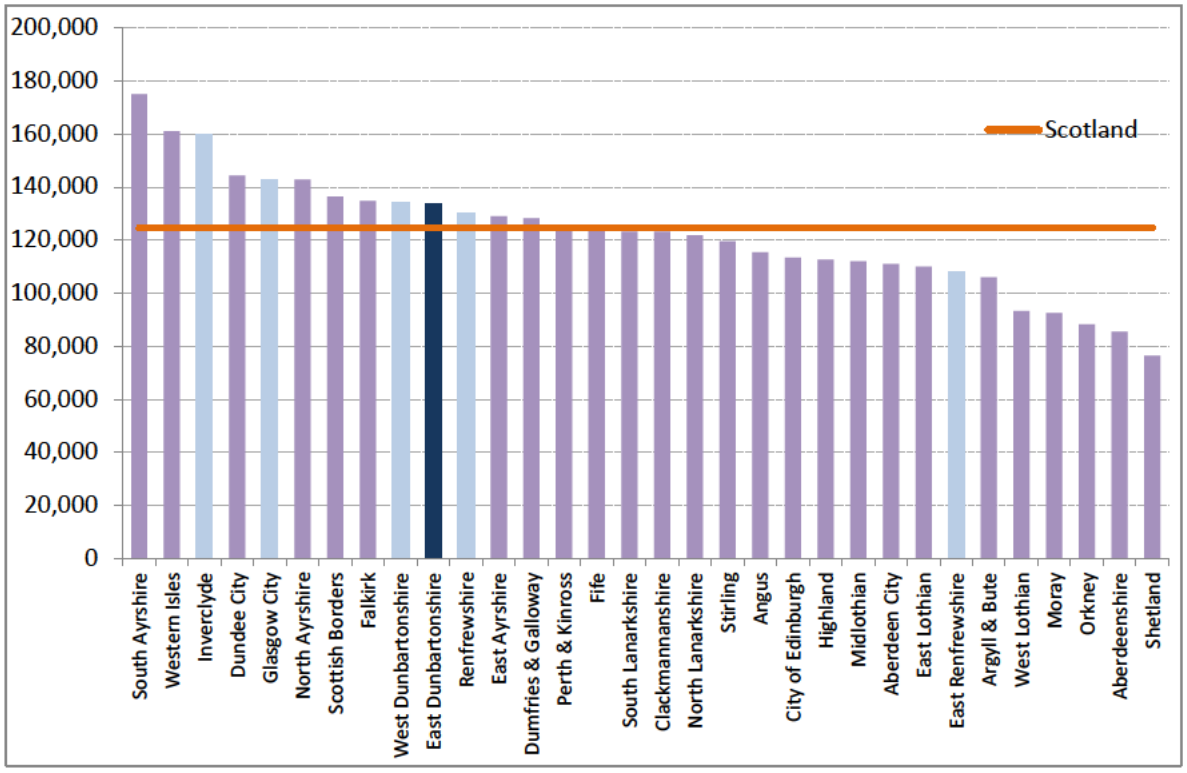
- Consolidate and strengthen Care Home Liaison Nursing and Older People Mental Health Team support to homes.

8.3 Occupied bed days for unscheduled care

The rate for emergency bed days by residents in East Dunbartonshire is also above the Scottish average. It is our intention to reduce this rate 10% by 2018, in line with the reduction of unplanned admissions.

- Acute Services have undertaken to demonstrate progress in working towards compliance with agreed national benchmark length of stay across all sites and specialities.
- Optimise discharge processes across all sites and specialities to create an earlier in the day discharge profile and increase weekend discharges

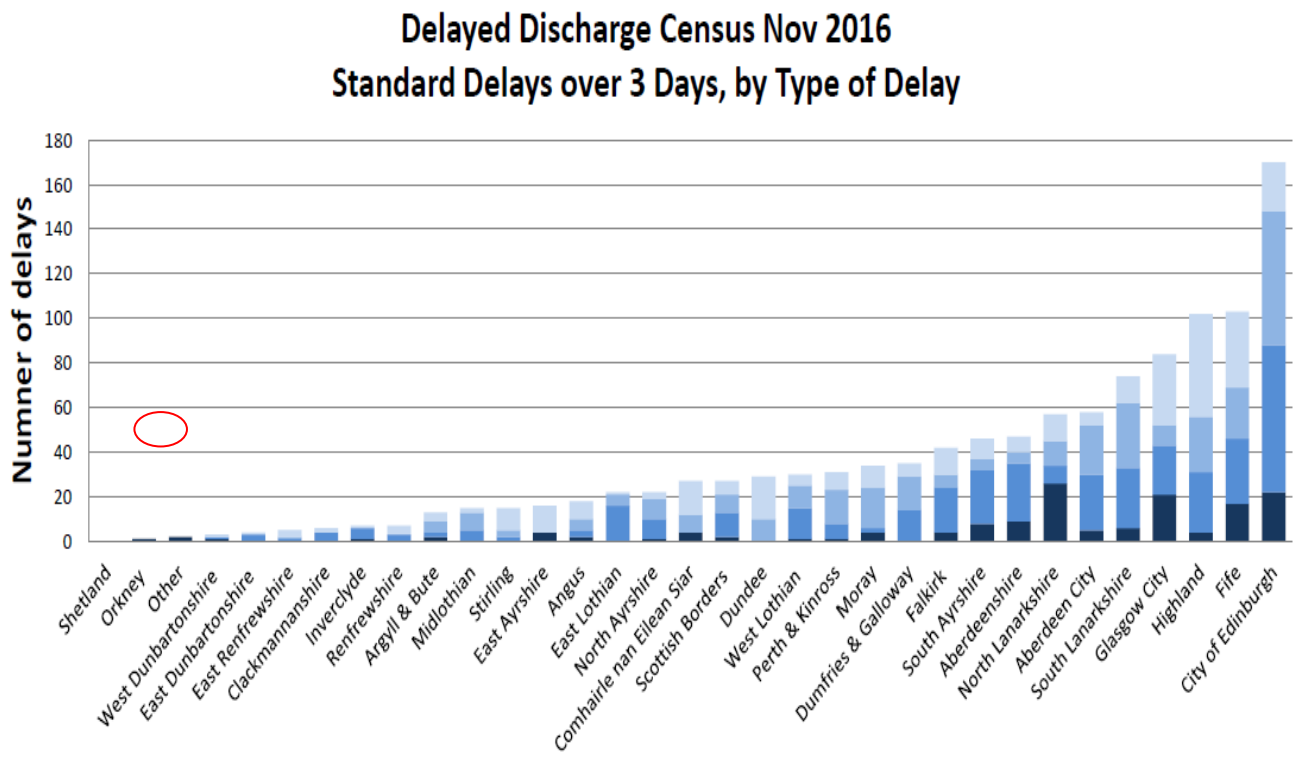
Figure 4 Rate of emergency bed day per 100,000 population for adults 2015/16



8.4 Delayed Discharges

Building on the successes realised through our Change Fund and Integrated Care fund initiatives, we continue to perform well on numbers of delayed discharges compared to the HSCPs across Scotland.

Figure 5 Delayed Discharges



The majority of bed days lost to delayed discharge were to those aged over 75 years, all of which were and coded as 'health and social care reasons'. For those aged 18-74yrs form Jul – Oct 2016, 56% of bed days recorded as Code 9, compared to 0% for those aged 75+yrs.

Improved performance management for AWI patients delayed due to guardianship application and correspondingly reduce the number of AWI delays

8.4.1 Intermediate Care

We are currently piloting a model for intermediate care, purchasing 8 beds in a local care home for use as 'step-down' beds. The aim is to further reduce bed days lost to delayed discharges. At the end of the pilot, to potentially take forward new models of care, the HSCP will:

- Utilise the evaluation our intermediate care pilot to inform the potential increase in provision.
- Establish a system whereby community staff, SSA and acute clinicians routinely use anticipatory care plans and the summary recorded on ekiss as part of assessment process to avoid admission and to expedite
- Roll out a model of community based rehabilitation where those no longer requiring inpatient care but still require rehabilitation, would be transferred to local community facilities for their on-going care. There will be a strong focus on re-ablement.
- Explore the potential for further step-down intermediate resources and test the model on a locality basis.

- Develop a step-up model, utilising learning from the step-down pilot. This model will potentially operate both in spot-purchased or specifically commissioned care home beds, and within the patient's home.
- Strengthen discharge planning between Acute discharge planning and our Hospital Assessment Team (HAT).
- Continue to improve the early referral of patients who are unable to return home from hospital.
- Establish formal process to review NHS continuing care beds in light of revised complex care guidance.

8.5 A&E performance

Residents in East Dunbartonshire access acute emergency and unscheduled care services at two main hospitals sites; the Queen Elizabeth University Hospital and Glasgow Royal Infirmary. There are also minor injuries units at Stobhill and the Victoria. People require a consistent service, irrespective of which site they access, therefore variation in waiting times and throughput is an area we will be exploring further.

Over the period 2013/14, A&E attendance by residents of East Dunbartonshire dropped by 9.4% while MIU attendance rose by 24.2%. Of those, 57% were admitted to hospital. There has also been a reduction in frequent attendance:

Total Attendances by the Top 10 attenders	2013/14	2014/15	2015/16
	258	217	155

Currently GPs have to refer patients to acute assessment units for an acute clinician to then order the appropriate tests and review the results. If GPs had access directly to an agreed range of tests and the results, with the facility to discuss the results with a senior acute clinician if appropriate, then patient's may not need to be referred and care and treatment managed within primary care. We wish to test this approach with acute diagnostics and evaluate its potential impact on GP referrals and acute activity.

There is a need for fast access to investigation, diagnostic services and pharmacy services to shorten lengths of stay and prevent potentially avoidable admissions.

The HSCP will utilise available data to gain a better understanding of patient flows to A&E and MIUs, the reason for attendance, age groups, diagnosis and onward referral to out-patients or acute admission. We will seek to:

- Work with Acute services and primary care to create and implement redirection pathway back to minor injury units and primary care.
- Review the balance of staffing in A&E departments to ensure that frail older patients have speedy access to appropriate clinical support and imaging and investigations.
- Establish a process whereby GPs are able to access imaging investigations to support diagnosis and decision-making.

8.6 End of life care

The percentage of the last six months of life spent at home or in a community setting is a proxy measure used to chart progress made towards the implementation of the national "Living and Dying Well action plan".

East Dunbartonshire has the 25th lowest percentage of time spent in a community setting in the last six months of life when compared to HSCPs across Scotland (Fig 6.1). However, Figure 6.2 shows East Dunbartonshire's continual improvement during the last three years.

Figure 6.1

Percentage of last six months of life spent at home or in a community setting 2015/16

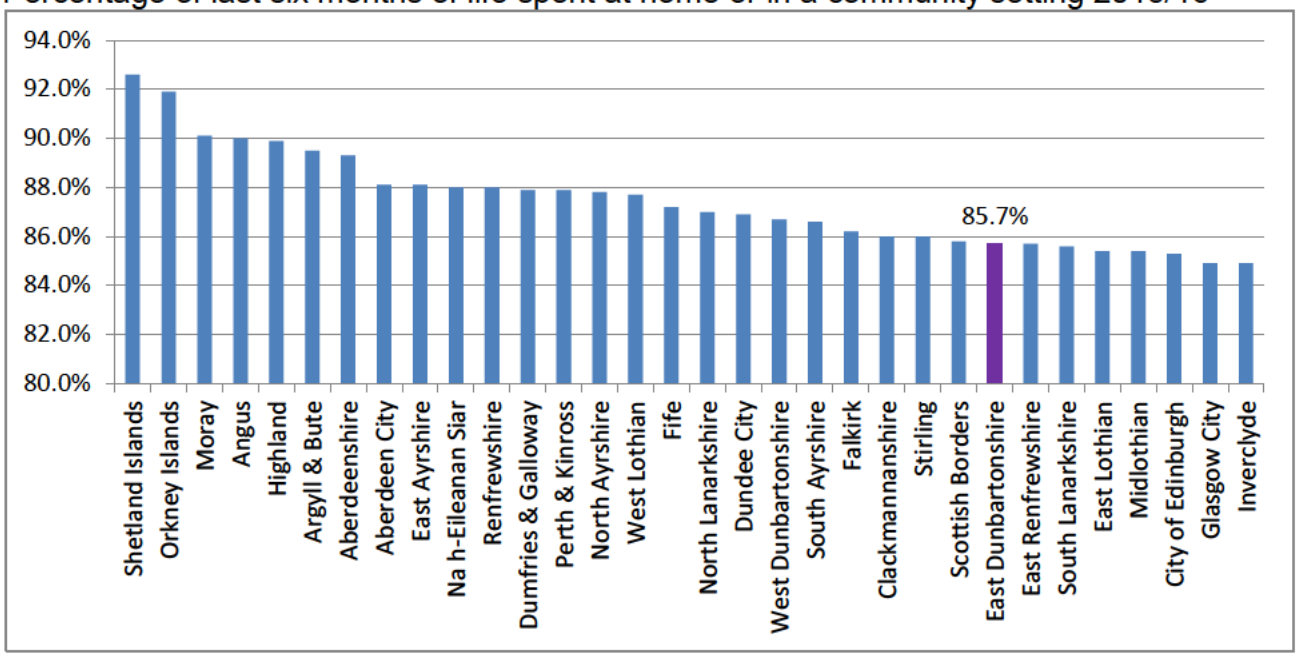
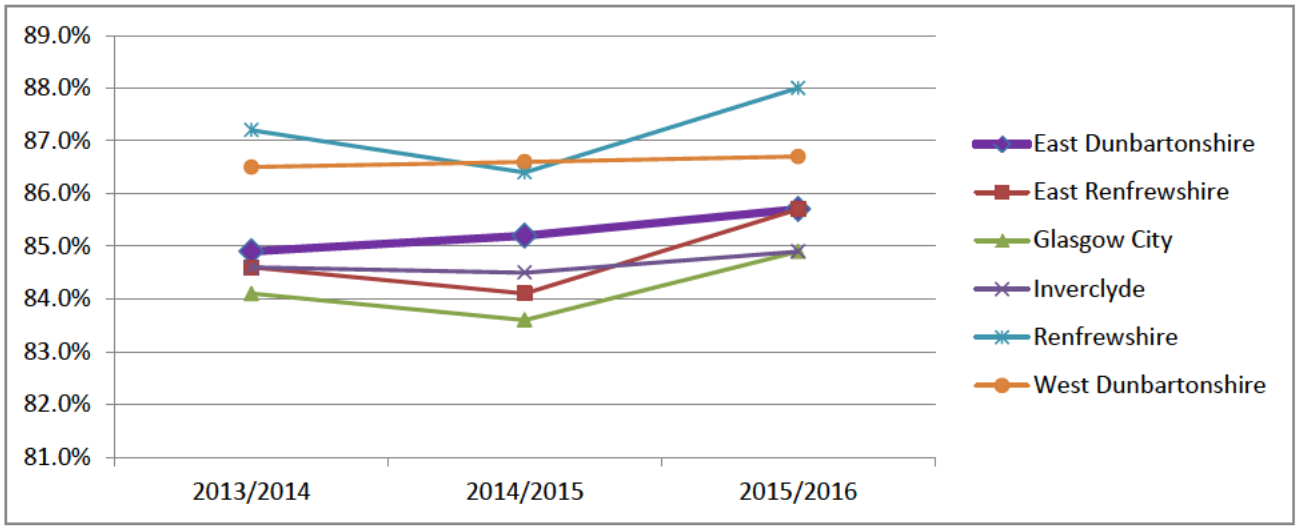


Figure 6.2

Percentage of last six months of life spent at home or in a community setting three year trend



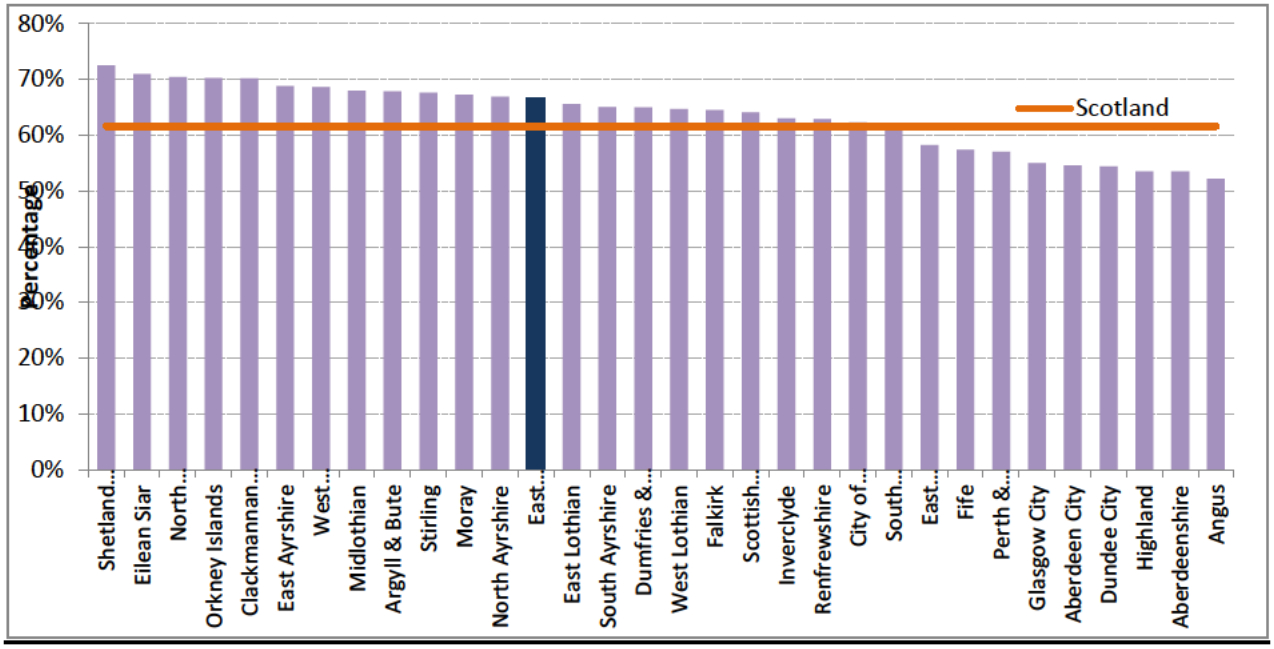
We will continue to increase the percentage of the last six months of life that people spend in the community through improved models of care that support those who chose to die at home. We will consolidate the implementation of the national framework and further improve identification of those who require end of life care and support in the community. We will undertake a retrospective audit to better understand the pattern of end of life care for people in East Dunbartonshire. Developing improved models for palliative care in the community will support people with palliative care needs to get out of hospital as quickly as possible. In addition, the contract with Marie Curie for Managed Care augments mainstream community nursing services for people with palliative care needs and avoids unscheduled admissions.

To achieve the above commitment we will:

- Establish a consistent system in place whereby HSCP s are given early notice by Acute Services of patients who require end of life care.
- Explore with Acute Services the impact of our service redesign and the impact on clinical support, specifically considering how best to ensure the right input from currently acute based geriatricians.

8.7 Balance of Spend - for both HSCP and Acute

Figure 7 Percentage of adults with intensive care needs receiving care at home 2015/16



We will continue to invest in modernised care at home services and through the establishment of a multi-disciplinary team approach, we will better coordinate support for frailty.

We will participate in development of a system-wide frailty pathway and will explore the potential to implement a House of Care model upon a locality approach using GP clusters.

- Acute Services will review and ensure effective medicines management at point of admission and discharge.
- Agree a way of working between Acute sites and the 6 HSCPs in Greater Glasgow & Clyde services through which a proportion of set aside budgets is used to support development of interface services out-with acute sites.

9. SUMMARY

Through the coordinated actions described above, we propose to achieve the following in 2017/18:

- Reduction by 10% in bed days due to unscheduled admissions and delays by 2018 in line with the national target.
- Maintain a zero standard for AWI delays.
- Increase the number of people with anticipatory care plans
- Increase the number of people with intensive care needs supported to live at home
- Reduction in the number of admissions to hospital from nursing homes and residential homes
- Maintain level of delayed discharges
- Reduction in the number of people who spend the last six months of life in hospital.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 4

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_4**
Subject Title	**Process for Developing Strategic Plan 2018-21**
Report By	**Susan Manion, Chief Officer** **East Dunbartonshire Health & Social Care Partnership**
Contact Officer	**Fiona McCulloch, Planning, Performance & Quality Manager** **East Dunbartonshire Health & Social Care Partnership** **Fiona.mcculloch@ggc.scot.nhs.uk**

1.0	**PURPOSE OF REPORT**
1.1	The purpose of this report is describe the process and timeline for developing the East Dunbartonshire HSCP Strategic Plan 2018-21.
2.0	**SUMMARY**
2.1	In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, the first East Dunbartonshire HSCP Strategic Plan covered the period 2015-18. Therefore, a replacement Plan is required for the three year period 2018-21.
2.2	The Act prescribed that the Strategic Planning Group (SPG) supports the preparation of the Strategic Plan and subsequent reviews and monitoring arrangements.
2.3	Rather than prescribing formal consultation on the Strategic Plan, the Act stated that the content of the Plan and identified priorities would be presented and consulted upon within the SPG.
2.4	This paper describes the process and timeline for developing the Strategic Plan 2018-21, in accordance with the requirements set out in the Act.
3.0	**RECOMMENDATIONS**
3.1	It is recommended that the Health & Social Care Partnership Board: ▪ Notes the content of this report.

4.0 MAIN REPORT

4.1 Background

The Public Bodies (Joint Working) (Scotland) Act 2014 set out the requirement for Health and Social Care Partnerships to prepare a three year plan setting out the arrangements for carrying out the integrated functions, and how these arrangements were intended to be achieved.

The first East Dunbartonshire HSCP Strategic Plan was written for the period 2015-18. Therefore, a replacement Plan is required for the three year period 2018-21.

4.2 Prescribed Process

The Act prescribed that the standing consultative Strategic Planning Group (SPG) supports the preparation of the Strategic Plan and subsequent reviews and monitoring arrangements, in order to:

- Embed patients/clients and their carers in the decision-making process;
- Treat the third and independent sectors as key partners; and
- Involve GPs, other clinicians and social care professionals in all stages of the planning work, from the initial stages to the final draft.

Rather than prescribing formal consultation on the Strategic Plan, the Act stated that the content of the Plan and identified priorities would be presented and consulted upon within the SPG as follows:

(i) Prepare proposals for what the strategic plan should contain, and seek the views of the SPG on the proposals;

(ii) Taking account of any views expressed by virtue of point (i) above, the Health & Social Care Partnership is then to prepare a first draft of the Strategic Plan, and seek the views of the group on the draft;

(iii) Taking account of any views expressed by virtue of point (ii) above, the Health & Social Care Partnership is then to prepare a second draft of the Strategic Plan, and seek the views of the group on the draft;

(iv) In finalising the strategic plan, the integration authority must take account of any views expressed;

(v) The Health & Social Care Partnership may also consult more widely if it feels this is appropriate; and,

(vi) Include the Strategic Planning Group in annual reviews and monitoring of the implementation of the Strategic Plan.

SPG members are expected to seek the views of those they represent to ensure wide engagement during the planning process from HSCP staff groups, Primary Care, Community Planning Partners, locality planning groups, third sector, independent sector, and service

users and carers. This process is supported by the Planning, Performance, and Quality Manager

In accordance with the Act, the proposed process and timescales for developing the East Dunbartonshire HSCP Strategic Plan 2018-21 are as set out in the timeline in paragraph 4.3

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4.3 Process and Timeline for Developing the Strategic Plan 2018-21

	Date	Stage of Plan	Engagement
2017	**March**	Draft presentations	➢ Inform SPG of process for developing the Strategic Plan ➢ Consider the structure, presentation and content of the Plan. ➢ Discuss setting strategic priorities
	May–Jul	Preparation of 1st Draft	➢ Agree the strategic priorities ➢ Write the first draft of the Plan, taking cognisance of the opinions and comments from the SPG.
	Aug	Consultation on 1st Draft	➢ Present first draft to the Strategic Planning Group. Their views, and the views of those they represent, will be taken into account and inform the second draft.
	Sept	Preparation of 2nd Draft	➢ Joint consultation with SPG, Locality Planning groups and Patient, Service User & Carer group to • inform the second draft of the plan, • discuss taking forward the agreed priorities
	Nov-Jan	Consultation on 2nd Draft	➢ Present the second draft to the SPG for comment ➢ Support the SPG in consulting and collating comments from those they represent ➢ Present the second draft to the HSCP Board for comment
2018	**Mar**	Preparation of Final Draft	➢ Following consultation, the final draft Plan will be presented to the HSCP Board for approval.
	Apr	Publication of Plan	➢ Publish the Strategic Plan on the HSCP Website

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_5**
Subject Title	**Financial Planning 2017/18**
Report By	**Jean Campbell, Chief Finance & Resources Officer**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to update members on the financial allocations from partner agencies which will inform the level of funding available to the partnership to deliver on it's strategic priorities for 2017/18.

2.0 SUMMARY

2.1 The previous report to the IJB on the 26th January in relation to Financial Planning 2017/18 outlined the indicative allocations from both GG&C NHS Board and East Dunbartonshire Council. Further work and discussion has progressed on the interpretation of the SG circulars with the respective agencies and t he final allocations have been determined.

2.2 The Council formally set its budget on the 23rd February 2017 and the NHS Board met on the 21st February to seek approval on the amounts to be allocated to Health & Social Care Partnerships, albeit the NHS Board will not formally set its budget until June 2017.

2.3 The budget allocation to the partnership is extremely challenging and reflects the worst case scenario in terms of financial planning. This will require consideration of a number of savings proposals to achieve a balanced budget position for the partnership, primarily focussed on efficiencies, potential use of reserves and a focussed programme of service re-design and t ransformation in the way services are delivered.

2.4 There remains concern over the interpretation of guidance issued as part of the financial settlement which has a be aring on t he financial allocations to the partnership from the NHS Board. Copies of the letters relating to the Scottish Government budget announcements of 15 December 2016 to Local Authorities and Health Boards are attached as **Appendix 1.**

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Consider the detail of the allocation from GG&C NHS Board and the impact this will have on the partnership's ability to deliver on the strategic priorities set out for the HSCP and **not accept** the offer made by the NHS Board on the basis outlined in 4.21.

- Instruct the Chief Officer to formally write to the NHS Board Chief Executive to advise of the IJB decision and progress further discussions to reach an acceptable settlement for the partnership for the services delegated by NHS GG&C.

- Consider the detail of the allocation from East Dunbartonshire Council and the impact this will have on the partnership's ability to deliver on the strategic priorities set out for the HSCP and accept the offer made by East Dunbartonshire Council.

- Note the Council's position that, as a last resort, the Council's reserves are available to underwrite any unmet demand pressures.

- Approve the savings proposals outlined in 4.12 and 4.13 in respect of Social Work services and 4.23 in respect of community health services.

- Note the risks to the partnership in meeting the service demands for health & social care and progressing with the strategic priorities set out in the plan

4.0 MAIN REPORT

4.1 The Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the arrangements for the determination of the amounts to be paid to the IJB from the respective parties in furtherance of the delivery of the Strategic Plan.

4.2 Further to the Integration Scheme, the Scottish Government, as part of the financial settlement, issued specific guidance to partner agencies which limited the reductions in the respective financial allocations to partnerships.

4.3 In respect of NHS Boards, the settlement to Health stipulated that NHS contributions to integration Authorities for delegated health functions will be maintained **at least** at 2016/17 cash levels.

4.4 The Social Care Fund which provided £250m of support to Social Care in 2016/17 has been increased by a further £107m in 2017/18 (£100m of which is from NHS recurring budget) and is to fund the following:

	Scotland £m	ED HSCP £m (1.72%)
Full year effect of the Living Wage of £8.25/hr	50	0.862
Increase Living Wage to £8.45/hr	20	0.345
Sleepovers	10	0.172
Sustainability	20	0.345
Implementation of Carers Legislation	2	0.034
Veterans Pension Disregard	5	0.086
TOTAL	**107**	**1.845**

4.5 In respect of local authorities, to reflect this additional support to partnerships in relation to further delivery of the living wage, Local Authorities will be able to adjust their allocations to IJBs in 2017/18 by **up to** their share of £80m below the level of budget agreed with the IJBs for 2016/17. This will be distributed on the basis of GAE allocations to Adult Social Work Services and NRAC (NHS) allocation. The share of this for East Dunbartonshire is £1.376m.

4.6 There have been on-going discussions with both partner agencies on the interpretation of the SG guidance, setting out the demand projections, strategic priorities and resource requirements for the partnership in order to effectively deliver on the objectives of integration recognising the particularly challenging financial settlements for both partner agencies. The outcome of these discussions is set out below.

East Dunbartonshire Council

4.7 The financial allocation from East Dunbartonshire Council will be £ 52.352m, comprising £50.46m relating to Social Work services, a further £1.194m relating to other services including care of gardens, fleet and private sector housing grant and an additional £698k relating to Criminal Justice Social Work services as a result of changes to the funding methodology.

4.8 The cost to deliver these services has been determined to be £55.936m, which will leave a shortfall on budget of £3.584m.

4.9 The adjustment to local authority allocations, as determined by the SG finance circular, accounts for £1.376m, the balance of £2.2m relates to pay uplifts, contractual payments and demand pressures in respect of social work services for both older people and children's services.

4.10 The financial allocation from the Council reflects the partnerships current financial position in respect of anticipated current year underspends (currently projecting a £3.6m underspend on budget for 2016/17, of which £680k relates to the delivery of Social Work services) as well as the relative reserves position of the Partnership (currently the partnership has useable reserves of £1.2m to cover the extent of the risks on the totality of the Partnership budget), therefore determining it reasonable to review the baseline position as part of the Council's budget process.

4.11 There is also a commitment from the Council to work in partnership to mitigate the potential financial impact through the application of the hierarchical approach and organisational principles used to identify efficiencies in Council service delivery to identify further transformation change and budget reduction opportunities, achievable within financial year 2017/18 and beyond. Additionally, and if necessary, as a last resort, the Council's reserves are available to underwrite any unmet demand pressures.

4.12 The partnership has identified a number of areas where it can reasonably make proposals for savings to address the reduction in the settlement as set out in the SG financial circular of £1.376m as detailed below:-

Proposal	2017/18 Savings	Recurring
Review of Social Care Funding (£107m)	£700k	£700k
Re-commissioning for Complex Autism Service	£400k (covered by reserves)	£400k
Review of Complex Needs Support	£100k	£100k
Review of Commissioning Priorities	£95k	£95k
Review of External Homecare Provision	£81k	£81k
TOTAL	**£1,376k**	**£1,376k**

4.13 In respect of the un-funded pressures (£2.2m) in relation to demand, pay and contractual inflation the partnership will take the lead in conjunction with colleagues within the Council to review areas where efficiencies can be progressed and services redesigned in achievement of the strategic objectives set out within the Strategic Plan. The areas identified within the Financial Planning 2017/18 report of the 26th January 2017 will form the basis of further proposals to the IJB in relation to:-

Proposal	2017/18 Savings	Note
Transformational Savings – Terms & Conditions	Tbc	Work is underway in discussion with Trade Unions and expected to conclude during 17/18
Review of Social Work Budget Pressures	£1,370,000	Review of contractual arrangements for fostering / kinship care and residential school placements.
Review of Homecare	£100,000	Review of impact of service reviews in keeping with principles for re-ablement / statutory requirements and roll out of monitoring arrangements for private provision.
Review of Learning Disability	£100,000	Project lead to be appointed to progress whole scale review of learning disability including daycare, supported accommodation, sleepover arrangements.
Review of Mental Health	£50,000	Review of commissioning arrangements for mental health to ensure referrals and throughput managed in line with strategic priorities.
Review of older People Daycare	£50,000	Consolidation of day care provision across 2 localities – focus on community capacity building.
Review of Intermediate Care Model	£100,000	Impact on care home placements through an intermediate care approach

Review of Integrated Structures	Tbc	Work force planning to support integrated service delivery.
Review of Outsourced Transport & Taxi Contracts	Tbc	Part of transformation programme 2017/18
Oracle Procure to Pay (P2P)	Tbc	Part of transformation programme 2017/18
TOTAL	**1,770,000**	

4.14 The levels of savings still to be quantified (approx. £500k) are significant in the context of the financial allocation from the Council and there are a number of high risk areas where the achievement of savings will be challenging. The level of reserves within the partnership cover a range of potential pressures and risks across the totality of the partnership budget in addition to the strategic priorities to be achieved by the partnership. There will therefore be close scrutiny and monitoring of these budgets over the course of 2017/18 and, if appropriate, reliance will be placed on the commitment from the Council to the under-writing of pressures from Council reserves during 2017/18.

4.15 The partnership will also set out the areas which will require transitional funding in order to invest in service areas which will act as a catalyst for change in practice and service delivery. To this end it is expected that any further monies available to enhance the partnerships reserves position will be earmarked for 'service redesign'.

NHS Greater Glasgow & Clyde

4.16 The financial allocation from NHS Greater Glasgow & Clyde was set out in a letter from Robert Calderwood, Chief Executive (NHS GG&C) as reported to the IJB on the 26th January 2017. This provided for a funding gap of £1.374m (including £354k of recurring savings for 2016/17) for East Dunbartonshire.

4.17 There were a number of aspects of this offer which have been the subject of challenge in relation to a contribution towards pension costs and historic savings from 2015/16 in relation to CH(C)Ps where these had been covered by non-recurring monies from the health board in previous years.

4.18 In respect of pension costs, this relates to the allocation of on- going pension liabilities (ED Share being £81k) relating to an accrual adjustment where the Board achieved an in year one off cash release to offset against pressures on Acute and Partnership budgets (where savings plans were not identified for 2016/17). This relates to staff who were never employed by the HSCP but relates to an allocation of this liability based on budget apportions. The rationale for allocating this to partnerships in subsequent years is borne out of the benefit taken in 2016/17 to achieve balanced budget positions for NHS community services and other area of health expenditure including prescribing.

Following on-going discussions, it was agreed that given this does not impact on the budget allocation from the NHS Board that partnerships would accept this as being a reasonable cost for partnerships to bear.

4.19 The allocation of unachieved savings dating back to 2015/16, pre-dates the establishment of HSCP's totalling £7.8m (ED Share being £0.5m). These have been met by the NHS Board on a non-recurrent basis during 2015/16 and 2016/17. They were not highlighted through the due diligence exercise conducted by the partnership to ensure the robustness of initial budget allocations to IJBs and not reported through the partnership IJBs as a recurring risk or requirement.

4.20 A verbal update was provided to the NHS Board meeting on the 21st February 2017 with a compromise position reached that partnerships would require to meet an element of the historic savings on a recurring basis. This would equate to a share of £3.6m to be met from partnership savings proposals.(ED share would be approx. £231k). This revised offer was detailed in a further letter from Robert Calderwood dated the 23rd February 2017. **(Appendix 2).**

4.21 The principle of accepting any element of these historic savings seems unacceptable regardless of the amount being proposed - these savings pre date the establishment of HSCP's, the inclusion of these would take the partnership budget below the 2016/17 cash levels and thereby contravenes the direction issued through the SG circulars and was also not highlighted through the due diligence process conducted by the partnership and is therefore not an acceptable offer to the partnership.

4.22 The letter of the 23rd February also highlighted an increase in the pressure arising from prescribing from £6.5m to £8.5m (an additional cost pressure for ED of £151k - £489k to £640k), albeit this will be adjusted in the way budgets are set for prescribing based on year end actuals which will not be known until May 2017. The totality of pressures for ED HSCP equates to:-

Inflation & Pressures	Total Partnership Savings (£m)	ED HSCP Share (£m)
2016/17 Recurring Savings		0.354
Salary uplifts	4.3	0.180
Contractual Uplifts incl PPP & Supplies	0.9	0.040
Drugs uplift	8.5	0.640
Apprenticeship Levy	1.8	0.069
Resource transfer	1.8	0.161
Total Agreed	**15.3**	**1.444.0**
Pension Costs	1.3	0.081
2015/16 Unallocated CH(C)P Savings	7.8	0.507
Total	**24.4**	**2.032**

4.23 There has been no updated position on the notional set aside budget from the Health Board, however it is assumed to remain at least at the 2016/17 cash level of £17.4m.

4.24 The partnership has identified a number of areas where it can reasonably make proposals for savings to address the gap in funding in respect of the financial allocation from the NHS Board:-

Proposal	2017/18 Savings	Recurring
Introduce staff turnover saving of 4% across all pay budgets	£590k	£590k
Management Re-structuring	£165k	£165k
Integrated Care Fund	£300k	£300k
Development Monies	£65k	£65k
School Nursing	£17k	£17k
Review of Contractual Uplifts	£201k	£201k
Review of Health Improvement Budgets	£89k	£89k
Review of Woodlands Service	£28k	£28k
TOTAL	£1,455K	£1,455K

4.25 Financial Risks

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

Prescribing Expenditure – Prescribing is singularly the most significant risk to the partnership in terms of cost and demand volatility. This was previously subject to a board wide risk sharing arrangement with any overall resultant pressures met from within the NHS Board. This arrangement is subject to review which may see this arrangement ceasing and potentially risks being managed within individual partnerships. While it is not expected that this will transpire during 2017/18, this may be the outcome for 2018/19 and beyond. East Dunbartonshire has traditionally been a partnership where resource use has exceeded budget year on year and consideration will need to be given to earmarking an element of the partnership reserves to meet the demand pressures in this area.

Un Scheduled Care - The pressures on Acute budgets remain significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial penalties with these costs directed to partnerships in recognition of this failure to deliver.

Achievement of Savings Targets –There are elements of savings targets where further work has to be progressed to scope and quantify the impact and potential for achievement during 2017/18. The financial settlements from both from partner agencies requiring the partnership to contribute to significant savings targets and the effective delivery of these will determine whether reserves have to be directed to meet in year pressures as opposed to the purpose intended to effect service re-design and deliver on our strategic objectives. It should also be noted that reserves can only be used once and recurring funding solutions will be required to ensure continuity and sustainability of services delivered through the partnership in the context of rising demand for these services.

Demographic Pressures – Increasing numbers of older people is placing significant additional demand on a range of services including residential placements and home care. In addition achieving the required reductions in delayed discharges is creating increased demand for care home places and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.

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 may impact on achieving a balanced year end position.

Living Wage – the costs associated with implementing further commitments in respect of the living wage are subject to on-going negotiation with service providers on the impact of these changes. Until this process is concluded the outcome is not known with any certainty and may be subject to variation from assumptions in an effort to ensure sustainability across the market.

Delivery of Strategic Priorities – work focussed on identifying areas of efficiencies to meet savings targets detracts from the agenda to redesign services to meet strategic priorities and national outcomes.

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Copy to: The Leaders of all Scottish local authorities

15 December 2016

Dear David

Thank-you to you, Cllr Cook and the COSLA political leadership for participating in negotiations over recent weeks on the shape of the Local Government settlement for 2017-18. I have sought to engage with you and your team on the basis of openness and mutual respect and with the intention of building relationships around shared ambitions for people and communities.

As a result of these negotiations, I am able to set out the package of proposals below which I believe are a fair and reasonable offer that delivers on our shared ambitions. This letter, therefore, contains proposals for the local government finance settlement for 2017-18 resulting from the 2016 Budget process.

While the terms of the settlement have been negotiated through COSLA on behalf of its member councils, the same proposal is being offered to those councils who are represented by the Scottish Local Government Partnership. I believe this proposal opens the way for a new partnership between the Scottish Government and COSLA and, from that, the wider benefits of partnership working, including joint work on public service reform.

The Scottish Government and local government share the same ambitions for stronger communities, a fairer society and a thriving economy. This funding proposal delivers a fair financial settlement for local government, which will be strengthened by our joint working to improve outcomes for local people by improving educational attainment and through health and social care integration.

Following the work of the joint Settlement and Distribution Group, details of the indicative allocations to individual local authorities for 2017-18 are also being published today as set out in Local Government Finance Circular No. 9/2016.

I have carefully considered the representations made to me by COSLA and this is reflected in the detail of the settlement and the package of measures included in this letter.

My aim throughout our extensive discussions has been to reach an agreement with councils around the implementation of these commitments. I now invite local authorities to agree the terms of the settlement which are set out below.

Under the settlement we will look to all local authorities to work in partnership with the Scottish Government in pursuit of our Joint Priorities, including delivery of the Government's programme as set out in *A Plan For Scotland: The Scottish Government's Programme For Scotland 2016-17* published on 6 September and the *Draft Budget 2017-18.*

Renewing our partnership approach will enable close working on public service reform building on recent joint political and joint officer discussions.

On key priorities and following consideration of specific points you have raised I propose the following:

Public Service Reform

As an essential partner in the delivery of public services, the Cabinet sub-committee on Public Service Reform prioritised early discussion with COSLA to explore how we might work together around our shared priorities of health & social care, education attainment & governance, tackling inequalities & inclusive growth and enterprise, innovation, skills & employability. This political engagement and the productive discussions which followed at official level, including SOLACE, is an example of what we can achieve through a re-setting of partnership working at national level.

The Cabinet sub-committee anticipates further dialogue with COSLA on these emerging themes early in the New Year.

Health and Social Care

In 2017-18 an additional £107 million will be transferred from NHS Boards to Integration Authorities to protect our collective investment in social care. Of which, £100 million will support continued delivery of the Living Wage, sleepovers and sustainability in the care sector, and £7 million to disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of the new carers legislation. This is additional to the £250 million added in the 2016-17 budget, bringing the total support available from the NHS through Integration Authorities to protect social care to £357 million. NHS contributions to Integration Authorities for delegated health functions will be maintained at least at 2016-17 cash levels. The provision included for sleepovers (£10 million) will be reviewed in year to consider its adequacy, with a commitment to discuss and agree how any shortfall should be addressed. To reflect this additional support local authorities will be able to adjust their allocations to integration authorities in 2017-18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016-17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). Taken together, these measures will enable Integration Authorities to ensure the collective overall level of funding for social care is maintained at £8 billion. I am sure you would agree that that would be a significant achievement and reflects the shared priorities of local government, the NHS and the Scottish Government.

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Education (including the Attainment Fund)

I have considered the representations made on the Scottish Government proposals to adjust the local government settlement to pave the way for an additional £100 million investment per year, generated through reform of council tax, to go directly to schools to close the gap in the educational attainment of young people from Scotland's most and least deprived areas.

I can now confirm that provision for the additional funding to meet our commitments on the Attainment Fund will be met directly from the resources available to the Scottish Government at a national level, rather than from an adjustment to the local government finance settlement.

As the next step towards investing £750 million over the life of this Parliament we will go further than our manifesto commitment and will increase the additional resource to be made available directly to schools through the Attainment Scotland Fund from £100 million to £120 million in 2017-18. This will be paid as a ring fenced grant and distributed on the basis of P1 to S3 pupils known to be eligible for free school meals, as part of the local government settlement.

It is a condition of this agreement that this funding is additional to each council's individual spending on schools rather than substitutional and is to be used at the discretion of schools to close the attainment gap between children from the least and most deprived areas within their communities. This is on top of the existing £50 million Attainment Scotland funding that will continue to provide targeted support for those authorities and schools supporting children and young people in greatest need.

In addition, we will continue to require local authorities to maintain the overall pupil:teacher ratio at 2016-17 levels as reported in the Summary of School Statistics published on 13 December 2016, and secure places for all probationers who require one under the teacher induction scheme. This is supported by a continued funding package of £88 million, made up of £51 million to maintain teacher numbers and £37 million to support the teacher induction scheme.

As previously made clear, all of the additional £111 million of Council Tax income raised by the Council Tax banding reforms we have implemented will be retained by each local authority area and, as a result of these decisions, the allocation of that funding will be for councils themselves to take based on their own local needs and priorities.

Local Taxation

2016-17 was the ninth consecutive year of the Council Tax freeze. As we have made clear this will be lifted from 2017-18, when Councils will have greater flexibility and may choose to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating up to £70 million to support services.

Our reforms of Council Tax are only the first steps, and the Scottish Government is fully committed to further engagement with COSLA as we seek to make local taxation as a whole fair and progressive. We will work with COSLA to consider your objectives for local tax reform as set out in the Local Government Funding Review.

We will also deliver our commitment for local government to retain the net incomes from the Crown Estate for the benefit of island and coastal communities. In addition we will explore with authorities other opportunities for the development of fair and equitable local taxation that supports economic growth and public services.

Overall Settlement

As a result of the measures above, the total revenue funding for 2017-18 will be £9,496.4 million, which includes non-domestic rates incomes in 2017-18 of £2,605.8 million.

Capital funding is set at £756.5 million and delivers on our agreed commitment to maintain the local government share of the overall Scottish Government capital budget. I can also reaffirm the commitment to repay £150 million of re-profiled 2016-17 capital with an additional allocation in the period 2018-20.

The total funding which the Scottish Government will provide to local government in 2017-18 through the settlement, including the £120 million of additional support for educational attainment, is £10,252.9 million.

This is a fair settlement for Local Government.

With the addition of the real spending power that comes from the opportunity to raise up to an additional £181 million from Council Tax plus an additional £107 million to support the integration of Health and Social Care, the total spending power available to local authorities from the Scottish Government, and through local taxation will be up to £10,541 million, a total of £241 million more than was available in 2016-17, an increase of around 2.3%.

The difference between the figures reported in the Draft Budget in 2016-17 and 2017-18 will be potential spending on local government services of an increase of £266.8 million, or 2.6%.

In return for this settlement and in pursuit of our Joint Priorities, individual local authorities will deliver the specific commitments set out above.

Engagement

In line with our partnership approach we will work jointly with local government to support delivery of these commitments and undertake a review to monitor progress at an agreed mid-point in the year.

The measures set out in the settlement offer must be viewed as a package to protect our shared priorities and intensify a journey of reform. In order to access all of the benefits involved, including those priorities supported by specific financial benefits, local authorities must agree to deliver all of the measures set out in the package and will not be able to select elements of the package.

Any individual authority not intending to agree the offer and accept the full package of measures and benefits should write to me by no later than **Friday 13 January 2017.** For those authorities not agreeing the offer a revised, and inevitably less favourable, offer will be made.

Local government is essential to the health, wellbeing and prosperity of every community in Scotland. The Scottish Government are committed to work together in partnership with local authorities to do all that we can to support local authorities to ensure that the full package of agreed measures is delivered.

DEREK MACKAY

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Ms Susan Manion – Chief Officer – East Dunbartonshire Integration Authority
Ms Julie Murray – Chief Officer – East Renfrewshire Integration Authority
Mr David Williams – Chief Officer – Glasgow City Integration Authority
Mr Brian Moore – Chief Officer – Inverclyde Integration Authority
Mr David Leese – Chief Officer – Renfrewshire Integration Authority
Mr Keith Redpath – Chief Officer – West Dunbartonshire Integration Authority

15 December 2016

Draft Budget 2017/18

Dear Colleagues

We are writing to you regarding the Scottish Government's draft budget for 2017/18, as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today. Letters have also been sent today to Local Authorities and the NHS regarding the budget. This letter lays out how these financial arrangements relate to Integration Authorities. Please take account of all three letters to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

This letter also sets out our plans to ensure the Ministerial Strategic Group for Health and Community Care, which is chaired by the Cabinet Secretary for Health and Sport, is well-briefed to fulfil its remit to provide joint political oversight between COSLA and the Scottish Government on progress with implementation of integration.

Priorities

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

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2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.

3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.

4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.

5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.

8. Continue implementation of Self Directed Support.

9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

Ministerial Strategic Group for Health and Community Care

As you know, the Ministerial Strategic Group for Health and Community Care provides the forum for joint political oversight of progress with integration by Scottish Ministers and COSLA. The Group has recently considered its requirements in terms of understanding progress on integration. We will take forward work involving Scottish Government officials, COSLA, Chief Officers, and colleagues at NHS NSS leading on the Source and LIST data projects, to establish a suite of appropriate metrics for the Group's routine consideration. This will include agreeing data definitions and an appropriate methodology via which Integraton Authorities can share their objectives for progress in 17/18 and beyond; we will also ensure the work is tied in with Sir Harry Burns' review of health and social care targets and indicators.

You will see from Christine McLaughlin's letter to Health Boards on the budget that we also intend to give some consideration to the efficacy of current arrangements for delegating appropriate hospital budgets, including set aside budgets, to Integration Authorities. We will report on that to the Ministerial Strategic Group in due course as well.

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I trust this letter is helpful to you, and look forward to continuing to work with you as we embed integration across health and social care in Scotland.

Yours faithfully

GEOFF HUGGINS
Scottish Government

PAULA McLEAY
COSLA

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Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Copy to: Chair
Director of Finance

Issued via email

Our Ref: A16253777

15 December 2016

Dear Mr Calderwood

Draft Budget 2017/18 – Indicative Allocation

Following the Scottish Government's Draft Budget for 2017/18 as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today, baseline allocations for NHS Greater Glasgow and Clyde for 2017/18 total £2,123.3 million. A breakdown of the total is provided in the annex to this letter.

Letters have also been sent to Local Authorities and Integration Authorities (copies attached) covering the Scottish Government's expectations of those organisations in relation to the budget; therefore please take this and the other two letters into account to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

In addition to this investment within NHS Greater Glasgow and Clyde we will be investing a further £128 million across NHSScotland in reform of our services. This includes investment in primary care and mental health care, which are delegated to Integration Authorities, and cancer services. This is a significant investment in our NHS, taking our total resource spend to £10.7 billion.

The Board's Local Delivery Plan (LDP) for 2017/18 should set out your plans to deliver the priorities contained in the Draft Budget. Full LDP guidance will follow shortly and this will incorporate guidance on a Regional planning and delivery approach.

Integrated Services
Unscheduled hospital care, primary and community healthcare and social care are delegated to Integration Authorities, as covered in the attached letter. In relation to specific aspects of these services (Supporting Social Care; Enhancing Primary Care and Mental Health Provision; Prevention and Early Intervention; and Alcohol and Drugs Partnerships), you will wish to note:

<u>Supporting Social Care</u>
£107 million will be transferred from NHS Boards to Integration Authorities to support continued delivery of the Living Wage, sustainability in the care sector, disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of

the new carers' legislation. This is addit ional to the £25 0 million added in the 2016/17 budget, bringing the total su pport available for social care from the NHS to £357 million. NHS contributions to Integration Authorities for delegated health functions **will be maintained at least at 2016/17 cash levels**. The £ 10 million included for sleepovers will be reviewed in-year to consider its adequacy with a c ommitment to disc uss and agree how any s hortfall should be addressed. To reflect this ad ditional support provided through the NHS, loc al authorities will be able to adjust their allocations to integration authorities in 2017/18 by up to their s hare of £80 million below the lev el of bud get agreed with their Integration Authority for 2016/ 17 (as adjusted where agreed for any o ne-off items of expenditure which should not feature in the baseline). Financial flows to Int egration Authorities should be provided in time to allow budgets to be developed by March 2017. We will be working with Integration Authorities and Health Boards over the next few months to better understand the effectiveness of current arrangements with respect to h ospital budget delegation to Inte gration Authorities, including "set aside" budgets.

Enhancing Primary Care and Mental Health Provision

Expenditure in Prim ary Care a nd Mental Health should be mainta ined at 20 16/17 levels of expenditure, with a ny investment provided in-year to b e additional to this expenditure. For Primary Care, particular focus should be given to developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and r esponsiveness to a new GP contract. For Mental Health, particular focus should be given to developing new models of care and support for me ntal health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in a ccess and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to per inatal mental health services. This is pa rt of our commitment to shift the balanc e of care, so that by 2021/22 more than half of the NHS frontline spending will be in our Community Health Service.

Prevention and Early Intervention

Continue to invest in p revention and early intervention, particularly in the e arly years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

Alcohol and Drugs Partnerships

Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8 million is transferring to NHS Board baselines for delegation to Integr ation Authorities.

Sustainability & Value

In achieving greater sustainability & v alue from our NHS, the Boa rd should produce detailed plans to minimise waste, reduce variation, to standardise and to share including:

- Implementation of the Effective Prescribing programme;
- A quality and cost assessed improvement plan to r espond to P roductive Opportunities identified from benchmarked performance;
- Reducing medical and nursing agency and locum expenditure as part of a national drive to reduce this spend by at least 25% in-year; and
- Implementation of opportunities identified by the national Shared Services Programme.

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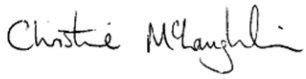
Your plan should be supported by a Financial Strategy for the next three years, setting out plans for investment, sustainability and reform, to ensure best use of available resources.



CHRISTINE MCLAUGHLIN
Director of Health Finance
Scottish Government

	2016-17 Budget Bill £m	2015-16 Recurring Allocations £m	Total 2016-17 Allocation £m	1.5% Uplift £m	ADP Funding Baseline £m	Police Custody £m	2017-18 Draft Budget £m
NHS Greater Glasgow and Clyde	2,079.2	(3.3)	2,075.9	31.1	14.4	1.9	**2,123.3**

Greater Glasgow and Clyde NHS Board

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Date: 11th January 2017
Our Ref: RC/BOB

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Dear Susan

2017/18 Financial Allocation to Health and Social Care Partnerships

Following the publication of the draft Scottish budget on 15th December 2016, I am writing to advise you of the Board's proposed approach to confirming allocations to Health and Social Care Partnerships for 2017/18 and to outline some initial planning assumptions to help you to prepare your financial plans for next year.

You will appreciate that this information remains indicative at this stage and may change as further specific details of the settlement are finalised.

It has been confirmed that the Board will receive a general uplift of 1.5% (£31.1m) which is the general uplift available to fund all cost increases in pay, supplies and GP prescribing budgets. Scottish Government has confirmed that £23.7m of this uplift will pass directly through to HSCPs and some of this may be available to offset cost pressures within NHS budgets. The balance of the uplift will be fully consumed by the increase in the Board's rates costs as a result of the recent revaluation and as a result there will be no uplift available to current service budgets. The Scottish Government letter to me as Accountable Officer for NHS Greater Glasgow and Clyde has stated that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at current year levels and therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 recurring base supplemented by any specific 2017/18 non recurring allocations from Scottish Government. However, in 2016/17 the Board has provided non recurring relief of £7.8m for unachieved savings from 2015/16 and approximately £8.0m for the in year shortfall against 2016/17 savings plans. The 2015/16 savings were not allocated to specific Partnerships but this will be adjusted in establishing the opening position for 2017/18. The Board will continue to work with HSCPs to identify how this gap can be closed from Partnership funds such as prescribing rebates and discounts.

Family Health Services 'cash limited' budgets receive a separate annual uplift which will be passed on to Partnerships in full. We will also pass on in full any specific allocations for Health and Social Care. Family Health Services budgets will continue to be managed centrally in 2017/18.

During 2016/17 it was possible for the Board to provide non recurring relief to HSCPs for the in year shortfall against 2016/17 savings plans. The Board will require all of its non recurring funding sources to achieve breakeven in 2016/17 and as a result will not be in a position to offer any in year relief for 2017/18. HSCPs will therefore be required to cover any in year shortfalls internally from underspends within their integrated budgets or from reserves carried forward from prior years.

As you know HSCPs are now responsible for planning and commissioning unscheduled care services. As you are well aware the service has been under significant pressure due to increases in demand and acuity. The Board expects HSCPs and the Acute Division to determine an appropriate activity level that reduce demand, improve patient flows and ensure more consistent achievement of performance targets including delayed discharge. This should include a financial framework to describe the financial flows arising from increases or reductions in demand and cost.

I hope this enables you to start to develop your financial plans for 2017/18 and we will continue to monitor the overall position and provide you with regular updates as the position becomes clearer in the coming weeks

Yours sincerely

Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Board Position

The estimated overall position for NHSGGC is set out below.

Description	£m
Additional Funding	**Board**
General Funding Uplift of 1.5%.	31.1
Less Specific HSCP Funding (Share of National £100.0m)	(23.7)
less Rates Revaluation	(11.0)
less Board Contingency	0.0
Additional Funding	(3.6)
Inflation, Pressures & Investments	**HSCPs**
Salaries inc Discretionary Points & ACT Offset	(4.3)
Supplies exc PPP & Contracts	(0.7)
PPP & Contracts	(0.2)
Drugs Uplift	(6.5)
Resource Transfer	(1.8)
Apprenticeships Levy	(1.8)
Pensions Cost - RRL Cost from AME Provision	(1.3)
Inflation, Pressures & Investments	(16.6)
add Specific HSCP Funding	23.7
Net Uplift / (Reduction)	7.1
Net Uplift / (Reduction)	0.9%
Note	
In addition, HSCPs are expected to deliver £7.8m of 2015/16 recurring savings, If possible, prescribing rebates may contribute to in-year delivery.	

Possible Pay Uplift

Based on 2016/17 pay policy (1% general uplift with £400 for those earning less that £22,000), it is likely that the additional pay cost to HSCPs in 2017/18 will be around 1.2%. In addition, HSCPs will be expected to meet the cost of the new Apprenticeships Levy at 0.5% of pay costs.

Possible GP Prescribing Costs

The Prescribing Management Finance Group met on 8 December 2016 to consider projections for 2017/18. Current indications are that the likely net prescribing uplift for 2017/18 will be circa £6.5m however this may change before prescribing budgets are finalised in June 2017. As indicated earlier the first call on rebates and discounts will be to cover prior year unachieved/unallocated savings.

Possible Price Inflation

The UK's rate of inflation is expected to rise in the coming months. As at November 2016 the RPI was 2.2%.

Greater Glasgow and Clyde NHS Board

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Date: 23rd February 2017
Our Ref: RC/LL014

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Dear Colleagues

2017/18 Financial Allocation to HSCPs

Further to my letter of 11th January 2017, subsequent correspondence and meetings with Chief Officers, and the discussion at the Board meeting on 21 February 2017, I am writing with an updated budget proposal for 2017/18. This includes some updated financial planning assumptions and reflects the agreement we reached on a number of matters at my meeting with Chief Officers on 17th February 2017. Subject to any final clarification this should allow you to prepare your financial plans for next year.

In responses to my letter of 11th January 2017 Chief Officers raised specific points in relation to;

- Unallocated and unachieved historic savings of £7.8m;
- The treatment of the annual charge resulting from the release of the pensions accrual in 2016/17;
- The Board's proposed approach to managing prescribing budgets for 2017/18; and
- Funding of rates pressures.

Each of these areas were discussed at our recent meetings. With the exception of the rates funding, which we agreed, each are outlined below.

You will appreciate that this information remains indicative at this stage and may change as further specific details of funding are finalised and assumptions are refined.

General Uplift/IJB Allocations

It has been confirmed that the Board will receive a general uplift of 1.5% (£31.1m) which is the general uplift available to fund all cost increases in pay, supplies and GP prescribing budgets. Scottish Government has confirmed that £23.7m of this uplift will pass directly through to HSCPs. The balance of the uplift is likely to be fully consumed by the proposed increase in the Board's rates costs as a result of the recent revaluation and as a result there will be no uplift available to current service budgets whether in HSCPs or the Board's Acute and Corporate Directorates.

The Scottish Government letter to me as Accountable Officer for NHS Greater Glasgow and Clyde has stated that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at current year levels and therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 recurring base budget supplemented by any specific 2017/18 non recurring allocations from Scottish Government.

GP Prescribing

Included in the budgets that roll forward to 2017/18 is a budget allocation for GP prescribing which contains £3.6m of non recurring support from the Board to supplement the prescribing budgets set for HSCPs in 2016/17. This will be removed at the year end and replaced by a recurring allocation to bring each HSCP's budget into balance so the HSCP's starting allocations for 2017/18 for prescribing will exactly equal the cash expenditure in 2016/17. However the value of this adjustment cannot be confirmed until the final out-turn for the current year is known in May 2017.

At my meeting with Chief Officers on 17th February 2017 we discussed how prescribing budgets should be managed now that HSCPs have become established. It was agreed that the current arrangements would continue in 2017/18 where the Board continues to manage the budget collectively on behalf of all partnerships. However, the Board has no requirement or capacity to provide funding to uplift the budget for net growth. This is currently estimated at £8.5m for 2017/18 but may change and as the Board cannot reduce the budget allocation to HSCPs to recover this cost each HSCP will require to generate savings plans to meet its share of the required budget uplift. The Board's Prescribing Management Group will continue to provide advice to HSCPs to assist them to set the budget at an appropriate level for 2017/18.

Family Health Services

Family Health Services "cash limited" budgets receive a separate annual uplift which will be passed on to partnerships in full. We will also pass on in full any specific allocations for Health and Social Care. Family Health Services budgets will continue to be managed centrally in 2017/18.

Annual Pension Cost Adjustment and Historical Savings

The annual pension cost adjustment will be recharged to service areas because the one off benefit from reversing the original provision has been used in 2016/17 as a source of funds to enable the Board and HSCPs to reach a balanced position and the Board therefore considers it is reasonable to recover it from those areas that have benefited. Chief Officers have subsequently accepted this adjustment.

During 2016/17 it was possible for the Board to provide non recurring relief to HSCPs for the in year shortfall against 2016/17 savings plans. The Board will require all of its non recurring funding sources to achieve breakeven in 2016/17 and as a result will not be in a position to offer any in year relief for 2017/18. HSCPs will therefore be required to cover any in year shortfalls internally from underspends within their integrated budgets or from HSCP reserves carried forward from prior years.

In 2016/17 the Board has also provided non recurring relief of £7.8m for unachieved savings from 2015/16. The treatment of how this shortfall should be allocated has been discussed with Chief Officers and was debated by the Board at its meeting on 21st February 2017. The Board has mandated the Chief Executive to deduct a proportional amount of £3.6m from HSCP allocations and you will be advised of the relevant amounts for each HSCP by the Director of Finance. The Board will confirm with Scottish Government that it is appropriate to make this adjustment and should that be confirmed we will work with you to identify how it can be managed in a way that does not put further pressure on service budgets.

Unscheduled Care

As you know HSCPs are now responsible for planning and commissioning unscheduled care services. As you are well aware the service has been under significant pressure due to increases in demand and acuity. The Board expects HSCPs and the Acute Division to determine an appropriate activity level that reduce demand, improve patient flows and ensure more consistent achievement of performance targets including delayed discharge. This should include a financial framework to describe the financial flows arising from increases or reductions in demand and costs.

I hope this enables you to further develop your financial plans for 2017/18 and we will continue to monitor the overall position and provide you with regular updates as the position becomes clearer in the coming weeks.

Yours sincerely

[redacted]

Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Board Position

The estimated overall position for NHSGGC is set out below.

Description	**£m**
Additional Funding	**Board**
General Funding Uplift of 1.5%.	31.1
Less Specific HSCP Funding (Share of National £100.0m)	(23.7)
less Rates Revaluation	(11.0)
less Board Contingency	0.0
Uplift from Other Boards	2.4
Additional Funding	(1.2)
Inflation, Pressures & Investments	**HSCPs**
Salaries inc Discretionary Points & ACT Offset	(4.3)
Supplies exc PPP & Contracts	(0.7)
PPP & Contracts	(0.2)
Drugs Uplift	(8.5)
Resource Transfer	(1.8)
Apprenticeships Levy	(1.8)
Share of Unachieved CH(C)P Savings b/f from 2015/16	(3.5)
Pensions Cost - RRL Cost from AME Provision	(1.3)
Inflation, Pressures & Investments	(22.1)
add Specific HSCP Funding	23.7
Net Uplift / (Reduction)	1.6
Net Uplift / (Reduction)	0.2%
Note	
HSCPs are expected to deliver £3.6m of recurring savings to contribute towards £7.8m of 2015/16 CH(C)P unachieved recurring savings.	

Possible Pay Uplift

Based on 2016/17 pay policy (1% general uplift with £400 for those earning less that £22,000), it is likely that the additional pay cost to HSCPs in 2017/18 will be around 1.2%. In addition, HSCPs will be expected to meet the cost of the new Apprenticeships Levy at 0.5% of pay costs.

Possible GP Prescribing Costs

The Prescribing Management Finance Group met on 8 December 2016 to consider projections for 2017/18. Current indications are that the likely net prescribing uplift for 2017/18 will be circa £8.5m however this may change before prescribing budgets are finalised in June 2017. As indicated earlier the first call on rebates and discounts will be to cover prior year unachieved/unallocated savings.

Possible Price Inflation

The UK's rate of inflation is expected to rise in the coming months. As at November 2016 the RPI was 2.2%.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Mrs Susan Manion

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_6**
Subject Title	**Financial Performance Update Report – Month 10**
Report By	**Jean Campbell, Chief Finance & Resources Officer**
Contact Officer	**Jean Campbell, Chief Finance & Resources Officer**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to update members on the projected outturn for the Health & Social Care partnership for 2016/17.

2.0 SUMMARY

2.1 The financial performance in relation to the forecast outturn for the Health & Social Care Partnership is based on the period 10 reporting cycle for the period to 31st January 2017 (dates vary between NHS and Council reporting cycles which do not align). The variations to year end are not expected to be significant given the proximity to year end and the winter pressures on the Acute sector having largely passed.

2.2 The current position indicates a surplus of £3.6m for the Health & Social Care Partnership. This represents an increase on that previously reported (£2.6m) of £1m primarily in relation to the known final cost to deliver the living wage in 2016/17 positive movements in Children's Services and community health services and known final commitments on delayed discharge monies.

2.3 The surplus continues within NHS community services as a result of capacity within the integrated care fund and delayed discharge allocations, with funding for the intermediate care service being mainlined as a result of continued positive trends on care home placements creating further surpluses on delayed discharge monies which can be used to further service re-design in achievement of improving discharge processes further.

2.4 The reserves position remains per previous reports with usable reserves totalling £1.2m and an expectation that given the current position with regard to the projected outturn, to take any in year surplus to reserves to supplement the balance already available. This will provide some resilience to meet future demand pressures and will provide some funding which could be earmarked to support service re-design in furtherance of the objectives of the Strategic plan.

2.5 There continues to be risks to the protected outturn position in respect of demand pressures across Social Work budgets and prescribing volatility, albeit this continues to be the subject of a risk sharing arrangement across NHS GG&C.

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Notes the projected outturn position for the HSCP for 2016/17;
- Notes the risks to the projected outturn detailed in 4.15.

4.0 MAIN REPORT

4.1 East Dunbartonshire Health & Social Care Partnership (HSCP) was established on the 3rd September 2015 and 2016/17 represents the first year that budgets will be fully aligned for Adult Services. The incorporation of Children's Social Work and Criminal Justice Services on the 11th August 2016 will further increase the budgets, responsibilities and reporting requirements for the partnership

4.2 The table below shows the year to date variance and estimated out–turn forecast for the HSCP.

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Out-turn Forecast £000
NHS Community Budgets	21,282	15,002	14,920	(872)	1,300
ED Social Care Fund (£250m)	4,300	3,583	2,629	954	1,700
Oral Health	10,376	8,541	8,435	105	0
FHS & Prescribing	43,652	36,851	36,851	0	0
Adult Social Care	40,545	30,476	28,703	1,773	280
Children & CJ Services	11.529	9,407	8,709	698	400
Care of Gardens	78	65	65	0	(7)
Adaptations (PSHG)	450	375	375	0	0
Care and Repair	214	178	178	0	0
Fleet	452	377	377	0	0
SUB-TOTAL	**132,878**	**104,855**	**101,243**	**2,658**	**3,673**
Acute Set Aside	17,381	14,484	14,484	0	0
TOTAL	**150,259**	**116,442**	**113,784**	**2,658**	**3,673**

4.3 The overall projected out turn for the HSCP is indicating a surplus position for 2016/17 of £3.6m. This is an accumulation of surplus available from monies allocated to deliver on the living wage (£1.7m – non recurring, part year only for 2016/17), surplus on the Integrated Care Fund and delayed Discharge monies (£800k), vacancies across community health services and childcare payroll budgets (£900k) and some surplus on adult social care budgets (£280k). There continue to be pressures on residential school placements within Children's Service's; however

these are being managed through surpluses across the partnership budget in respect of positive payroll variances.

4.4 There has been movement in the projection of £1m relating to final known commitments in respect of the living wage, generating an additional £400k, mainlining of the intermediate care development generating an additional £200k within the delayed discharge monies and update on p ayroll variances across community health and Children's services payroll budgets (550k).

NHS Budget Outturn

4.5 The table below shows a detailed breakdown of the partnerships NHS budgets for the 10 month period to the 31st January 2017.

NHS Expenditure £000	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Addictions – Community	701	584	649	(65)
Adult Community Services	4,342	3,618	3,400	219
Integrated Care Fund	1,200	331	331	0
Child Services – Community	1,404	1,165	1,018	147
Learning Disability – Community	588	490	355	135
Mental Health – Adult Community	1,257	1,041	950	91
Mental Health – Elderly Services	616	507	492	15
Other Services	5,768	2,750	3,211	(460)
Planning & Health Improvement	816	690	690	0
Resource Transfer to Local Authority	8,890	7,408	7,407	0
Oral Health – Public Dental Service (Hosted)	10,376	8,541	8,435	105
Family Health Services – Prescribing	18,809	15,880	15,880	0
Family Health Services – GMS	13,407	11,141	11,141	0
Family Health Services – Other	12,726	9,830	9,830	0
Total Community Health Budgets	**79,610**	**63,977**	**63,790**	**187**

Acute Set Aside	17,381	14,484	14,484	0
Total IJB Health Budget	**96,991**	**78,461**	**78,274**	**187**

4.6 The projected year end out turn for NHS budgets for 2016/17 provides for a surplus of £1.3m. This relates primarily to capacity within the Integrated Care Fund where monies are yet to be allocated to deliver on strategic priorities (£300k), delayed discharges monies (£400k) delays in filling vacancies and management costs (£500k) and development monies unallocated (£100k).

4.7 There are a number of budget pressures in relation to Addictions, a consequence of the effect of the savings allocated in respect of the ADP allocation which will be resolved through adjustment to the level of Resource Transfer to the Council, and Other Services, in relation to accommodation charges for KHCC. However, these are offset by the surpluses in a number of other areas including Adult Community Services relating to vacancies within District Nursing and Rehab and under spend on management costs within Adult and Mental Health services. The latter will form part of the structure considerations as these are further developed.

4.8 GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means that only April - December expenditure is available. This was showing that prescribing expenditure, for East Dunbartonshire, was running ahead of budget at that point to the tune of £146k. Analysis of these variances is being investigated by the partnership's prescribing advisor and measures to mitigate these pressures to be implemented. It is difficult to accurately predict a robust out turn based on four month's data, therefore actual is assumed to be on budget at this stage.

4.9 The overall GP prescribing expenditure position for GG&C is that of a continued underspend position of £1.3m which while encouraging is a highly volatile area and increases in certain drug costs remains a concern. There continues to be a risk sharing arrangement in place for 2016/17 across the GG&C board area and this will be managed within the NHSGGC board budgets.

4.10 The Public Dental Service hosted by ED HSCP is projected to achieve a breakeven position.

Social Work Budget Outturn

4.11 The table below shows the partnerships Social Work budgets for the 10 month period to the 31st January 2017:-

SW Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Adult SW Services	40,545	30,476	28,703	1,773
Children & CJ Services	11.529	9,407	8,709	698
TOTAL SW Budgets	**52,074**	**39,883**	**37,412**	**2,471**

4.12 The projected out turn for Social Work services is now indicating a surplus on budget of £680k (£280k for Adult Social Care Services, £400k for Children's Services). A detailed breakdown is provided in **Appendix 1.**

4.13 Adult Social Care Services (£0.280m)

- Agency Budgets – there continues to be a surplus generated (£280k) across a range of adult social care budgets including supported living and supported accommodation to adults with a learning disability and a continued even trend on care home placements generating positive variances on adult service budgets.

Children's Services (£0.400m)

- Payroll – there is a surplus on budget (£430k) as a result of vacancies across the service including the Social Work Teams, Community resources Team and the Children's Residential Unit and additional income to support two seconded posts. A number of posts are in the process of being filled and this will be an area which will be reviewed as part of structure considerations moving forward.
- Agency & Transfer payments (-£75k) - There is currently pressure on residential placements for Looked After Children, which is an area prone to volatility depending on caseload which is being offset to some extent by underspends anticipated within Adoption Allowances, Kinship Payments and transfer payments.

4.14 Social Care Fund

Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Social Care Fund	4,310	3,583	2,629	954

- Living Wage - the bulk of the projected surplus (£1.7m) is derived from monies allocated from the Scottish Government to deliver the living wage across care home, care at home and housing support services. An allocation of £2.15m was allocated to East Dunbartonshire for this purpose with only a 6 month commitment attached to the delivery of this agenda from the 1st October 2016. In addition, the Council agreed to meet the care home element for 2016/17 from Council reserves which provides an overall surplus of £1.7m. This relates to 2016/17 only and is non- recurring as a full year commitment will be required in 2017/18. The final cost associated with delivering the living wage for care at home and housing support services was £576k for 2016/17.
- Demand Pressures / Charging Thresholds – an allocation of £2.15m was made to meet demand pressures on Social Work Budgets at the preparation of the 2016/17 budget and costs associated with the increase to the threshold levels above which non- residential care charges will apply. It is expected that this element of the Social Care Fund will be fully committed.

Financial Risks

4.15 The most significant risks that will require to be managed during 2016/17 are;

- **Prescribing Expenditure** –Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. At this stage of the year it is now possible to make an informed assessment of the in year position against budgets and to estimate the likely out-turn for 2016/17, however based on previous year experience this will require close ongoing monitoring.
- **Achievement of Savings Targets** –There are elements of savings targets for procurement, within the Council, which have yet to be allocated out which may present in year pressure.
- **Demographic Pressures** – Increasing numbers of older people is placing significant additional demand on a range of services including Home Care. In addition achieving the required reductions in delayed discharges is creating increased demand for care home places and resulting in increased levels of self directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- **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 may impact on achieving a balanced year end position.
- **Living Wage** – the costs associated with implementing the living wage are subject to on-going negotiation with a small number of service providers and are underpinned by a contribution from providers which may not be sustainable on a recurring basis. There remain uncertainties on the future funding allocation for this area in terms of uplifts, sleepovers and affordability for a full year.

5.0 IMPLICATIONS

5.1 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. The implications for the Council are as undernoted.

5.2 Financial – Information collated and reported within the HSCP has been done in discussion with the relevant partnership bodies and is consistent with their reporting requirements.

Health and Social Care Partnership
Projected Outturn at Period 10

Adults and Older People	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn
Older People	16,823,990	17,394,503	-570,513	22,152,341	22,598,149	-445,808	20,988,959
Learning Disability	9,997,353	9,830,054	167,299	13,230,402	13,263,827	-33,425	13,517,668
Physical Disability	3,097,212	2,951,631	145,581	4,056,189	3,992,411	63,778	3,470,986
Mental Health	1,516,969	1,560,170	-43,201	1,991,316	2,083,186	-91,870	2,050,954
Addiction Services	443,080	781,449	-338,369	564,380	620,198	-55,818	582,879
Homecare	4,873,998	5,084,701	-210,703	6,056,485	6,414,497	-358,012	5,825,916
Resources Day Services	1,717,423	1,539,297	178,126	2,126,414	1,777,478	348,936	1,916,702
Sheltered Housing	88,782	-28,188	116,970	51,738	-33,666	85,404	-17,244
Other	2,099,070	1,745,567	353,503	2,534,215	2,620,791	-86,576	3,692,871
Womens Aid	62,600	57,622	4,978	75,114	74,909	205	75,115
Resource Transfer Income	-10,244,512	-12,213,599	1,969,087	-12,293,366	-13,147,004	853,638	-10,614,939
TOTAL	**30,475,965**	**28,703,207**	**1,772,758**	**40,545,228**	**40,264,777**	**280,451**	**41,489,867**

Children and Families	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn
Children & Young People	2,807,854	2,416,914	390,940	3,437,750	3,403,171	34,579	2,819,137
Criminal Justice	-73,274	214,249	-287,523	-81,622	-95,143	13,521	-56,609
Childcare Resources	6,421,661	5,941,629	480,032	7,867,565	7,545,096	322,469	6,475,724
Other	250,544	136,268	114,276	305,353	263,676	41,677	243,165
TOTAL	**9,406,785**	**8,709,060**	**697,725**	**11,529,046**	**11,116,800**	**412,246**	**9,481,417**

Overall Total	**39,882,750**	**37,412,267**	**2,470,483**	**52,074,274**	**51,381,577**	**692,697**	**50,971,284**

Health and Social Care Partnership
Projected Outturn at Period 10

Area	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn
Non-Teaching Employee Costs	15,194,483	14,945,584	248,899	18,746,727	18,719,970	26,757	18,309,350
Property Costs	243,120	139,046	104,074	267,291	261,152	6,139	183,290
Supplies & Services	869,212	730,920	138,292	1,100,639	1,033,579	67,060	1,042,033
Agencies & Other Bodies	35,659,802	34,865,922	793,880	46,335,002	46,928,008	-593,006	41,552,394
Transport & Plant	371,396	364,007	7,389	494,790	493,932	858	419,230
Transfer Payments	133,063	-3,835	136,898	163,580	102,387	61,193	3,192,823
Administrative Costs	147,589	18,184	129,405	175,798	143,497	32,301	231,927
Financing Costs	0	0	0	0	0	0	90,000
Income from Government Grants	-61,760	-36,281	-25,479	-69,044	-36,281	-32,763	0
Sales	-6,970	-6,461	-509	-8,571	-7,640	-931	-9,050
Fees & Charges	-692,867	-659,289	-33,578	-791,123	-777,317	-13,806	-837,562
Recharges to Other Departments	0	-60,778	60,778	-81,037	-72,934	-8,103	-99,958
Income from Rents	0	-59,920	59,920	0	0	0	0
Other Income	-11,974,318	-12,824,832	850,514	-14,259,778	-15,406,777	1,146,999	-13,103,193
OVERALL TOTAL	**39,882,750**	**37,412,267**	**2,470,483**	**52,074,274**	**51,381,577**	**692,697**	**50,971,284**

Health and Social Care Partnership
Projected Outturn at Period 10

Adults and Older People	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn	Comments
Non-Teaching Employee Costs	10,770,261	10,854,198	-83,937	13,290,063	13,636,689	-346,626	13,323,937	Actual payroll costs at January 2017 are lower than the same period in January 2016, but are overspent in terms of the year to date budget. Transformational savings in relation to agency, overtime and mileage have been applied and this is causing additional pressure in these areas, particularly now as agency staff are being used to backfill the Pineview Service. As with previous years, the cost of Homecare staff overtime is displaying significant pressure but it is anticipated that this some of this will be managed down as vacancies are filled.
Property Costs	90,527	65,531	24,996	105,024	105,132	-108	123,202	Minor variances across services - No significant variations are anticipated.
Supplies & Services	768,632	662,224	106,408	981,553	943,453	38,100	938,990	Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract and other activity under the service level will ensure a break even position. Based on the current spending profile in other areas, a year-end underspend in other supplies and services is anticipated.
Agencies & Other Bodies	30,290,240	30,020,527	269,713	39,771,816	40,267,158	-495,342	36,822,433	This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments. This is closely monitored throughout the year. An estimate has been included for the additional expenditure in relation to the Living Wage, Intermediate Care Model and Pineview, all of which will be met from Integration monies.
Transport & Plant	309,305	295,004	14,301	411,993	411,128	865	345,862	No significant variations expected at this time.
Transfer Payments	57,307	-55,979	113,286	70,446	33,330	37,116	2,689,825	There is a projected underspend in relation to the independent living fund which has been superseded by direct payments. There is therefore no new demand on this budget and as individual services cease for existing cohort, any new services move onto direct payments pathway.
Administrative Costs	107,156	-2,551	109,707	125,498	114,085	11,413	200,080	No significant variations expected at this time.
Financing Costs	0	0	0	0	0	0	90,000	No significant variations expected at this time.
Income from Government Grants	-61,760	-36,281	-25,479	-69,044	-36,281	-32,763	0	Income expected from Scottish Government
Sales	-6,970	-6,461	-509	-8,571	-7,640	-931	-9,050	No significant variations expected at this time.
Fees & Charges	-692,867	-658,787	-34,080	-791,123	-777,317	-13,806	-837,197	Based on current income levels a shortfall in income is expected by year-end
Recharges to Other Departments	0	-60,778	60,778	-81,037	-72,934	-8,103	-99,958	No significant variations expected at this time.
Income from Rents	0	-59,920	59,920	0	0	0	0	No significant variations expected at this time.
Other Income	-11,155,866	-12,313,520	1,157,654	-13,261,390	-14,352,028	1,090,638	-12,098,257	The final Resource Transfer position is £10k lower than originally anticipated but is offset by underspends in other areas. Additional income will be drawn down from the NHS to meet expenditure included in the above projections in relation to the Integrated Care Fund, Delayed Discharge Funding and the implementation of the living wage from 1 October 2016.
Adults and Older People - Total	**30,475,965**	**28,703,207**	**1,772,758**	**40,545,228**	**40,264,777**	**280,451**	**41,489,867**	

Health and Social Care Partnership
Projected Outturn at Period 10

Children and Families	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn	Comments
Non-Teaching Employee Costs	4,424,222	4,091,386	332,836	5,456,664	5,083,281	373,383	4,985,413	Actual payroll costs at January 2017 are slightly higher than the same period in January 2016. Based on the current spending levels, savings will accrue by the end of the financial year.
Property Costs	152,593	73,515	79,078	162,267	156,020	6,247	60,088	Based on the current spending profile, a small underspend is expected. This assumes full spend of the budget carry-forward in relation to the Family Assessment and Contact Team premises.
Supplies & Services	100,580	68,696	31,884	119,086	90,125	28,961	103,043	Based on the current spending profile, a year-end underspend is anticipated.
Agencies & Other Bodies	5,369,562	4,845,395	524,167	6,563,186	6,660,850	-97,664	4,729,961	There is currently pressure on residential placements for Looked After Children, which is an area prone to volatility depending on caseload. Based on current levels of spend, an underspend is anticipated within Adoption, Fostering Link payments and Payments to other local authorities. Criminal Justice across the partnership has been overspent in the past few years and, whilst measures are ongoing to reduce the level of spend, a small overspend is anticipated for 2016/17.
Transport & Plant	62,091	69,003	-6,912	82,797	82,804	-7	73,368	No significant variations expected at this time.
Transfer Payments	75,756	52,144	23,612	93,134	69,057	24,077	502,998	The Pathways budget for young people leaving care is running at a lower level than anticipated. There is currently work being done on the payment process around this type of support and the funds being held in the Client Budgetary Account.
Administrative Costs	40,433	20,735	19,698	50,300	29,412	20,888	31,847	Based on the current spending profile, a year-end underspend is anticipated.
Financing Costs	0	0	0	0	0	0	0	No significant variations expected at this time.
Income from Government Grants	0	0	0	0	0	0	0	No significant variations expected at this time.
Sales	0	0	0	0	0	0	0	No significant variations expected at this time.
Fees & Charges	0	-502	502	0	0	0	-365	No significant variations expected at this time.
Recharges to Other Departments	0	0	0	0	0	0	0	No significant variations expected at this time.
Income from Rents	0	0	0	0	0	0	0	No significant variations expected at this time.
Other Income	-818,452	-511,312	-307,140	-998,388	-1,054,750	56,362	-1,004,936	Additional income from Police Scotland to contribute to the running costs of the Child Protection Committee. It is unlikely that this will be fully applied in 2016/17 so a budget carry forward may be required. There is also additional income in relation to two external secondments.
Children and Families - Total	**9,406,785**	**8,709,060**	**697,725**	**11,529,046**	**11,116,800**	**412,246**	**9,481,417**	

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_7**
Subject Title	**Strategic Review of Day Services for Older People**
Report By	**Andy Martin Head of Adult & Primary Care Services**
Contact Officer	**Gillian Healey, Planning & Commissioning Manager**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to describe the findings and outcomes of a recent review of older peoples' day services conducted to establish an effective, quality assured and sustainable model of service that will contribute to our overall strategic aim of enabling older people with complex needs to live safely and independently at home or in a homely setting.

2.0 SUMMARY

2.1 Day care for older people in East Dunbartonshire has developed organically over the past decade and therefore warrants a review in order that the HSCP is satisfied that our services are fit for purpose, safe, quality assured and centred around the needs of service users and their carers.

2.2 The review findings illustrate that the current service does not fit the strategic priorities of the Health and Social Care Partnership, nor does it provide Best Value in terms of being flexible, needs and evidence based, outcome focussed or financially sustainable.

2.3 The review report sets out the pattern of current provision, the broad direction of travel to develop a sustainable and effective model of delivery, and the financial resources currently deployed and proposed into the future.

2.4 The report proposes 2 main centres of traditional day care provision, based in each of the 2 localities, supplemented by a model of lower intensity community-based, asset-focused provision.

2.5 This model depends crucially on the establishment of the role of Local Area Coordinator for Older People. It is proposed to create these posts in both localities funded by reconfiguring monies currently deployed in under-used traditional services

2.6 As this process moves forward we will establish robust processes to engage service users and carers not only in terms of their feedback regarding the service but also their involvement/view regarding a proposed new model. This process has already

begun
3.0 RECOMMENDATIONS
3.1 It is recommended that the HSCP Board: ▪ Notes the content of the report ▪ Approves the broad principles and direction of travel set out within the report ▪ Approves the proposals to establish Local Area Coordinator posts to develop a network of co-produced resources, and to move to a 2 centre locality model for formal day care as outlined

4.0 BACKGROUND

4.1 A Day Care Review Group was established in early 2016 to scope current provision, examine patterns of current and projected demand and uptake, and identify a strategic commissioning route for day care in light of the priorities set out with the HSCP's Strategic Plan. The Review group comprised the Head of Adults & Primary Care Services, managers from Older People Social Work and Health teams, Commissioning and Finance staff.

4.2 At the point of the Review Group's establishment, there were concerns about the number of voids within current provision. Also the commissioning cycle meant that middle-to-long term decisions to continue funding certain services were imminent. It was felt that certain existing provision did not fit the Partnership's strategic priorities because of persistent under-attendance, poor physical environment, or potentially unsustainable costs moving into the future.

4.3 Alongside these concerns, recent positive experience had been evidenced of different and innovative ways to meet need based on principles of co-production and maximizing personal and community assets. Particularly important in this respect have been the ***Present*** initiative developed by the Dementia Network and the ***Assets in Action*** mapping initiative developed in Adult Mental Health. Also of interest was ***OPAL***, the helpline service set up by the local voluntary sector to facilitate access by older people to the range of opportunities available within that sector.

4.4 Self Directed Support has proved to be popular with older people and their carers in East Dunbartonshire since its introduction in 2014.The flexibility and control available to families via SDS options makes it an ideal vehicle for accessing the type of model which is proposed.

4.5 The report of the Review Group is attached as **Appendix 1**. It sets out the range of current commissioned day care provision and the financial framework that resources it. Beyond that it describes the emerging network of less formal co-productive activity currently supported by the Partnership- voluntary older people groups, lunch clubs etc. A wider landscape of community led activity across the localities of East Dunbartonshire concludes the report. This system of voluntary activity is the field which Local Area Coordination would seek to coordinate, develop, expand and facilitate access to both individually and on a locality-wide basis.

4.6 It is proposed by the Review Group to establish the post of Local Area Coordinator – Older People in both of the established localities – Bearsden & Milngavie and Strathkelvin. A Business Case setting out this proposal in better detail is attached as **Appendix 2**. It is proposed that the majority of older people requiring day support will receive a service reflecting this model – accessing much more mainstream and

community-linked activity than is currently the case.

4.7 Funding to support a Local Area Coordinating model will be made available by the rationalization of the existing traditional commissioned day care provision. The vision is to have only 2 traditional day care services, one in each locality, housed in specialist premises, available 7 days a week, targeted on the most needy and vulnerable older people. It is envisaged that these centres will provide a locus for wider services including rehab for older people recently discharged from hospital, and intensive multi-disciplinary support for those requiring step-up approaches to prevent admission. These functions may link to the proposed Intermediate Care provision about to be the subject of a pilot.

4.8 The specialist Day Care Centre at Oakburn Park in Milngavie already provides the locus for this type of service for the Bearsden & Milngavie locality. This will be consolidated and further enhanced. For Strathkelvin, it is planned to develop a purpose-built Day Care Centre in Kirkintilloch in partnership with Bield Housing and Care to be available and on-stream by 2019. Monies currently tied into day services at Birdston and Whitehill Court will form the basis of ongoing revenue funding for this new provision. An outline Capital Bid to resource the development of the Day Care Centre has been submitted to East Dunbartonshire Council Capital Assets Group.

APPENDIX 1

STRATEGIC REVIEW OF DAYCARE AUGUST 2016

PURPOSE

The purpose of this strategic review is to ensure that our Day Care service is 'fit for the future' and able to meet future service demands arising from the needs of a growing population of older people within the East Dunbartonshire Area.

Daycare continues to fulfil an important element in the spectrum of care and support for older people and their carers, enabling people to maintain and/or restore their daily living skills, improve their independence at home and within their own community.

The services that we commission remain a popular choice for many older people and whilst the model of care has broadly remained the same for several years there has been a noticeable increase to alternative to daycare packages. As a result of this and the changing demands and expectations of future generations of older people, significant re-design and development will be required.

In undertaking this review we are setting out a direction of travel to achieve a number of aims:

- To make best use of daycentres run by East Dunbartonshire Health and Social Care Partnership and of current investments supporting the range of other day activities funded by the partnership
- Identify a series of priorities for service development, to ensure that a range of day activities across the spectrum becomes available for the benefit of those requiring them and importantly to support their carers
- To ensure best practice in the way the centres/groups are run through operating a person centred approach to the support and care provided i.e. care that is tailored to individual need
- To ensure provision reflects the needs of a full range of diverse communities.

In preparing to improve and modernise our day care services, to date we have

- Mapped out our current service provision and conducted an analysis of current levels of usage of each facility
- Looked at the needs of service users currently assessed as in need of Day care
- Examined how we can develop our services in such a way that we can provide an effective day care service that meets the needs of older people.

The central aims of this review is to

- Ensure commissioning decisions are based on the evidence of need of older people
- Commission services which work with and for older people in meeting their identified outcomes

- Commission services which enable older people and their carers to maximise their independence
- Commission services which support older people to remain safely at home or in their local communities for as long as possible.
- Commission services which help to maintain or improve the older persons quality of life and well being
- Make sure that when an older person faces a crisis in their health or well - being the right services are available at the right time so that the person can get back to their everyday life as soon as possible

The Value and purpose of Day Care

"Day services" is an umbrella term that covers both day activities and day care. Day activities are those that happen in the community and support older people who have lower level needs. These may include formal and informal settings; centres run by voluntary organisations, drop-in centres, lunch clubs, social clubs and keep fit activities and may or may not include staff and volunteers.

Day care implies a specific need that would not be met by day activities. It suggests a greater degree of dependency by the person using the service, and a care plan would be in place to document the individual's need and how it will be met.

A broad spectrum of high quality day services are an essential part of the strategy to support the majority of older people in their wish to remain in their own homes pursuing active and fulfilling lives for as long as is possible.

People may attend a day service because they have been advised that this is in their best interest or to provide their carer with some respite. A person must consent to go to a day service. Day services are not solely about providing socialisation and support the isolated and respite for unpaid carers. They also provide a service as part of

- a rehabilitative, recovery and preventative programme of care for people at risk of, with, or recovering from clinical depression, severe anxiety states of psychoses, some of whom are within the care of the Mental Health Service.
- risk management or people who may be at risk of self neglect or abuse
- To help manage the risk for some people who are mainly at home for large parts of the day and, for example, may have dementia and be at risk of wandering or:

The benefits realised by the provision of high quality day services are felt not only by older people
themselves but by the statutory services as well.

For the older people these include:

- Maintaining independence
- Improved sense of well being – social contact is one of the key factors contributing to a sense of well being in later life
- Access to advice services and support
- Personal development, both physical and mental stimulation
- Support for carers
- Promoting social engagement and helping to tackle social isolation, which can contribute to depression?

For the statutory service the benefits include:

- Promoting effective use of services including preventing unnecessary hospital admission and supporting early and successful discharge. It will also help to reduce the risk of readmission
- Promoting greater capacity and effective management of care at home services

The above ties in with the National Health and Wellbeing Outcome which are:

NATIONAL HEALTH & WELLBEING OUTCOMES

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

Policy Drivers

The review of daycare services is informed by many strategies and policies - the Strategy for Older People, The Carers Strategy which aims to support unpaid carers both to sustain them in their caring role and to support them in having a life outside of caring. The Carers Bill

which comes into effect on 1st April 2018 and The National Dementia Strategy seeks to ensure that the growing number of older people who have dementia are properly supported. The ability of carers to continue caring is critical to successful community support.

Self Directed Support outlines the Governments vision for empowering people to take control and have choice over their care and support. Currently a substantial amount of day care for older people is block purchased by the Council and typically people are allocated to a place in a day centre. In future people will have more choice about how they want their needs met and could potentially choose to use a range of services paying for these through Individual budgets. In policy terms this will require the existing commissioning model to change to enable people to make these choices, whilst still securing a commercially viable level of service from a provider.

Demography

East Dunbartonshire had a population of 105,026 recorded in the 2011 census, of which 82.1% (86,312) were over 16yrs. The population includes a higher than national average proportion of older people. According to most recent projections the younger population will decline whilst the number of people aged 65+yrs will rise between 2012-2037 (National Records of Scotland). Our overall population is predicted to decrease by 0.5% while the 85+yrs age group will increase by 17.8%.

Funding

East Dunbartonshire Health & Social Care Partnership spent £1,206,778.77 during year 2015/16 delivering daycare services for older people.

Provider	Building Owned by	Unit Cost	Contracted Spaces	Contract Value	Yearly Voids Costs	% Contract Value lost to Voids
Pacific Care Birdston Day Care	Pacific Care	£54.94	138 P/W 120 Mon – Fri 30 Sat - Sun	£394,264.00	£18,398.98	4.66%
Bield Whitehill Day Care	Bield	£48.72	105 P/W	£266.040.00	£43,073.14	16.19%
Bield Oakburn Daycare	EDC	£40.48	155 P/W 25 Mon – Fri 15 Sat - Sun	£326,292.08	£77,883.52	23.87%
Alz. Scotland Park Rd Day Care	**EDC**	**£51.64**	**24 P/W Tues 12 Thurs 12**	**£128,896 (incl. £29k Transport Costs)**	**£18,796.96**	**14.58%**
Alz. Scotland Burnbank Day Care	**EDC**	**£51.64**	**24 P/W 6 Tue - Fri**	**Included in above**	**£26,852.80**	**20.83%**
Alz. Scotland Day Opps	N/A	£16.77	55 (47)	£41,000.00		
Alz. Scotland Alt.to Respite	N/A			£450,000		

TOTAL	458 P/W 47 hrs Alt. to Day Care	£1,156,492.00	£185,005.40	16%

We recognise that how Day Care is delivered and the nature of the supports provided within a Day Care setting can make a positive difference to people's lives.

As at June 2016 there were 285 individuals attending commissioned day care services. A breakdown of days allocated include:

- 1 day: 144 (50%) of which 39 (27%) do not attend
- 2 days: 103 (36%) of which 22 (21%) do not attend or attend for 1 day only
- 3 days: 38 (13%) of which 18 (47%) do not attend or attend for 1 or 2 days only

In total, there are 458 placements available of which, 79 (17%) are currently vacant resulting in void costs of £185k p/a (16%) of the total contract value

Whilst there is a clear demand for day care services, the above demonstrates the need to:

- move away from block contract type arrangements which are costly & inflexible
- determine approach for allocation and review of day care placements
- review current market provision with a view to stimulating and facilitating market change
- offer a range of alternative services which provide choice, control & flexibility
- secure best value

Commissioned Day Care Services

The commissioned and monitored day care centres offer social activities, physical and mental stimulation as well as respite for informal carers. Most services are fairly traditional with a significant transport element, however the transport element can be a source of dissatisfaction for service users, the day care managers and other professionals. Guidelines for transporting service users say that they should be on the bus for no longer than 45 minutes and in some cases this is more often over the hour. Day care services help many older people to maintain their wellbeing and expand social networks. Lunch is a key element of day services enabling older people to remain independent, socially engaged and well-nourished.

The number of service users attending our commissioned day care centres have declined over recent years with some day care not providing best value.

The average age of the service users has greatly increased in the last ten years and therefore people are frailer, and need to use more walking aids.

All the day care centres are in differently sized and configured buildings. The availability of places does not always reflect the physical space.

Referal systems

Formal links with colleagues are through Adult Intake Team/Post Diagnostic Support. Currently all referrals are diverted through the Adult intake system and are logged on as initial contact assessment

Whilst the referral system and informal relationships have been established, the systems to ensure adequate communication and making best use of organisational resources within the Health & Social Care Partnership have yet to be adequately developed.

Additionally, through informal relationships the daycare service managers are enabled to recommend outcomes. If a service users needs cannot continue to be met at a day care centre because of increasing frailty or a sudden crisis, there is direct access to specific advice, e.g. if mobility deteriorates or there are nutritional problems

Birdston Daycare Information

Provider	**Pacific Care Ltd**
Service	Birdston Day Care Centre
Location	Birdston Road Milton of Campsie Glasgow G66 8BY
Manager	Teresa Anderson
Telephone Number	0141 776 6595
Email address	Teresa@pacificcare.co.uk
Service User Care Group	Frail Elderly/Mild to Moderate Dementia
Places per day LA	24
Places per day Private	11
Places per day for Wheelchair Users	2
Days Open	7 Days per week
Opening Times	10.00am – 4.00pm
Cost LA	£54.94
Cost Private	
Transport Provided	To make life easier for both our clients and their carers, we provide an adapted mini bus and escort service to collect and return our clients to their homes. Our mini bus service provides transport to and from the Centre, covering the East Dunbartonshire area including Bearsden and Milngavie. Our experienced drivers are all trained in moving and handling clients with mobility problems and in the operation of the mini bus. Each driver is always accompanied by an escort, who will meet our clients at their door to ensure that their house is safe and secure before providing assistance on to the mini bus. On

	return we ensure that the client is safe and secure in their own home before departing. Transportation of clients to and from the Centre is included in our affordable daily rate
Average Attendance Per Day	95%
About the Service	Birdston Day Care Centre has a number of different areas where clients can spend their days being pampered in our Hair Salon, relaxing in our Snoezelen Room, researching in our Computer Room, or getting crafty in our conservatory area. We also have a welcoming reception, main function room and a games room where clients can spend time enjoying the company of others. In addition we have a number of specially adapted toilets and a shower facility at the centre, too.
Services offered include	**ACTIVITIES** We have a structured programme covering a wide range of activities to suit all tastes, many of which are run simultaneously at different places in the Centre and everyone is welcome to participate. In addition, we have a wide selection of arts and crafts including painting, crochet, knitting and gardening. **GROUP ACTIVITIES** Time at home can often be lonely, so we find our clients enjoy taking part in our group activities including reminiscence, Tai Chi, book groups, current affairs, quizzes, card games, indoor bowls and bingo at the end of the day. In addition, we also have special events where carers can come along, too. These include Lunches, Fish Supper Evenings, Race Nights and several Christmas Lunch Parties. **ENTERTAINERS** Birdston Day Care has a number of close links to the local community, and we often organise visits to and from the Centre. We also have a selection of entertainers who come to the Centre on a regular basis including singers, piano players, dancers, old time music hall groups and the local school choir and band. **CATERING** All meals at the Centre are prepared by our fully trained chef, who takes account of the needs and preferences of all clients. Clients can enjoy tea and toast on arrival and look forward to a three course meal at lunch with home baking and more tea in the afternoon. **DAY CARE COMMITTEE** This forum gives service users, carers, volunteers and staff an opportunity to discuss and agree the development of the overall service delivery. Clients are involved in every part of the

	management of the Centre, from transport to food and activities. Clients also have the opportunity to participate in the running of all aspects of the Centre, including staff recruitment. **GARDENS** Birdston Day Care Centre has a secluded, south facing courtyard garden, where clients can participate in gardening activities or relax and enjoy the sunshine in the summer months. **HEALTH & BEAUTY** Everyone enjoys looking nice and feeling good, which is why we are happy to arrange reflexology and aromatherapy treatments for our clients, as well as beauty therapy and manicures, at an additional cost. **HAIRDRESSING** We offer a hairdressing service three days each week to our Clients, and weekends by arrangement. **DAY TRIPS** For those who are interested in a change of scenery, our team organise a wide range of day outings, including trips to country parks, historical sites of interest, museums, barge trips, picnics in the park, seaside trips and our annual pantomime performance! **ONE TO ONE** One to one time between carers and clients is provided through counselling and support. **SPIRITUAL NEEDS** We respect the spiritual needs of all of our clients, and visits by clergy can be arranged where requested. **SMOKING** Smoking is not permitted in the Centre, however there is a designated area in the garden
Additional Comments	

Inspection Date	Care & Support	Environment	Management & Leadership	Staffing
19th May 2015	6	5	6	5

Whitehill Day Care Information

Provider	**Bield Housing & Care**
Service	Whitehill Day Care
Location	4 Whitehill Court Kirkintilloch G66 2HR
Manager	Maureen Hopkins
Telephone Number	0141 775 2167
Email address	m.hopkins@bield.co.uk WhitehillCourt-D@bield.co.uk
Service User Care Group	Dementia
Places per day LA	15
Places per day Private	0
Places per day for Wheelchair Users	1
Days Open	7 Days
Opening Times	9.00am – 5.00pm
Cost LA	£48.72
Cost Private	n/a
Transport Provided	There is a a seven seater adapted mini bus for wheelchair access and also a car. A member of staff escorting in the mini bus who will assist with securing the service users home if required. Service Users can also use their own means of transport and come in at a time that suits them best. All drivers have up to date MIDAS and Load Management training.
Average Attendance Per Day	80%
About the Service	Whitehill Day Care has provided support to older people living with Dementia for over twenty years. The Service provided at Whitehill Court Daycare is award winning. The staff team were delighted to receive a prestigious Customer Service Excellence award during 2012. They have experienced staff who work to very high standards to ensure the service provides individualised support to service users. The service is in a smaller scale consisting of two sitting rooms which are very homely and a dining room and patio area.
Services offered include	The service provides breakfast on arrival, (tea, coffee, toast and preserves) there is also have a variety of fresh fruit available. A two course lunch is provided followed by tea, coffee, cakes and biscuits. There is always alternatives and the service can cater

	for any special diet. Meaningful activities throughout are provided throughout the day to support people to maintain independence in their local community. The service encourages involvement in the local community and includes invites to local schools, 'Mind That Song',(singing group with Alzheimers Scotland) Sequence Dancing group, local Allotment plot. The staff arrange small outings to places of interest which service users have chosen. Storytellers from the local library attend monthly with interesting stories to share and we have Chairobics and therapet attending one day every week. We arrange service user meetings to ensure that we are meeting service users expectations, these meetings are chaired by Ceartas Advocacy Service on a two monthly basis. Additional activities are arranged which incur charges, Hairdresser and Podiatrist. All activities are service users individual choices.
Additional Comments	

Inspection Date	Care & Support	Environment	Management & Leadership	Staffing
28.8.15	**5**	**5**	**0**	**0**

Oakburn Day Care Information

Provider	**Bield Housing & Care**
Service	Oakburn Park Daycare
Location	51 Ferguson Avenue Milngavie Glasgow G62 7TF
Manager	Vacant
Telephone Number	0141 956 4415
Email address	Manager@beild.co.uk
Service User Care Group	Frail Elderly/Dementia
Places per day LA	Frail Elderly: 25 Mon, 25 Wednesday, 25 Friday Dementia: 25 Tuesday, 25 Thursday, 15 Saturday, 15 Sunday
Places per day Private	10 Saturday – Dementia or memory impairment 10 Sunday – Dementia or memory impairment

Places per day for Wheelchair Users	3
Days Open	Mon, Tues, Wed, Thurs, Fri, Sat & Sun
Opening Times	9.00am – 5.00pm
Cost LA	£40.48 (EDC own the building)
Cost Private	n/a
Is Transport Provided	Yes
Average Attendance Per Day	
About the Service	Oakburn Park Day Care is a flexible service for physically or mentally frail older people living in the Milngavie and Bearsden area. With specific days for those who have a diagnosis of dementia, our highly trained staff will support you to do what you want to do with your day. Fully wheelchair accessible, the lounge, dining room, arts and crafts area and garden are all light and spacious. We also have a hairdresser salon and "Snoozelen" equipment and aromatherapy room. Home cooked meals and snacks are provided and our staff can arrange transport to and from the centre.
Services offered include	The service provides breakfast on arrival, (tea, coffee, toast and preserves) there is also have a variety of fresh fruit available. A two course lunch is provided followed by tea, coffee, cakes and biscuits. There is always alternatives and the service can cater for any special diet. Meaningful activities throughout are provided throughout the day to support people to maintain independence in their local community. The service encourages involvement in the local community and includes invites to local schools, 'Mind That Song',(singing group with Alzheimers Scotland) Sequence Dancing group, local Allotment plot. The staff arrange small outings to places of interest which service users have chosen. Storytellers from the local library attend monthly with interesting stories to share and we have Chairobics and therapet attending one day every week. We arrange service user meetings to ensure that we are meeting service users expectations, these meetings are chaired by Ceartas Advocacy Service on a two monthly basis. Additional activities are arranged which incur charges, Hairdresser and Podiatrist. All activities are service users individual choices.
Additional Comments	

Inspection Date	Care & Support	Environment	Management & Leadership	Staffing
30.11.2015	**5**	**4**	**4**	**4**

Park Road Day Care Information

Service	Park Road Day Care
Location	Lennox Avenue, Milngavie
Service User Care Group	Dementia
Places per day LA	12
Places per day Private	n/a
Places per day for Wheelchair Users	2
Days Open	Tuesday & Thursday
Opening Times	9.00 am – 4.30 pm
Cost LA	£51.64 (EDC owned Sheltered Housing Complex)
Cost Private	n/a
Is Transport Provided	Transport to and from the centre is available if required.
Average Attendance	50%
About the Service	The specialist dementia day services at Park Road is targeted on those with a diagnosis of dementia at an advanced stage of illness. In theory they offer higher staff ratios. The service provides support for up to 24 people over two days within the common room of a sheltered housing complex. The day centre specialises in supporting people with dementia. The trained staff provide therapeutic activities which help tackle the symptoms of dementia. The support staff help people to maintain their skills so that they can stay independent for as long as possible and feel good about themselves. Many people who attend day centres have moderate to severe dementia, but some people with mild dementia also enjoy attending.
Services offered include	The day services offer a wide range of activities and opportunities, including life story work, exercise to music, painting and craft work, musical activities, gardening, baking and discussions. The support staff organise outings based on people's interests – for example theatre, bowling, garden centres or places of interest.

Additional Comments	Referrals for this day service can be made by East Dunbartonshire Council Social Work Department.

Inspection Date	Care & Support	Environment	Management & Leadership	Staffing
18.11.2015	**5**	**4**	**5**	**5**

Burnbank Day Care Information

Service	**Burnbank Daycare**
Location	**Milngavie**
Service User Care Group	**Dementia**
Places per day LA	**6**
Places per day Private	**0**
Places per day for Wheelchair Users	**0**
Days Open	**Tuesday, Wednesday, Thursday, Friday**
Opening Times	**9.00 am – 4.30 pm**
Cost LA	**£51.64 (EDC owned Sheltered Housing Complex)**
Cost Private	**n/a**
Is Transport Provided	Transport to and from the centre is available if required.
Average Attendance	**50%**
About the Service	Burnbank Day Care provides support for up to 24 people over 4 days from the Bearsden and Milngavie Locality. The setting is in a former Warden's House within a sheltered housing complex. This is a very intimate social setting in which people have the opportunity to take part in a range of stimulating activities of their choice with support from skilled and well trained staff. This specialist dementia day care service is targeted on those with a diagnosis of dementia at an advanced stage of illness. In theory they offer higher staff ratios.

Services offered include	The trained staff provide therapeutic activities which help tackle the symptoms of dementia. The support staff help people to maintain their skills so that they can stay independent for as long as possible and feel good about themselves. The day services offer a wide range of activities and opportunities, including life story work, exercise to music, painting and craft work, musical activities, gardening, baking and discussions. The support staff organise outings based on people's interests – for example theatre, bowling, garden centres or places of interest.
Additional Comments	Referrals for this day service can be made by East Dunbartonshire Council Social Work Department.

Inspection Date	Care & Support	Environment	Management & Leadership	Staffing
18.11.2015	**5**	**4**	**5**	**5**

Voluntary Groups

The Health & Social Care Partnership also supports some day activities operated by volunteer groups and with voluntary groups with formally constituted committees. The level of volunteer involvement is extremely high within East Dunbartonshire and are highly valued. Some support is provided in the form of grant funding , transport, accommodation and in some cases, paid staff to acknowledge this valuable input into day activities.

Monday Club

The Monday Club which operates from Bearsden Baptist Church is for elderly people who are not necessarily confined indoors. They meet throughout the year on the 2nd and 4th Monday of each month at 2.00pm. Transport is provided by the vast amount of volunteer car owners. The club is good for socialising, seeing friends and there is a speaker or entertainment at each afternoon. They also have four outings each year

Kirkintilloch Senior Forum

The senior forum provides an active and varied programme at the monthly meetings. Speakers are invited to provide up to date information on what is available or going on within our local community

Bishopbriggs Senior Forum

The senior forum meet on the first Monday each month during September to June each year in the Auchinairn Community and Education Centre. Speakers are invited to address the meeting on various subjects of interest to older people, such as health, pensions, local authority matters, welfare etc. Visits to places of interest are arranged usually twice a year.

Friendship Circle
The Milngavie Churches work together in outreach to the housebound/lonely, providing a full programme including morning coffee/tea, lunch and afternoon tea in the Lesser Town Hall each Wednesday, 10.30am - 3.30pm. Transport is provided.

Lunch Clubs

Woodhill Lunch Club
Offer Seniors good company and a square meal prepared by someone else one day each week. Doors open in time for mid-morning tea or coffee, after which the early birds generally choose between dominoes, Scrabble, reading the daily paper or just sitting and chatting. Late birds are still welcome up until the point when Lunch is served (12:30). The meal is served under arrangements approved by the local environmental health department. This Lunch club is open for most of the year, with short breaks as necessitated by holidays. At Christmas, a festive lunch is provided, generally preceded by a special programme, and there is usually arrange a day-trip away each July. There can be up to 50 Seniors on a Wednesday. There is a small charge for those who can manage it. A meal prepared by someone else is always an attraction - but many admit that just getting out of the house and meeting with others is just as valuable to them. In needy cases we also provide transport to and from the Club. Some people have been referred by doctors or practice nurses, others have recommended themselves!

WRVS Meals on Wheels Lunch Clubs
Lammermoor Gardens, Whitehill Court, Auchinairn Community Centre, St Mary's, Kirkintilloch

Mapping of Services

During the course of the review it was clear that our commissioned day care forms only a small part of a range of day services – the majority of which happen in the local community, this is currently available to see through our GIS mapping resource information which is available on the East Dunbartonshire Website (see below). In addition to this we have contracted with OPAL to deliver an information service to older people

Summary

We have examined the present quality and accessibility of current services and the extent to which the needs of service users, carers and communities are being met. In going forward we need to modernise the service and ensure it is consistent throughout East Dunbartonshire regardless of geographical area.

We are committed to supporting informal carers and are committed to increasing the range, flexibility and quantity of support for carers in partnership with the third sector. This outcome will become fundamental to our commissioning approach.

This would involve day care provision that focuses on prevention, independence and choice through access to multiple services, increasing the use of voluntary, independent sectors and local resource centres.

It will focus on providing a service for older people who require support as a result of their frailty, re-ablement needs, complex needs. Or cognitive impairments. This service will be based on providing support to carers in the form of respite/day clinics to promote opportunities to relive carers from their intense caring role for periods of time and also provide social interaction activities suitable to service users needs.

Any future commissioned service should focus on providing a more holistic approach to day services/opportunities to address issues other than health which may have an impact on well- being. This service will aim at supporting more independent service users who require a higher level of social support, inclusion and interaction. A service which acknowledges that the over 65's of today (future service users) are increasingly more active and looking for services that are more tailored towards maintaining them at home and preventing them from being admitted into long term care placements.

We require to re-design day services for older people with an emphasis on recovery, community involvement and flexibility, taking an integrated approach.

The proposed change will

- Maintain and build future capacity for the quality of all aspects of day care at all levels of need, thereby ensuring the right service in the right place for all our day-care service users in the future.
- Provide a resilient and effective day care infrastructure throughout the East Dunbartonshire area which are connected to local communities,
- Improve the service provided to our service users
- Reduce the vulnerability of existing, underutilised facilities to any future reduction in resources
- Reduce inequalities as the HSCP will be able to offer and sustain focused services at all levels of need, within each locality across the HSCP area.
- Provide an equitable service to all those assessed as in need of day care services at all levels of need.

Coffee Mornings & Afternoon Teas

Tea & Chat	Killermont Parish Church	Rannoch Drive Bearsden	G61 2LD	Alternate Wednesdays	2.00pm - 3.30pm	0141 563 9004
Church Café	Killermont Parish Church	Rannoch Drive Bearsden	G61 2LD	Every Mon & Fri and 1st Sat	9.00am - 11.30am	0141 563 9004
Friendship House and Café	17 Park Road	Milngavie	G62 6PJ	Mon - Fri	10.00am - 4.00pm	0141 956 5661
Milngavie Old People's Welfare	The Fraser Centre	Douglas Street Milngavie	G62 6PA	Mon - Sat	10.00am - 12.00pm	0141 956 5490
Saturday Morning Coffee Club (U3A)	West Highland Gate Hotel	103 Main Street Milngave	G63 6JQ	Alternate Saturdays	10.30am onwards	07952 501648
The Meeting Place	Lenzie Union Parish Church	Kirkintilloch Rd Lenzie	G66 4LD	Wednesday	10.00am - 12.00pm	0141 776 1046
Friday Coffee Pot	Lenzie Union Parish Church	Kirkintilloch Rd Lenzie	G66 4LD	Friday	10.00am - 12.00pm	0141 776 1046
The Chatty Club	Lennoxtown School of Music	School Lane Lennoxtown	G66 7LX	Wednesday	11.00am - 1.00pm	07531 933574
Coffee Morning	Milton of Campsie Parish Church	Antermony Rd Milton of Campsie	G66 8DB	Tuesday	10.00am - 11.30am	

Lunch Clubs

Park Road Lunch Club	Park Road Sheltered Housing	44 Lennox Avenue Milngavie	G62 6QQ	Friday	12pm - 1pm	0141 956 5026
Friendship Circle	Milngavie Town Hall	71 Station Rd Milngavie	G62 8BZ	Wednesday	10.30am - 3.30pm	0141 956 4868
Auchinairn Lunch Club	Auchinairn Public Hall	169 Auchinairn Rd Bishopbriggs	G64 1NG	Mon & Fri	10.30am - 1.30pm	0141 941 2483
Woodhill Lunch Club	Woodhill Evangelical Church	30 Westercleddens Rd Bishopbriggs	G64 2NH	Wed & Fri	10.30am - 2.00pm	0141 563 1170

The Rowans Lunch Club & Bingo	The Rowans	Bishopbriggs	G64 3BN	Tue & Thu	12.00pm - 2.00pm	0141 762 2068
Lunch Club (over 55's)	Baptist Church	52 Townhead Kirkintilloch	G66 1NL	2nd Tuesday	12.30pm - 2.00pm	0141 578 6006
Whitehill Lunch Club	Whitehill Complex	1 Whitehill Court Kirkintilloch	G66 4TJ	Mon, Wed & Fri	11.30am - 1.30pm	0141 941 2483
Lammermoor Lunch Club	Lammermoor Gardens	Kirkintilloch	G66 2AD	Tue & Thu	11.30am - 1.30pm	0141 941 2483
Monday Club	Miners Welfare & Social Club	Dalrymple Court Kirkintilloch	G66 3AA	Mondays	1.00pm - 3.00pm	0141 578 7864
WRVS Lunch Club	The Park Centre	45 Kerr Street Kirkintilloch	G66 1LF	Tuesdays	12.00pm - 1.15pm	0141 776 4106
Lunch Club (Over 60's)	Baldernock Parish Church	Baldernock Cr Milngavie	G62 6HA	Call for details		0141 956 7131

Choirs & Singing

Carry on Singing (U3A)	Westerton Parish Hall	Westfield Drive Bearsden	G61 1HZ	Alternate Fridays	10.30am - 12.30pm	07952 501648
Bearsden Choir	New Kilpatrick Church	28 Kirk Place Bearsden	G61 3RT	Wednesday	7.30pm - 10.00pm	0141 942 3595
Kelvin Choir	St Andrew's Church	29 Roman Rd Bearsden	G61 2SN	Tuesday	7.30pm - 9.45pm	07804 864 240
Mind that Song - Alzheimer Scotland	Bearsden Cross Church	59 Drymen Rd Bearsden	G61 2SU	2nd Friday	2.00pm - 3.30pm	0141 946 0966
New Kilpatrick Church Choir	New Kilpatrick Parish Church	28 Kirk Place Bearsden	G61 3RT	Thursday	7.45pm	0141 942 8827
New Kilpatrick Church Choir	New Kilpatrick Parish Church	28 Kirk Place Bearsden	G61 3RT	Thursday	7.45pm	0141 942 8827
New Kilpatrick Church Choir	New Kilpatrick Parish Church	28 Kirk Place Bearsden	G61 3RT	Thursday	7.45pm	0141 942 8827
Westerton Male Voice Choir	Westerton Parish Church	Westfield Drive Bearsden	G61 1HZ	Tuesday	7.30pm	0141 942 6960

Milngavie Choir	Cairns Church	11 Buchanan St Milngavie	G62 8AW	Tuesday	7.30pm - 9.30pm	0141 942 8705
Mind that Song - Alzheimer Scotland	Hillhead Church	2 Rosebank Gardens Kirkintilloch	G66 2PR	3rd Friday	2.00pm - 3.30pm	0141 946 0966
Kirkintilloch Ladies Choir	The Park Centre	45 Kerr Street Kirkintilloch	G66 1LF	Monday	7.15pm - 9.30pm	0141 776 4302
Kirkintilloch Male Voice Choir	The Park Centre	45 Kerr Street Kirkintilloch	G66 1LF	Monday	7.15pm - 9.15pm	0141 563 5115

Dementia Cafes *by Ceartas and East Dunbartonshire Dementia Network*

Dementia Café	Killermont Parish Church	Rannoch Dr Bearsden	G61 2LD	4th Tuesday	2.00pm - 4.00pm	0141 775 0433
Dementia Café	Milngavie Youth Centre	23 Mugdock Rd Milngavie	G62	1st Wednesday	10.30am - 12.00pm	0141 775 0433
Dementia Café	Kirkintilloch Baptist Church	52 Townhead Kirkintilloch	G66 1NL	Last Friday	1.30pm - 3.00pm	0141 775 0433
Dementia Café	Woodhill Evangelical Church	30 Westercleddens Rd Bishopbriggs	G64 2NH	First Tuesday	2.30pm - 4.00pm	0141 775 0433

Carers Cafes *by Carers Link*

Bearsden Carers Café	The Inn, Station Road	Bearsden	G61 4AN	1st Monday	10.30am - 12.30pm	0141 955 2131
Milkngavie Carers Café	Milngavie Enterprise Centre	Milngavie	G62 8PH	2nd Friday	10.30am - 12.30pm	0141 955 2131
Dementia Support Group for Carers	Milngavie Enterprise Centre	Milngavie		3rd Thursday	12.00pm - 2.00pm	0141 955 2131
Bishopbriggs Carers Café	The Avenue,	177 Kirkintilloch Rd	G64	2nd Monday	10.30am -	0141 955

		Bishopbriggs	2LS		12.30pm	2131
Kirkintilloch Carers Café	Nonas Kitchen	Main St Kirkintilloch	G66 1DD	4th Monday	10.30am - 12.30pm	0141 955 2131

Exercise

Scottish Country Dance Club	New Kilpatrick Parish Church	28 Kirk Place Bearsden	G61 3RT	Call for details		0141 942 8827
Golden Gang (Over 60's)	St. Andrews Church	29 Roman Rd Bearsden	G61 2SN	Friday	10.30am - 11.30am	07949 909 665
Latin Cardio Dance (Over 50's)	Allander Leisure Centre	Milngavie Rd Bearsden	G61 3DF	Monday	11.15am - 12.15am	0141 777 3070
Aerobics (Over 50's)	Allander Leisure Centre	Milngavie Rd Bearsden	G61 3DF	Tuesday	10.45am - 12,15pm	0141 777 3070
Forever Active (Over 50's)	Allander Leisure Centre	Milngavie Rd Bearsden	G61 3DF	Monday	11.00am - 2.00pm	0141 777 3070
Slim to Rhythm - Betsy's Gentle Exercise Class	Kilmardinny Arts Centre	Bearsden		Every Tuesday	10.00am - 11.00am	0141 942 5241
Golden Gang (Over 60's)	Town Hall	71 Station Rd Milngavie	G62 8BZ	Tuesday	10.30am - 11.30am	07949 909 665
Love Pilates	18 Crossveggate	Milngavie		Monday - Sunday	Call for details	07736 731461
Latin Cardio Fitness (Over 50's)	Leisuredrome	Bishopbriggs		Tuesday	11.30am - 12.30pm	0141 777 3060
Aerobics (Over 50's)	Leisuredrome	Bishopbriggs		Wednesday	10.30am - 11.30am	0141 777 3060
Over 50's Club - Yoga	Springfield Church of Scotland	Bishopbriggs		Mon & Wed		0141 772 1596
Ladies Line Dancing Class	St Davids Memorial Park Church	Kirkintilloch		Monday	11.30am - 1.00pm	01360 311317
Mens Carpet Bowls Club (Active Sport)	St Davids Memorial Park Church	Kirkintilloch		Mon & Wed	2.00pm - 4.00pm	0141 316 9271
Fitness League	St Davids Memorial Park	Kirkintilloch		Call for details		01786

	Church				860533
Easy Exercise (over 55's)	Hillhead Community Centre	Kirkintilloch	Friday	10.00am - 12.00pm	0141 777 3099
Caurnie Angling Club	Antermony Loch	Milton of Campsie	March till October		0141 776 6162
Keep fit (over 50's)	Lennoxtown School of Music	Lennoxtown	Friday	10.00am - 12.00pm	07531 933574
Keep Fit for the Mature	Memorial Hall	Lennoxtown	Monday	9.45am - 10.45am	01360 238 002
Campsie Bowling Club	Bowling Club	Lennoxtown	Call for details		01360 310 251
Bowling Club	Twechar Miners Welfare	Twechar	Call for details		01236 822237

Hobbies, Clubs & Societies

Monday Club (Over 65's)	Bearsden Baptist Church	Bearsden	2nd & 4th Monday	2.00pm - 4.00pm	0141 956 4318
Decorative and Fine Arts Society	New Kilpatrick Parish Church	Bearsden	2nd Monday	2.00pm - 3.00pm	0141 942 8827
Antonine Probus Mens Club	Kilmardinny Arts Centre	Bearsden	Call for details		0141 777 3090
Bearsden & Milngavie Local History Group	Brookwood Library	Bearsden	1st Wednesday	7.30pm	0141 942 6811
Bearsden Art Club	Kilmardinny Arts Centre	Bearsden	1st Tuesday	7.30pm	0141 777 3090
Bearsden Literary Society	St. Andrews Church	Bearsden	Alternate Mondays	7.45pm	0141 956 4281
Bearsden Flower Club	Kilmardinny Arts Centre	Bearsden	3rd Tuesday	7.30pm	0141 931 5244
Milngavie & Bearsden Historical	Kilmardinny Arts Centre	Bearsden	1st Monday	7.30pm	0141 956

Society					2785
Killermont Exercise Class	Killermont Parish Church	Bearsden	Monday at 7.00pm	Saturdays at 9.00am	0141 942 8827
Bearsden Reading Group	Brookwood Library	Bearsden	1st Monday	2.00pm	0141 777 3021
Scottish Women's Rural Institute	Baljaffray Parish Church	Bearsden	Call for details		0141 942 5304
Westerton Reading Group	Westerton Hall	Bearsden	Last Monday	2.00pm	0141 942 2679
Football Reminiscence - Alheimer Scotland	Alzheimer Scotland Resource Centre	Bearsden	1st and 3rd Monday	2.00pm - 3.30pm	0141 946 0966
Betsy Barclay's Ladies Leisure Club	Cyan Restaurant	Milngavie	Monthly	Call for details	0141 942 5241
Wednesday Wanderers (Short 2 hour walks)	Tesco Car Park	Milngavie	Alternate Wednesdays	9.30am onwards	0141 943 0389
Bearsden and Milngavie Ramblers	Milngavie Railway Station	Milngavie	Wed & Weekends	Call for Details	0141 942 6505
Picture House Film Group - Alzheimer Scotland	United Free Church	Milngavie	1st Friday	2.30pm - 5.00pm	0141 946 0966
Bearsden Chess Club	Cairns Church Hall	Milngavie	Tuesday	7.30pm - 10.30pm	0141 569 3361
Mugdock Country Park Volunteers	Mugdock Country Park	Milngavie	2nd Saturday	call for details	0141 956 6100
Milngavie Flower Club	Milngavie Town Hall	Milngavie	2nd Monday	7.30pm	
Brush Strokes	Community Centre	Milngavie	Friday	10.00am - 12.00pm	0141 956 1366
Milngavie Art Club	Lesser Town Hall	Milngavie	3rd Monday	7.30pm - 9.30pm	
Silk Painting Group	Community Education Centre	Milngavie	2nd and 4th Wednesday	1.30pm - 4.00pm	0141 942 6051
Craigdhu Writers Group	Milngavie Library	Milngavie	Wednesday	10.30am - 12.00pm	
Milngavie Reading Group	Milngavie Library	Milngavie	Last Thursday	2.00pm	0141 956

					2776
Baldernock Gardening Club	The Fraser Centre	Milngavie	1st Tuesday	7.30pm	0141 942 5738
Line Dancing Class (U3A)	Milngavie Town Hall	Milngavie	1st, 2nd and 4th Tuesdays	12.15pm - 2.15pm	07592 501 648
Monday Morning Meanders (Short Walks by U3A)	Caulders Garden Centre	Milngavie	2nd and 4th Monday	10.00am onwards	07592 501648
Bishopbriggs Reading Group	Bishopbriggs Library	Bishopbriggs	1st Tuesday	6.30pm	0141 772 4513
Art Group 2014	Bishopbriggs Academy	Bishopbriggs	Wed & Thu	7.00pm - 9.00pm	0141 762 2330
Mothers Union (Reading & Writing Groups)	St James the Less Episcopal Church	Bishopbriggs	Call for details		0141 563 5154
Tuesday Club	St James the Less Episcopal Church	Bishopbriggs	Tuesday	11.30am - 4pm	0141 563 5154
Hilton Bridge Group	St James the Less Episcopal Church	Bishopbriggs	Wednesday	10.00am - 12.30pm	0141 563 5154
Gaelic Group	Woodhill Evangelist Church	Bishopbriggs	Friday	9.30am - 12.30pm	0141 563 4436
Line Dancing Class	Guide Hall	Bishopbriggs	Friday	11.00am	
Bishopbriggs Probus Club	Fort Theatre	Bishopbriggs	1st & 3rd Friday	10.00am - 12.00pm	0141 772 7054
Trefoil Guild (Ladies Friendship Club)	Guide Hall	Bishopbriggs	Last Tuesday	7.30pm - 9.00pm	
Seniors Forum	Auchinairn Community Centre	Bishopbriggs	1st Monday	1.15pm	0141 578 8695
Over 70's Social Club	St Dominic's Church	Bishopbriggs	Wednesday	1.30pm - 3.30pm	0141 762 1154
Strathkelvin Writers	St James the Less Church	Bishopbriggs	Call for Details		01360 312803
Senior Activities Club	Baptist Church	Kirkintilloch	4th Tuesday	2.00pm - 3.30pm	0141 578 6006
Art Group 2014	Auld Kirk Museum	Kirkintilloch	Tuesday	2.00pm -	0141 762

				4.00pm	2330
Seniors Forum	The Park Centre	Kirkintilloch	Monthly		0141 775 0588
Trefoil Guild (Ladies Friendship Club)	Guide Hall	Kirkintilloch	2nd Tuesday	7.30pm	0141 578 1853
Flower Circle	St Mary's Parish Church	Kirkintilloch	Every 2nd Thursday	7.30pm	0141 775 0653
Kirkintilloch Reading Group	William Patrick Library	Kirkintilloch	1st Thursday	2.00pm	0141 777 3143
Soroptimist International (Ladies NGO)	Smiths Hotel	Kirkintilloch	2nd & 4th Mondays	7.30pm	0141 775 2278
Horticultural Society	Enterprise House	Kirkintilloch	Monthly (Call for Details)	7.30pm - 9pm	0141 776 5978
Strathkelvin Ramblers	Southbank Business Park	Kirkintilloch	1st Wed & Every Sat	9.00am	0141 776 3145
Kirkintilloch Players Amateur Drama Club	Turret Theatre	Kirkintilloch	Call for details		0141 776 2570
Kirkintilloch Embroiderer's Guild	St David's Memorial Park Church	Kirkintilloch	Wednesday at 4pm	Saturday at	0141 956 4822
Speakers Club	Lenzie Golf Club	Lenzie	Call for details		01475 568876
U3A - University of the Third Age	Lenzie Golf Club	Lenzie	1st Thursday	11.45am	0141 775 1071
Lenzie Flower Club	St Cyprian's Church Hall	Lenzie	3rd Wednesday	7.30pm - 9.30pm	0141 560 9710
Lenzie Bridge Club	Lenzie Union Parish Church	Lenzie	Wednesday	2.00pm	0141 776 1046
Hobbies Club	Parish Church	Milton of Campsie	Monday	2pm - 4pm	
Senior Citizen Association	Village Hall	Milton of Campsie	Last Wednesday	7pm - 9pm	
Women's Rural Institute	Village Hall	Milton of Campsie	2nd Wednesday	7.30pm	
Art Club	Village Hall	Milton of Campsie	Wednesday	7.30pm - 9.30pm	01360 311944
Busy Bee Stamping	Memorial Hall	Lennoxtown	1st Wednesday	7pm	01360 312

					219
Campsie Local History Group	Glazert House Hotel	Lennoxtown	Wednesday	3pm - 5pm	07952 308 475
Campsie Horticultural Society	Lennoxtown Town Hall	Lennoxtown	Call for Details		01360 312219
Lennoxtown Reading Group	Lennoxtown Library	Lennoxtown	2nd Monday	2.00pm	0141 777 3143
Bridge Club	Community Centre	Torrance	Tuesday	7pm	01360 622 521
Scottish Women's Rural Institute	Caldwell Halls	Torrance	Call for details		07761 812 243

APPENDIX 2

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERHIP
BUSINESS CASE
LOCAL AREA CO-ORDINATOR POST: DAY CARE SERVICES, OLDER PEOPLE

PART A – BUSINESS REQUIREMENT(S)	
BUSINESS NEED	Develop a Local Area Co-ordinator (LAC) Post (35hrs): Day Care Services, Older People
CLIENT GROUP	Older People (65+)
SCOPE	Day Care service provision for Older People is currently subject to a Strategic Review to ensure services are "fit for purpose," flexible, responsive to local needs, deliver best value and, in the longer term, are socially and financially sustainable. Early indications from the review highlight the need and value of establishing a Local Area Coordinator's post to help co-ordinate and facilitate delivery of the above. Local area coordination is a preventative approach which helps to divert individuals away from statutory services, increase independence, develop informal networks & community links and support people to achieve better outcomes. Specifically, and in terms of this proposal, a LAC is required to: • Establish a strong base & presence across Older People's day care community • Create networks of support for Older people and their families to promote individual achievement and community capacity building • Work with community groups, local businesses and the voluntary and statutory sector to develop potential support networks and promote anti-discriminatory and inclusive attitudes, policies and practices • Stimulate, influence and facilitate change across the landscape • Enhance community supports as part of an overall reorientation of investment and provision • Adopt a targeted approach to achieve better outcomes for older people to help maximise social and community integration, improve health and wellbeing & increase independence • Generate a co-production ethos and establish strong strategic links across East Dunbartonshire's Health & Social Care Partnership (HSCP) and the wider voluntary, community and private sector • Work in partnership with older people and their carer's and families • Develop & support a range of community engagement approaches to empower older people to help shape & influence policy & service development • Signpost and provide information on available supports such as Independent Advocacy and Asset Map

CURRENT PROVISION

Older People Day Care Provision: April 2016

Provider	Building Owned by	Unit Cost	Contracted Spaces	Contract Value	Yearly Voids Costs	% Contract Value lost to Voids
Pacific Care Birdston Day Care	Pacific Care	£50.54	150 P/W 120 Mon – Fri 30 Sat - Sun	£394,264.00	£18,398.98	4.66%
Bield Whitehill Day Care	Bield	£48.72	105 P/W	£266.040.00	£43,073.14	16.19%
Bield Oakburn Daycare	EDC	£40.48	155 P/W 25 Mon – Fri 15 Sat - Sun	£326,292.08	£77,883.52	23.87%
Alz. Scotland Park Rd Day Care	**EDC**	**£51.64**	**24 P/W Tues 12 Thurs 12**	**£128,896 (incl. £29k Transport Costs)**	**£18,796.96**	**14.58%**
Alz. Scotland Burnbank Day Care	**EDC**	**£51.64**	**24 P/W 6 Tue - Fri**	**Included in above**	**£26,852.80**	**20.83%**
Alz. Scotland Day Opps	N/A	£16.77	55 (47)	£41,000.00		
Alz. Scotland Alt.to Respite	N/A			£450,000		
TOTAL			458 P/W 47 hrs Alt. to Day Care	£1,156,492.00	£185,005.40	16%

According to the latest figures available, 285 individuals attend day care services. A breakdown of days allocated include:

- 1 day: 144 (50%) of which 39 (27%) do not attend
- 2 days: 103 (36%) of which 22 (21%) do not attend or attend for 1 day only
- 3 days: 38 (13%) of which 18 (47%) do not attend or attend for 1 or 2 days only

In total, there are 458 placements available of which, 79 (17%) are currently vacant resulting in void costs of £185k p/a (16%) of the total contract value

Whilst there is a clear demand for day care services, the above demonstrates the need to:

- move away from block contract type arrangements which are costly & inflexible
- determine approach for allocation and review of day care placements
- review current market provision with a view to stimulating and facilitating market change
- offer a range of alternative services which provide choice, control & flexibility
- secure best value

CONSTRAINTS

- Affordability
- Pending HSCP structure

CRITICAL SUCCESS FACTORS	• Post approved & integrated into HSCP structure • Capacity and awareness across the sector is increased • Co-production ethos established • Improved outcomes for Older People
HEALTH & WELLBEING OUTCOMES	This proposal meets all nine outcomes (Appendix 1)
CONTRIBUTION TO KEY OBJECTIVES	• Individual/strategic Outcomes achieved • Increased choice and flexibility across service provision • Supports & influences market change/facilitation • Aids resilience across the sector - provides a more attractive and sustainable (social & financial) market
PART B - FUNDING	
AFFORDABILITY	Funding for this post is predicated on the de-commissioning/reconfiguration of Alzheimer's Park Rd & Burnbrae day care services and the transfer of sufficient funding to offset costs for the LAC post. The LAC post will attract a Grade 8/ salary of: £31,098.38 - £36,037.08 (subject to job evaluation) - in line with established LAC posts within the integrated structure. To allow for sufficient time for approval, recruitment, PVG check etc, it is anticipated the post will be effective from 5th September 2016 - effectively yielding half year costs for 2016/17. Full year costs will be applicable from 3rd April 2017/18. Current commitments: £ 128,896 (Park Rd & Burnbrae) Proposed LAC commitments £33,471.27 (mid salary point - 68) (£47k on-costs)
COST BENEFITS	The cost benefits associated with establishing a LAC post include: • Preventing crises through early intervention - reduces need for more costly supports • Changing the balance of care - to the use of more informal supports and diverting individuals away from the more expensive services • Making better use of community resources - usually free of charge • Sourcing/applying for external resources/funding • Making better use of existing resources - creates efficiencies
FUNDING CONSTRAINTS	This proposal is predicated on the virement of current funding via Park Rd and Burnbrae - if refused, alternative funding stream(s) need to be identified

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

East Dunbartonshire Health & Social Care Partnership

Mrs Susan Manion

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_ 8**
Subject Title	**NHSGGC Proposal to Relocate Podiatry Services for Bishopbriggs**
Report By	**Andy Martin, Head of Adult & Primary Care Services**
Contact Officer	**Gillian Notman, Change Manager & OT Lead**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to advise the Board of changes proposed by NHS Greater Glasgow & Clyde Podiatry to service arrangements for the Bishopbriggs area.

1.2 The report further outlines the service user consultation that will be taken forward in respect of these changes

2.0 SUMMARY

2.1 The NHS Board-wide Podiatry service, which is hosted within the Renfrew Health & Social Care Partnership proposes to relocate podiatry services for the Bishopbriggs area from its current base in leased premises in Springfield Road.

2.2 Potential alternative venues have been scoped. These include KHCC, Springburn Health Centre and Stobhill. Approximately 800 patients will be affected by the change. It is intended that the changes will take effect from April 2018.

2.3 The HSCP has advised NHSGGC that a robust process of service user engagement is required to inform any proposed service changes and that the HSCP will welcome the opportunity to assist in this process. A patient and carer engagement process will be discussed and agreed with the HSCP SMT.

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Notes the content of the Report

4.0 BACKGROUND

4.1 The Podiatry service currently leases premises from East Dunbartonshire Council to deliver a clinical service from Springfield House in Bishopbriggs. Whilst the lease has recently been temporarily renewed for one year until January 2018, the requirement for an additional lease would mean a ten year agreement. The rental costs without any additional costs are £17k per annum. The accommodation does not reflect good value for money for a number of reasons:-

- Not an NHS site which results in difficulty with deliveries and problems with clinical waste uplift.
- Multiple occupants of the same building.
- Lone working problems and the need for clinical staff to open and lock the premises.
- Lack of accessibility to required IT functionality due to it being a non NHS premises which therefore limits what the Podiatry service can clinically access and request.
- The Podiatry service requirement to deliver £220k savings this year

4.2 In addition there is a desire from the Health Board to vacate leased premises as part of a wider savings plan. There are alternative clinical accommodations very close by in Springburn Health Centre, Stobhill ACAD and Kirkintilloch Health and Care Centre.

4.3 Podiatry currently provides a service to around 800 patients from this site. Patients access the service via a referral management centre where they are offered first available site throughout out the quadrant unless specified that Bishopbriggs is their only choice.

4.4 The Podiatry service requires to engage with service users about this relocation. Essentially the Podiatry service will be in line with all other AHPs in that there is no direct service available in Bishopbriggs. The alternative locations are all supported by good transport links.

4.5 As part of this engagement process, a risk assessment will be completed by a group of local service users to record their views, their concerns and recommendations. The risk assessment will subsequently go to the Patient and Service Users Group for information and consideration.

4.6 Should the findings of the review of current arrangements supports a service change/relocation, NHSGGC will:-

- Hold service user and carer engagement sessions to alert them of any potential service change.
- Formally write to current service users advising them of specific service changes.
- Inform local GPs about the proposed services changes and the timescales for implementation.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_9**
Subject Title	**Update on Intermediate Care Pilot**
Report By	**Andy Martin, Head of Adult & Primary Care**
Contact Officer	**Gillian Notman, Change & Redesign Manager and OT Lead**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to advise the Board of the progress of the Intermediate Care Pilot Project established at Westerton Care Home first approved by the Board on 26th May 2016

2.0 SUMMARY

2.1 The Intermediate Care Pilot has now been active since November 2016. The Report sets out a range of information detailing the operation of the pilot so far.

2.2 The report provides information on :

- Westerton Care Home
- Contracts
- Skill Mix
- Activity
- GP Local Enhanced Service
- Bed Occupation rates
- Emerging Issues

2.3 Although the pilot is in its early stage, there is already indication of positive benefit of its impact on discharge and rehab patterns.

2.4 Patients are being efficiently and timeously assessed, and a higher proportion are being finally discharged back home with support as opposed to a care home.

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Notes the content of the report

4.0 MAIN REPORT

4.1 Background

4.1.1 Last year the East Dunbartonshire HSCP commissioned an intermediate care facility within Westerton Care Home in Bearsden. The service aimed to include a model of GP provision, care management, rehabilitation and home care support. The beds planned to allow service users to transition from the hospital setting, when medically fit for discharge, to a homely environment, allowing the service user time for additional recovery, rehabilitation and enable a comprehensive assessment of their longer term health and social care support needs.

4.1.2 Within this eight bedded unit, the purpose was to provide:-

- Further assessment of service users who are likely to require admission to a residential or nursing care home environment.

- A "step down" function where the service user would receive intensive goal focussed rehabilitation and reablement provided via the care home, care at home service and community rehabilitation with a view to returning to their own home or other appropriate community setting.

4.1.3 The service went live on the 14th November 2016. It will run for a year and will be subject to an ongoing evaluation. This report will provide some early data from the first three months of the pilot.

4.1.4 Westerton Care Home was identified as the most appropriate Provider to deliver this specialist package of intermediate care. The Care Home has an 8 bedded self-sufficient unit currently existing within the Care Home with a well-established Local Enhanced Service (LES) GP and within close proximity to a railway station. The Care Home has extensive experience of delivering nursing care and good multi-agency working with other stakeholders. They have built a solid reputation of partnership working with the wider healthcare community, such as GPs, Care Home Liaison Nurses, Pharmacy and Podiatry. The home has consistently received high grades in Care Inspectorate reports.

4.2 Contract

4.2.1 Authorisation was sought to enter into a Contract for 8 Beds with a contract value of £345,280. The terms of the Contract are flexible to allow early exit where circumstances change. In addition to the above contract we communicated with Greater Glasgow & Clyde Contracts Department to issue an additional LES agreement for the duration of the one year pilot for an agreed fee of £31,200. Both contracts will be subject to the Departments Contract Management and Service Review procedures.

4.3 Skill mix for the intermediate care unit

4.3.1 The skills mix for the unit comprises of social worker staff and AHPs from the Rehabilitation Assessment Link Service (RAL) employed from the HSCP, a nursing/support worker component from the care home and a GP contracted to do two clinical sessions weekly. Care at home staff could be utilised if there are identified social care needs.

4.4 Activity

4.4.1 22 clients have been admitted to the unit. The breakdown of postcodes for this cohort is:-

- Kirkintilloch (G66) – 5
- Bearsden (G61) – 7
- Milngavie G62) – 5
- Bishopbriggs (G64) - 5

Of the 13 service users who have been discharged:-

- 10 were placed in a permanent placement in a care home
- 8 people were in the unit for the maximum period of four weeks

4.5 Rehabilitation Assessment Link Service activity

4.5.1 Six service users have received rehabilitation interventions and have been discharged. From this cohort the following data has been gathered:-

- referrals by social work to RAL
  - 3 on the same day of admission,
  - 2 within a week of admission,
  - 1 within two weeks of admission
- The average number of days from referral to the unit to initial assessment by RAL is 6 days.
- All clients have subsequently been seen by RAL within a week
- Following rehabilitation, 3 service users have been discharged back to their home.

4.6 Bed numbers and voids

4.6.1 Initially there were some issues in the placement of two existing residents in their transfer to other beds within the care home. The project commenced with 6 beds in November which went up to 7 beds from the middle of January. The table below highlights the usage of beds within the unit over a three month period

	Bed days	**Bed days Used**	**Voids**	**Capacity**
Nov	102	43	59	42%
Dec	186	149	37	80%
Jan	198	149	49	75%

4.7 General Practice

4.7.1 The GP undertakes planned visits to the care home twice a week. Our aim is that service users require to be assessed within 48 hours of entry to the unit. Out with this standard, staff are to advise the GP as to whether an additional visit is requested. Our data suggests that 10 of the 13 residents admitted to the unit had an initial assessment by the GP within 48 hours. The other clients still received an assessment shortly following admission.

4.8 Resource Workers Post

4.8.1 A temporary post for a Resource Worker has been created so that they can develop systems to undertake financial and service monitoring of the intermediate care unit pilot. This monitoring is required to report back both nationally and locally East Dunbartonshire HSCP's position on intermediate care. Data will be collated from a variety of sources including from health, social care and Care Homes to ascertain robust evaluation.

- Quantitative - information to the number and throughput of service users using the unit, activity of clinical services, usage of beds and financial voids.

- Qualitative – information relating to service user and carer outcomes and views from a wider stakeholder group on the benefits of the intermediate care unit.

Reporting on quantitative data is used at clinical and project meetings. Currently service user questionnaires are being drawn up for implementation.

4.9 Service Issues

4.9.1 Transport: It was agreed from the outset that patient transport would be arranged to bring the service user from the hospital setting to the Intermediate Care Unit. The HSCP explored different options in regard to transporting service users from the intermediate care setting to their final destination. These options included;

- family transport
- transport provided by the final destination care home

It was agreed, that for the purposes of this pilot, that a taxi would be arranged for the service user once all other options have been exhausted. Transport mechanisms utilised and costs incurred will be monitored throughout the pilot year with a view to informing best value thereafter.

4.9.2 Service capacity: The RAL service has not been able to attend clinical meetings in the unit due to other service pressures. Their current activity suggests that the average length of time from referral to initial assessment is over six working days. With length of stay for the unit being a maximum of four weeks, there is concern that clients are not able to access the service quicker which could impact on their longer term outcomes.

4.9.3 Communication: This is a complex project which involves working with a range of partners from different organisations. Whilst a governance framework has been established and operational procedures have been agreed, there is a need to continually review and address issues as they arise.

4.9.4 Conclusion and recommendations

The data on the intermediate care unit is limited due to the short length of time that the unit has been open. This report provides a very basic overview of current activity. The HSCP Board are asked to note this introductory report on the intermediate care service in East Dunbartonshire.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number:10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_10**
Subject Title	**Quarter 3 Performance Report**
Report By	**Susan Manion, Chief Officer** **East Dunbartonshire Health & Social Care Partnership**
Contact Officer	**Fiona McCulloch, Planning, Performance & Quality Manager** **East Dunbartonshire Health & Social Care Partnership** **Fiona.mcculloch@ggc.scot.nhs.uk**

1.0	**PURPOSE OF REPORT**
1.1	The purpose of this report is to present a summary of the agreed HSCP targets and measures, relating to the delivery of the strategic priorities, for the period October - December 2016 (Quarter 3).
2.0	**SUMMARY**
2.1	The Health & Social Care Partnership Board receive and consider Quarterly Performance Reports on progress of an agreed suite of measures and targets against the priorities set out in the Strategic Plan 2015-18.
2.2	The, the Quarter 3 Performance Report sets out: Positive Performance (on target) improving (17 measures) Positive Performance (on target) declining (2 measures) Negative Performance (below target) improving (5 measures) Negative Performance (below target) declining (5 measures) There are **9** measures for which data are not available.
2.3	A summary of the performance indicators for the reporting period is provided in **Section 1.** The full list of measures and targets are then provided. **Section 2** lists the Adult Services data. **Section 3** provides the Children's Services data and **Section 4** provides the Community Justice data.

2.4	Each section concludes with the relevant exception reports that outline provide actions to be taken to address deficits. The percentage variance from target and, if available, the actual numbers are also provided. The exception reports are ordered from greatest to least percentage variance.
2.5	Of the 12 indicators for which no data are available, 10 are provided by NHSGG&C. The delay in receiving these data is being actively pursued by the Planning, Performance and Quality Manager.

3.0	**RECOMMENDATIONS**
3.1	It is recommended that the Health & Social Care Partnership Board: ▪ Notes the content of the Quarter 3 Performance Report

SECTION 1 Performance Summary

Key	
Positive Performance (on target) improving / declining	✓
Negative Performance (below target) improving / declining	✗

Positive Performance (on target & improving) is reported in:

Ref		
2.1.2	Sustain and embed alcohol brief interventions in three priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. (Cumulative quarterly)	✓
2.2.3	Number of delayed discharges for Adults with Incapacity (Acute Beds)	✓
2.2.5	Number of acute bed days lost to delayed discharges for Adults with Incapacity (65+)	✓
2.2.15	Percentage of EDC homecare customers 65+ receiving a service during evenings or overnight	✓
2.3.1	Percentage of service users/clients satisfied with the quality of care provided (Social Care only)	✓
2.4.1	Percentage of people 65+ indicating satisfaction with their social interaction opportunities (Social Care only)	✓
2.4.2	Percentage of service users satisfied with their involvement in the design of their care packages (Social Care only)	✓
2.6.1	Percentage of carers who feel supported and capable of continuing in a caring role (Social Care only)	✓
3.1	18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services	✓
3.7	Percentage of child care Integrated Assessments (ICA) for SCRA completed within target timescales (20 days)	✓
3.9	Percentage of first Child Protection review conferences taking place within 3 months of registration	✓
3.11	Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	✓
3.12	Percentage of Social Work reports submitted to Child Protection Case Conference	✓
4.3	Percentage of CJSW reports submitted to Court by due date	✓

Positive Performance (on target but declining) is reported in:

Ref		
2.2.14	Percentage of people 65 or over with intensive needs receiving care at home (% at quarter end)	
2.2.16	Percentage of EDC homecare customers 65+ receiving a service at weekends	
3.4	Percentage of parents receiving 1:1 parenting support within the first 6 weeks following birth	
3.5	As a proportion of parents who attend a Triple P group - the percentage of parents completing the Triple P programme	
3.6	Number of parents receiving planned 1:1 parenting support	

Negative Performance (below target but maintaining/improving) is reported in:

Ref		
2.2.1	Rate of unplanned acute bed days 75+ (per 1,000 pop) (rate at quarter end)	
2.2.7	Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support.	
2.2.12	Number of people aged 65+ in permanent care home placements (at quarter end) (November 2016)	
3.10	Balance of care for Looked After children: Percentage of children being looked after in the community	
4.2	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order	

Negative Performance (below target and declining) is reported in:

Ref		
2.2.2	Number of emergency admissions 75+ (per 1,000 pop) (rate at quarter end)	
2.2.4	Number of acute bed days lost to delayed discharges for patients 65+ (inc AWI)	
2.2.8	Number of people aged 65 years+ with an anticipatory care plan in place (DNs only)	
3.8	Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral	
4.1	Percentage of Court report requests allocated to a Social Worker within 2 working days of receipt	

Indicators with no current data available

Ref.		Notes
2.1.1	Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (Cumulative quarterly)	Not yet available from GG&C
2.1.3	Percentage of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Not yet available from GG&C
2.2.6	Delayed Discharge >14 days	This indicator is no longer measured
2.2.9	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	Not yet available from GG&C
2.2.10	% of patients referred to 1st appointment offered <4 wks	NHSGG&C Performance Team are currently developing reporting system.
2.2.11	% of patients referred to 1st appointment offered <9 wks	NHSGG&C Performance Team are currently developing reporting system.
2.2.13	Number of people 75+ with a telecare package (at quarter end)	Measurement and Reporting processes under Review. Accurate up-to-date baseline information will be available from April 2017
3.2	Uptake of MMR 24 months	Not yet available from GG&C
3.3	Uptake of MMR 5 years	Not yet available from GG&C

SECTION 2 Adult Performance Quarterly Measures 2016-17

	Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer						
			Quarter				
Ref.	Measure	Status	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
2.1.1	Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (Cumulative quarterly)	-	20	3	11	Not Available	6
2.1.2	Sustain and embed alcohol brief interventions in three priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. (Cumulative quarterly)		625	207	390	416	366
2.1.3	Percentage of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery		91.6%	96.8%	90.5%	Not Available	91.5%

SECTION 2 Adult Performance Quarterly Measures 2016-17

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

			Quarter				
Ref.	**Measure**	**Status**	**Q4 2015/16**	**Q1 2016/17**	**Q2 2016/17**	**Q3 2016/17**	**2016/17**
			Value	**Value**	**Value**	**Value**	**Target**
2.2.1	Rate of unplanned acute bed days 75+ (per 1,000 pop) (rate at quarter end)		**372**	**343**	**364**	**346**	**345**
2.2.2	Number of emergency admissions 75+ rate (per 1,000 pop) (rate at quarter end)		**33**	**28**	**28**	**31**	**29**
2.2.3	Number of delayed discharges for Adults with Incapacity (Acute Beds)		**0**	**0**	**0**	**0**	**0**
2.2.4	Number of acute bed days lost to delayed discharges for patients 65+ (inc AWI)		**843**	**527**	**513**	**633**	**622**
2.2.5	Number of acute bed days lost to delayed discharges for Adults with Incapacity (65+)		**0**	**0**	**0**	**0**	**0**
2.2.6	Delayed Discharge >14 days	**-**	**2**	**0**	**Not Available**	**Not Available**	**0**

2 Adult Performance Quarterly Measures 2016-17

Ref.	Measure	Status	Quarter				
			Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
2.2.7	Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support.	✗	90%	95%	2%	5.2%	100%
2.2.8	Number of people aged 65 years+ with an anticipatory care plan in place (DNs only)	✗	63	65	70	68	70
2.2.9	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral		98.4%	100%	100%	Not Available	85%
	Waiting Times PCMHT						
2.2.10	% of patients referred to 1st appointment offered <4 wks		99.2%	99.6%	Not Available	Not Available	100%
2.2.11	% of patients referred to 1st treatment appt offered <9wks		100%	88%	Not Available	Not Available	100%
2.2.12	Number of people aged 65+ in permanent care home placements (at quarter end) (November 2016)		674	669	700	685	640
2.2.13	Number of people 75+ with a telecare package (at quarter end)		Not available	491	Not Available	Not Available	188
2.2.14	Percentage of people 65 or over with intensive needs receiving care at home (% at quarter end)	✓	38.1%	37.33%	38.32%	37.8%	32%
2.2.15	Percentage of EDC homecare customers 65+ receiving a service during evenings or overnight	✓	50.9%	49.9%	51.6%	51.9%	50%
2.2.16	Percentage of EDC homecare customers 65+ receiving a service at weekends	✓	90.2%	90.4%	92.7%	91.3%	84%

Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected							
			Quarter				
Ref.	Measure	Status	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
2.3.1	Percentage of service users/clients satisfied with the quality of care provided (Social Care only)		100%	91%	93%	100%	99%

Outcome 4 Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.							
			Quarter				
Ref.	Measure	Status	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
2.4.1	Percentage of people 65+ indicating satisfaction with their social interaction opportunities (Social Care only)		100%	83%	95%	97%	95%
2.4.2	Percentage of service users satisfied with their involvement in the design of their care packages (Social Care only)		100%	91%	92%	100%	95%

SECTION 2 Adult Performance Quarterly Measures 2016-17

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

Ref.	Measure	Status	Quarter				
			Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
2.6.1	Percentage of carers who feel supported and capable of continuing in a caring role (Social Care only)		100%	100%	93%	100%	94%

SECTION 2 Exception Reports - Adult Performance Quarterly Measures 2016-17 (descending order of variance from target)

Ref.	Performance below Target	Exception Report	Action(s) to improve	Variance from target
2.2.2	Number of emergency admissions 75+ (per 1,000 pop) (rate at quarter end)	This is a reflection of seasonal pressures	An unscheduled Care Commissioning Strategy with associated Action Plan is in final development and will be rolled out from April 2017 onwards. The reduction of emergency admissions is a key commitment within the Strategy. Work will be undertaken within GP clusters to drive performance in this area.	6.9% (N= 2)
2.2.8	Number of people aged 65 years+ with an anticipatory care plan in place (DNs only)	There has been increased pressure on the DN service over the last 3 months due to Flu Vaccine campaign as well as increased short term staff sickness. This has impacted on their	An unscheduled Care Commissioning Strategy with associated Action Plan is in final development and will be rolled out from April 2017 onwards. The expansion of Anticipatory Care Plans is a key	2.8% (No= 2)

		ability to undertake ACP assessments.	commitment within the Strategy. Work will be undertaken within GP clusters to drive performance in this area.	
2.2.4	Number of acute bed days lost to delayed discharges for patients 65+ (inc AWI)	This is a reflection of seasonal pressures. Full capacity for the Intermediate Care facility at Westerton not available. Service only commenced 12th November 2017	The next quarter should see the full impact of Intermediate Care facility which should bring performance below the target figure	**1.8% (N=11)**

SECTION 3 Children's Performance Quarterly Measures 2016-17

Ref.	Measure	Status	Quarter				
			Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
3.1	18 weeks referral to treatment for specialist Child and Adolescent Mental health Services	✓	**Not available**	**100%**	**100%**	**100%**	**100%**
3.2	Uptake of MMR 24 months		**95.3%**	**96.8%**	**96.3%**	**Not Available**	**95%**
3.3	Uptake of MMR 5 years		**97.5%**	**97.8%**	**98.6%**	**Not Available**	**95%**
3.4	Percentage of parents receiving 1:1 parenting support within the first 6 weeks following birth	✓	**100%**	**100%**	**100%**	**100%**	**100%**
3.5	As a proportion of parents who attend a Triple P group - the percentage of parents completing the Triple P programme	✓	**71%**	**74%**	**68%**	**78%**	**70%**
3.6	Number of parents receiving planned 1:1 parenting support	✓	**65**	**33**	**115**	**560**	**120**
3.7	Percentage of child care Integrated Assessments (ICA) for SCRA completed within target timescales (20 days)	✓	**75%**	**100%**	**85%**	**93%**	**75%**

3.8	Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral		**88%**	**89%**	**75%**	**57%**	**90%**
3.9	Percentage of first Child Protection review conferences taking place within 3 months of registration		**78%**	**100%**	**100%**	**100%**	**95%**
3.10	Balance of care for Looked After Children: Percentage of children being looked after in the community		**87%**	**88%**	**84%**	**85%**	**89%**
3.11	Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated		**100%**	**88%**	**100%**	**100%**	**100%**
3.12	Percentage of Social Work reports submitted to Child Protection Case Conference		**100%**	**100%**	**100%**	**100%**	**100%**

SECTION 3 Exception Reports - Children's Performance Quarterly Measures 2016-17 (descending order of variance from target)

Ref.	Performance below Target	Exception Report	Action(s) to improve	Variance from target
3.8	Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral	Performance in Q3 is below target for the second consecutive quarter and has declined further from Q2. 7 Initial Child Protection Case Conferences held during quarter 3, 4 within timescale. 3 ICPCCs took place outwith timescale due to an accumulation of concerns regarding the family which led to the requirement for very detailed analysis. The children were safe throughout this time.	Continue to scrutinise Child Protection processes and ensure they meet required standards.	**36.7%**

SECTION 4 Community Justice Performance Quarterly Measures 2016-17

Ref.	Measure	Status	Quarter				
			Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	2016/17
			Value	Value	Value	Value	Target
4.1	Percentage of Court report requests allocated to a Social Worker within 2 working days of receipt		100%	100%	97.26%	94.12%	100%
4.2	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order		72%	72%	66%	79%	80%
4.3	Percentage of CJSW reports submitted to Court by due date		97%	100%	100%	100%	95%

SECTION 4 Exception Reports – Community Justice Performance Quarterly Measures 2016-17 (descending order of variance from target)

Ref.	Performance below Target	Exception Report	Action(s) to improve	Variance from target
4.1	Percentage of Court report requests allocated to a Social Worker within 2 working days of receipt	Performance in quarter 3 is below target. 102 report requests were allocated during the quarter, 96 of these were within the target timescale. 6 reports not allocated within 2 working days due to no admin cover over Christmas and New Year public holidays. However these 6 were allocated within 3 working days.	Monitor allocation arrangements (Criminal Justice Team Manager)	5.9%

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**17th February 2017**
Report Number	**2016/17_11**
Subject Title	**Public, Service User & Carer Representative Support Group**
Report By	**Sandra Cairney** **Head of Strategy, Planning and Health Improvement**
Contact Officer	**David Radford** **Health Improvement & Inequalities Manager** **David.radford@ggc.scot.nhs.uk** **0141 355 2391**

1.0	**PURPOSE OF REPORT**
1.1	The attached report (appendix 1), describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRG). Detail is provided regarding the incremental support and the resources accessible to the members of this group, as well as their agreed actions.
2.0	**SUMMARY**
2.1	The first meeting of the PSUCRSG was held in September 2016 and l aid the foundations for the future of this peer support group.
2.2	In total 4 meetings have taken place, the most recent on the 13th February 2017.
2.3	The PSUCRSG has identified the key resources and mechanisms that members consider core in developing their capacity and un derstanding to effectively contribute, during the debates and discussions at the HSCP Board, Strategic Planning Group and the two locality Planning Groups.
2.4	The PSUCRSG has agreed a process to monitor their progress at every meeting, through a RAG process (detailed in Appendix 1).
2.5	At the most recent meeting members appointed a Chair to direct and facilitate their support meetings.
2.6	They received a c omprehensive, draft, induction pack for their consideration and comment and completed a self evaluation of the meeting, a process that will now be imbedded at subsequent meetings.
3.1	It is recommended that the HSCP Board: ▪ Note the progress of the Public, Service User & Carer Representatives Support Group.

East Dunbartonshire Health & Social Care Partnership

Appendix 1

PUBLIC, SERVICE USER & CARER REPRESETITVE SUPPORT GROUP

1.0 CONTEXT

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance requires the Health & Social Care Partnership (HSCP) to establish mechanisms to take account of the particular needs of communities, service-users and carers in different parts of the authority and to engage them in shaping health & social care services.

1.2 The HSCP Board's consultative/engagement obligations stipulated in the Act relate to the Scheme of Integration and the Strategic Plan and are achieved primarily but not exclusively supported through public, service user and carer representatives on the; HSCP Board, the Strategic Planning Group and two locality planning groups.

2.0 BACKGROUND

2.1 In order to ensure public, service user and carer representatives are supported to undertake their role on the statutory groups, a representative support group has been established.

2.2 The first meeting was held in September 2016, with further meetings in November ('16), January ('17) and February ('17).

2.3 Members include the representatives and their proxies on the HSCP Board, the Strategic planning Group and the Locality Planning Groups.

2.4 The Support group agreed to meet no less than four times per year but will where possible align with HSCP Board meetings.

2.5 The members of the group undertook a process to appoint a chair who will facilitate their meetings for a period of 12 months.

3.0 RECORDING ACTIONS & PROGRESS

3.1 Agreed individual and collective action(s) are recorded at each Support Group meeting using a RAG tool. This process enables the Support Group to track their progress and document their contribution to the HSCP Board, Strategic Planning Group and the Locality Planning Groups.

3.2 At the February meeting a satisfaction survey was introduced, this will be completed at all meetings and will provide a meeting satisfaction rating which will be reviewed by members after every meeting.

4.0 ACTION NOTES FROM MEETINGS

4.1 Action note from February 2017.

4.2 Action note from December 2016.

4.3 Action note from November 2016.

East Dunbartonshire Health & Social Care Partnership

Public Service User and Carer Support Group

13th February 2016 – Room G34, KHCC.

Attending:

David Bain, Martin Brickley, Gordon Cox, Sandra Docherty, Avril Jamieson, Marion Menzies, Chris Shepherd, Isobel Twaddle, Claire Taylor

HSCP Officers In attendance; David Radford, Anthony Craig, Gillian Notman

Action points agreed at meeting;

Action	By who	When	G	A	R
Draft induction pack to be sent to group (Electronic format)	AC	20/02/17			
Draft induction pack to be reviewed by group and feedback to be sent to AC on content.	All group members	06/03/17			
Draft communication strategy to be sent out and be reviewed by group. Feedback to be sent to AC on content.	AC & All members	Send out by 06/03/16, group responses by 13/03/17			
Draft Terms of Reference to be sent out and be reviewed by group. Feedback to be sent to AC on content.	AC & All members	Send out by 13/03/17, group responses by 20//03/17			
Knowledge hub info to be cascaded to group with log-in details and passwords	AC	20/02/17			
Confirm change of next meeting date from 03/04/17 to 27/03/17	AC	20/02/17			
Invite F McCulloch to next meeting - 27/03/17 - SPG update	AC	20/02/17			
Knowledge hub info to be put on agenda for next meeting - crib sheet / user manual.	AC for group	Next meet			
Board meeting presentation to be sent to group	AC & DR	20/02/17			

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East Dunbartonshire Health & Social Care Partnership

Public Service User and Carer Support Group

19th December 2016 – Room G34, KHCC.

Attending:
Martin Brickley, Marion Menzies, Isobel Twaddle, Claire Taylor, David Bain, Sandra Docherty, Avril Jamieson, Gordon Cox

HSCP Officers: David Radford, Anthony Craig

In attendance: Cllr Anne McNair

Action	By who	When	G	A	R
Send out Support group meeting dates for 2017. (6) (preferred option - Monday 10am-12pm)	AC	End Dec 2016			
Confirm meeting dates for HSCP board meetings and distribute to support group.	AC	End Dec 2016			
Group agreed to send Anthony a list of "Their networks" i.e. – who they can network with, (Older people, Comm councils, carers networks etc.).	Support Group – email to AC	January 2017			
Share support group contact details with all attendees	AC to distribute	End December 2016			
Members agreed to feedback from their respective HSCP meetings they attend to initiate information exchange – 3 main bullet points from each meeting.	Support Group	Next meeting			

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East Dunbartonshire Health & Social Care Partnership

Public Service User and Carer Support Group

17th November 2016

Attending:

David Bain, Sandra Docherty, Marion Menzies, Isobel Twaddle, Claire Taylor, Avril Jamieson, Chris Shepherd, Gordon Cox, Martin Brickley

HSCP Officers; Sandra Cairney, David Radford

In attendance; Cllr Anne McNair

Action points agreed at meeting;

Action	By who	When
Explore roles and remit of Representatives - Distribute revised list of groups and representatives	David R	Before next meeting
Highlight current vacancies / opportunities Within the locality groups to respective wider networks	Public Service Users and Carers	Next meeting
Distribute following Documents: • HSCP scheme of integration • HSCP annual performance report • HSCP strategic priorities 16/17 • HSCP Strategic Planning Structures	David R	By next meeting
Present a series of questions aide / memoir to support group members to participate at the: Board / Strategic Planning Groups Locality Groups	David R Service Users and Carers	Presented to next meeting
Develop process to distribute consultations and meeting invitations From: Scottish Government/ National organisations, Regional organisations, local statutory service providers	Engagement and capacity officer	Progress to report to next meeting
Identify a list of the wider networks with which PSU&C representatives are associated	Engagement and capacity officer / service user and carers	Update at next meeting
Develop a terms of reference based on the	David R	Presented

discussion from this meeting		to next meeting
Send out a series of meeting dates between Dec and Feb 2017	David R	By next meeting

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number:12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_12**
Subject Title	**HSCP Equalities & Diversity Mainstream Report 2017-2021**
Report By	**Sandra Cairney, Head of Strategy, Planning & Health Improvement**
Contact Officer	**Kelly Gainty, Adults and Community Care Support Worker**

1.0 PURPOSE OF REPORT

1.1 The purpose of the report is to request approval for the HSCP's Equalities and Diversity Mainstream Report 2017-2021 (appendix attached).

2.0 SUMMARY

2.1 Public authorities are subject to the general duties set out in the Equality Act 2010 (The Public Sector Equality Duty).

2.2 In Scotland, public authorities have a further legal requirement to meet specific duties.

2.3 The HSCP delivered an interim Equalities Mainstream Position Statement for 2016-2017.

2.4 Public authorities are legally obligated to produce a four year Equalities and Diversity Mainstream Report commencing in 2017.

2.5 The report is required to be updated every two years.

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- approve the attached HSCP's Equality and D iversity Mainstream Report 2017-2021
- refer the report to the EDC Equalities Group for consideration.

East Dunbartonshire Health & Social Care Partnership

4.0	MAIN REPORT
4.1	Public authorities are subject to general duties under the Equality Act 2010 (The Public Sector Equality Duty). However, in Scotland, public authorities are further legally obligated to fulfil specific duties as legislated in the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012.
4.2	The general duties requires the Partnership to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct, advance equality of opportunity between people who share a r elevant protected characteristic and those who do not, and, foster good relations between people who share a relevant characteristic and those who do not. The Marriage and Civil Partnership, Pregnancy, Maternity, Religion or Belief, Sex and S exual Orientation. The specific duties are: ▪ Report on the mainstreaming equality duty ▪ Publish equality outcomes and report progress ▪ Assess and review policies and practices ▪ Gather and use employee information ▪ Use information on members or board members gathered by Scottish Ministers ▪ Public gender pay gap information ▪ Public statements on equal pay ▪ Consider award criteria and conditions in relation to public procurement ▪ Publish in a manner that is accessible.
4.3	The HSCP submitted an i nterim Equalities and Diversity Mainstream Position Statement in 2016 in preparation for commencing our Equalities and D iversity reporting schedule for 2017-2021.
4.4	The attached Equality and Diversity Mainstreaming Report 2017-2021, the first of its kind for the Partnership, sets out the HSCP's expectations to meet identified outcomes and performance measures for the next four years.
4.5	The HSCP has identified dedicated Equality Leads within all the HSCP's Social Work and Health Services.
4.6	Despite this being the first four year Mainstream Report, the HSCP has been able to evidence a significant progression of the outcomes and activities referred to the in the 2016-2017 Mainstream Position Statement.
4.7	The attached report will be updated in 2019 and will involve workshops with equality leads to identify progression towards achieving the identified outcomes.

EAST DUNBARTONSHIRE

HEALTH & SOCIAL CARE PARTNERSHIP

EQUALITY & DIVERSITY MAINSTREAM REPORT AND OUTCOMES

2017 to 2021

FOREWORD

East Dunbartonshire Council (EDC) Adult Social Care Services and NHS Greater Glasgow and Clyde (GG & C) Adult Health Services integrated in September 2015 as a new corporate body. Known as East Dunbartonshire Health and Social Care Partnership (HSCP), it has undergone some significant changes: namely, the retirement of, and recent recruitment of a new HSCP Chief Officer in December 2016; and the integration of Social Work Children and Criminal Justice Services and NHS Community Children's Services into the HSCP in September 2016.

In East Dunbartonshire HSCP's Equality and Diversity Mainstreaming Position Statement (2016/17), the first of its kind for our Partnership, we set out the HSCP's expectations. It showed our commitment to delivering services that are fair for all and how we intend to uphold our equality and diversity responsibilities.

This Mainstream Report for 2017 - 2021 provides us with the opportunity to finalise our expectations, planned measures and activities which will work towards the HSCP achieving its outcomes over the next four years.

We are committed to ensuring that equality and diversity considerations are part and parcel of health and social care planning and activities within the HSCP and we use this platform to evidence how our aspirations are beginning to become a reality in East Dunbartonshire. We are pleased with and welcome the continued engagement with our public service user network which involves service users and carers from a variety of groups and the engagement of staff in preparing this first report.

Susan Manion

Chief Officer

East Dunbartonshire Health and Social Care Partnership

1. INTRODUCTION

1.1 This Equality and Diversity Mainstreaming report updates the HSCP's initial Mainstreaming Position Statement for 2016/2017. It will provide an opportunity to finalise the identified outcomes, activities and performance measures for the next four years but also gives the ability to update on some progress that has already been made in helping to meet statutory requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

2. EAST DUNBARTONSHIRE HSCP – MAINSTREAMING RESPONSIBILITIES

2.1 The general equality duty (Equality Act 2010) requires public authorities, in the exercise of their functions, to have due regard to the need to:

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

The protected characteristics referred to are:

- Age
- Disability
- Ethnicity
- Gender Re-assignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or Belief
- Sex

2.2 Under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, public authorities in Scotland have a legal requirement to meet specific duties:

- Report on the mainstreaming equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practices;
- Gather and use employee information;
- Use information on members or board members gathered by the Scottish Ministers;
- Publish gender pay gap information;
- Publish statement on equal pay;
- Consider award criteria and conditions in relation to public procurement;
- Publish in a manner that is accessible;
- Assess and review policies and practices;
- Gather and use employee information.

2.3 The purpose of this section of the document is to describe how the HSCP is going to mainstream this work within its core functions. The functions of the HSCP are:

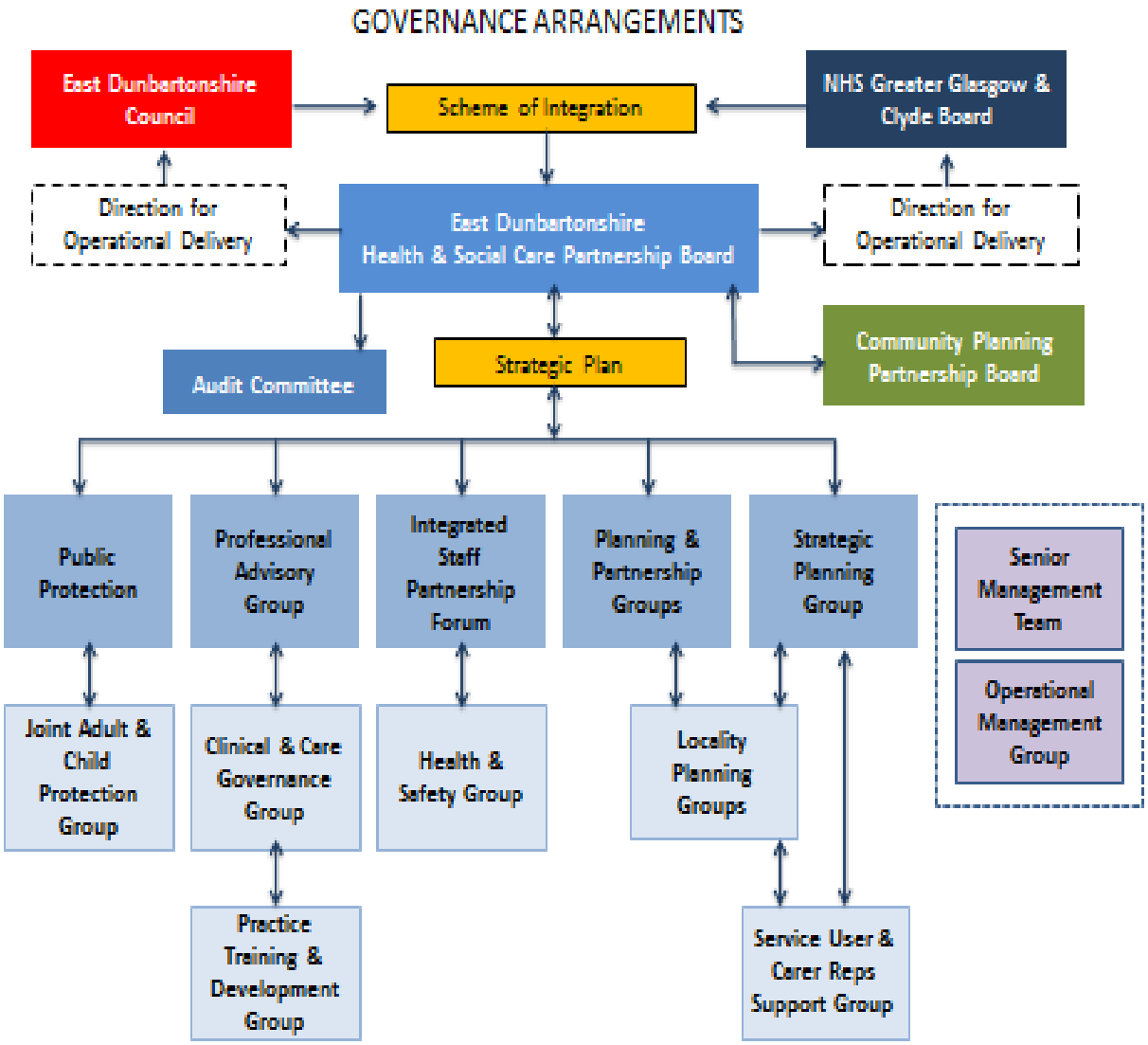
- Improving the quality and consistency of services for patients, service users, carers and their families;

- Providing seamless, joined up and quality health and social care services where people are cared for in their own homes or in a homely setting where it is safe to do so;
- Ensuring that resources are used effectively to deliver services that meet the increasing number of people with long term conditions and often complex needs, many of whom are older people.

3. LEADERSHIP AND GOVERNANCE

3.1 The Chief Officer for the HSCP has ultimate accountability for ensuring equality legislation is upheld and that policies, procedures and services are developed and delivered while meeting the general and specific duties. This responsibility is delegated to the Head of Strategy, Planning and Health Improvement.

3.2 All policy development and equality related activities within the HSCP will be reported to the Care and Clinical Governance Group and East Dunbartonshire Health and Social Care Partnership Board (HSCPB). The HSCP's range of governance arrangements are shown in the diagram below:



3.3 The HSCP has, within its Mainstream Position Statement, reported on its intended outcomes and proposed performance measures. Progress will be monitored by the Operational Management Group. East Dunbartonshire HSCPB will scrutinise progress which will be articulated within the Strategic Plan Annual Report. The HSCP will continue to report its progress against the Equality Act 2010 and produce new outcomes in 2021

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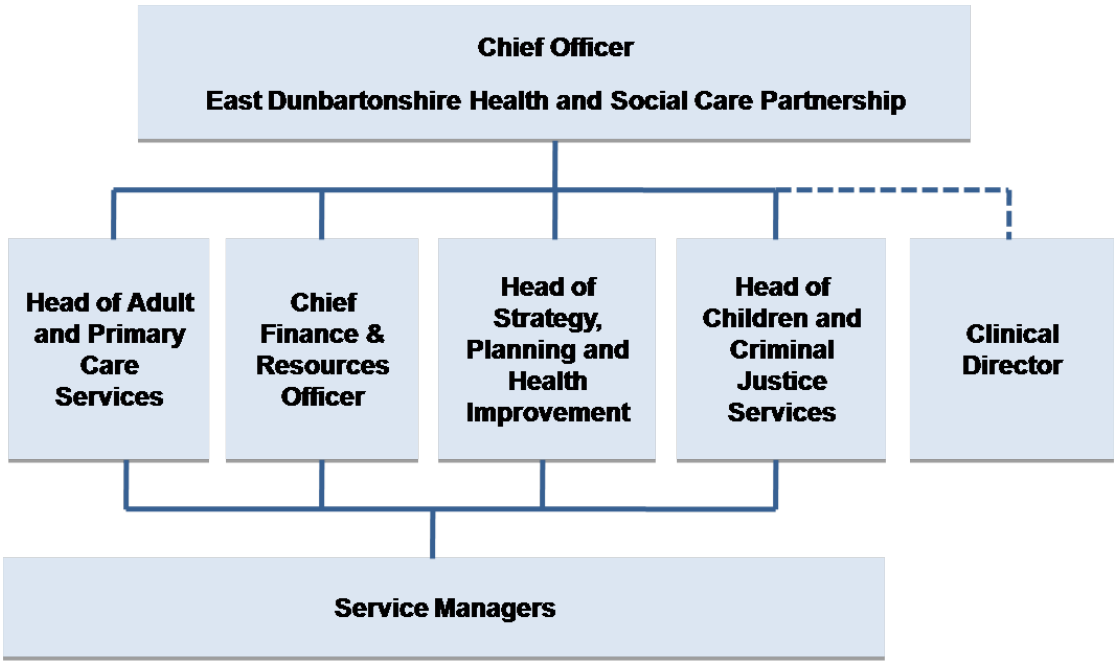
4. EAST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

4.1 Organisational Structure



4.2 Integrated Joint Boards (IJBs) are the legal entities responsible for delivering an Equalities and Mainstreaming Report and Equality Outcomes relating to their functions. The IJBs provide governance for the Health and Social Care Partnerships.

Since September 2015 East Dunbartonshire HSCP has had the lead responsibility for effective health care and health improvement of adults and children, and responsibility for ensuring the safety and support, and positive outcomes for East Dunbartonshire's most vulnerable adults, including those with disability, those with mental disorder, those with community care needs and those in need of care and protection.

4.3 In September 2016, the HSCP formally took over the responsibility for Social Work Children and Family Services, Social Work Criminal Justice Services and NHS Children's Services, which includes the discharging of statutory responsibilities in relation to the protection of vulnerable children and young people at risk of harm. All these activities involve close interaction and liaison with other public bodies including Police Scotland and Education as well as a range of other key services.

4.4 The HSCP manages a range of adults and community care services across health and social care as well as children and families; children's health and criminal justice services. Full details can be found in East Dunbartonshire HSCP's Scheme of Integration of which copies can be requested from East Dunbartonshire HSCP.

5. EMPLOYEE INFORMATION AND TRAINING

5.1 The equality duties legislated to report on employee information does not pertain to the HSCP. All employees working within the HSCP continue to be employed by two public authorities: NHS GG & C and EDC. Those two bodies will include reference to these staff within their own Equalities Progress Reports.

Where employee development and training is linked to the HSCP's equality duties progression, this will be reported this as achievements and intended outcomes.

5.2 Over the last year social work staff employed by EDC, have had the opportunity to access a number of training and information awareness courses. These include: Corporate Induction (which incorporates Equality and Diversity); Child Protection and Disability; Autism Awareness and Advanced Autism (multi-agency including health staff); and Visual Impairment Awareness (multi-agency including health staff).

A number of NHS GG & C employees within East Dunbartonshire HSCP have had the opportunity to undertake e-learning modules over the last year which includes the following subject matter: Introduction to Equality and Diversity; Visual Impairment; Sex and Gender; Gender Based Violence; Transgender; Marginalised Groups; Ethnicity; Accessible Information; Deaf Awareness; Social Classification; Disability; Working with Interpreters; Sexual Orientation; Inequalities Sensitive Practice and Age.

6. MEETING OUR CORE FUNCTIONS WITHIN OUR MAINSTREAMING RESPONSIBILITIES

6.1 Equality Impact Assessments

The HSCP has adopted NHS GG & C's Policy Development Framework and Equality Impact Assessment (EQIA) Tools. The HSCP is committed to integrating equality into its business and to ensure that equality features within its day to day operations. There are dedicated equalities leads within each of the services. These lead officers will be responsible for following the policy development framework and EQIA when developing new or significant updates to policies, plans, programmes or strategies related to their service.

The EQIA template and database which is hosted on the NHS GG & C website will allow the lead officers to consider how any changes or developments within their service will affect those service users in the protected groups. The template also encourages the author to consider and research evidence, both of a local and national nature, to support the information contained within the EQIA.

6.2 Policies and Procedures

Public bodies have a legislative duty to produce relevant policies and procedures related to their activities. The HSCP has recently adapted and harmonised a number of NHS GG & C and EDC's policies which will form a suite of HSCP Policies which will be made available to staff. These include: Complaints Procedures; Freedom of Information and Publication of Scheme. Work will continue on harmonising the remainder of the policies: Health and Safety; MSP/MP Enquiries Protocol; and Records Management Plan.

Work has also been undertaken for the HSCP to adopt the following policies and protocols:

- Accessible Information Policy: detailing alternative communication methods that the HSCP can provide in relation to its information and services;
- Equality and Diversity Mainstreaming Position Statement: setting out the HSCP's commitment to the principles of equality, diversity and human rights;
- Domestic Abuse Policy: detailing the HSCP's position in addressing domestic abuse.

7. HSCP'S EQUALITY OUTCOMES AND PERFORMANCE MEASURES

East Dunbartonshire HSCP's proposed Equality Outcomes and Performance Measures were intimated in the Equality and Diversity Mainstreaming Position Statement 2016/17. In this, the HSCP's first mainstreaming report, we now confirm these outcomes and performance measures, but also report on some progress that has already been made in the interim year.

Equality Duty: **Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act**
Equality Outcome 1: **Barriers to HSCP services are removed for people with relevant protected characteristics.**
Protected Characteristics Covered: All
Activities: 1.1 Meet and deliver the HSCP requirements for communication support, utilising the EDC Accessible Information Policy and NHS GG&C Clear to All interpreting and communication support policy guidelines. 1.2 Engage with HSCP service users and particularly those with a disability to assess accessibility and work with EDC and NHS GGC to make all reasonable adjustments to Health and Social Care Services.
Performance Measures: 1.1.a Update and disseminate the two constituent policies to the workforce and measure compliance through planned audits of service user and employee feedback on: systems (website, outward facing documents, patient/service user information). 1.1.b Monitor of NHS GG&C and EDC reports to the HSCP about Interpretation Services to gauge service user satisfaction. 1.2.a Complete one facilities/one service review per year and deliver associated improvement plans.
Progress: A. The HSCP recently developed a Self Directed Support (SDS) leaflet aimed at Young People. This leaflet helps young people to understand what the benefits of SDS options are for their relatives who have an illness or disability or for someone they are caring for. In order to ensure that the leaflet content and design would be appropriate for the readership, the SDS Lead Officer worked with the Young Carers Group who were integral to the final design and content.

B. The Community Mental Health Team work closely with a Peer Support Worker who provides a service user perspective when they are developing leaflets and letters. More recently the Peer Support Worker provided a service user perspective on a new income maximisation leaflet that has been introduced.

C. The staff at Ferndale Children's Home has been working with young people who are looked after and accommodated to update the leaflets about their services. This provides information of a suitable nature which can be reassuring for new children entering the service during a transition which can be confusing and anxious.

D. The Primary Care Mental Health Team undertook a review of their service which resulted in changes relating to accessibility of the service including the introduction of evening appointments and home visits to service users who have disabilities which affect their presence in a clinic environment.

E. The Joint Learning Disability Team, during a recent EQIA of their service, introduced a door entry system to the clinic which will benefit their service users

Future Actions:

A. Develop a generic survey that will take place on an annual basis across all services within health and social care in East Dunbartonshire, including consultation with service users and carers regarding its content, design and methodology.

B. The Care at Home service is currently developing updated information leaflets regarding their Community Alarm and Sheltered Housing Services. This will involve consultation with their service users and sheltered housing tenants.

C. Activity related to interpreting services utilised by EDC and NHS GG & C staff working within the HSCP will be monitored by those respective public bodies and reported to the HSCP annually.

D. The HSCP will be undertaking, over the next two years, a full service review of its Learning Disability and Mental Health Services.

E. EQIAs will be completed in relation to the refurbishment project for the Kirkintilloch Health and Social Care Centre.

F. An Accessibility Assessment, involving the Service User and Carer Group, will be undertaken in relation to the Kirkintilloch Health and Care Centre Refurbishment Programme.

Equality Duty:
Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

Equality Outcome 2:
Age discrimination in services is removed.

Protected Characteristics Covered: Age

Activities:

2.1 Review services to ensure that they are based on biological rather than chronological access unless objectively justified.

Performance Measures:

2.1.a Audit services where there is existing chronological inclusion/exclusion criteria and apply objective justification assessment for each.

Progress:

A. Larkfield Community Mental Health team (CMHT) and the Woodlands Centre are currently in the process of developing pathways to ensure that patient transfers to Older Adult Services are as smooth as possible. A multi-disciplinary working group has been established to address this and look at how best to manage new referrals, transfers of care and appropriateness of joint working with identified cases. The group will also link in with in-patient services/medics to ensure that if the person requires admission that the most appropriate area is identified for them. This is being progressed further in February 2017.

B. Service users are transferred to other teams based on changes to their assessed needs and primary disability. Service users are allocated to the most appropriate teams within social work.

C. The development of a pilot Intermediate Care Project has been objectively justified to include only those adults aged 65 years and over. This decision was based on intermediate care research, statistics and is also related to the Care Inspectorate registration of the nursing home facility where the intermediate care unit is house.

Future Actions:

A. Review the Social Work Services Eligibility Criteria.

B. Woodlands Centre have identified a service gap for those customer diagnosed with Young Onset Dementia. A pilot is currently being designed to offer service users a 'Living Well' that will run simultaneously with a Carers' Group. The groups will be evaluated and will inform ongoing service provision.

C. The Podiatry Service will shortly be undertaking local stakeholder engagements in consideration of a service re-organisation. The role of the HSCP will be to advice and support the podiatry Service in the planning of these engagement events.

Equality Duty:
Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

Equality Outcome 3:
The risk of homelessness amongst vulnerable individuals is reduced.

Protected Characteristics Covered: All

Activities:

3.1 EDC and NHS GG & C employees are trained to use homelessness risk assessment tools and address need more effectively.

Performance Measures:

3.1.a Determine baseline of staff equipped to use the Homelessness Risk Assessment Tool to determine improvements on baseline.

Progress:

A. The development of a Homelessness Risk Assessment has been raised with team managers within the HSCP's health and social care teams.

Future Actions:

A. Audit all Health and Social Care Services Teams to establish whether areas of homelessness are addressed within current assessment tools

B. Raise awareness of the Homelessness Risk Assessment Tool within all health and social care services

C. Consider the benefits of raising awareness of this tool with third sector Service Providers.

D. Consider ways of predicting possible future homelessness status for service users with a learning disability who live with older carers.

Equality Duty:
Eliminate unlawful discrimination, harassment victimisation and other prohibited conduct by the Act

Equality Outcome 4:
A service users' public engagement group which is inclusive of people with protected characteristics co-produces and works collaboratively with the HSCP to shape service development.

Protected Characteristics Covered: All

Activities:

4.1 Further develop methods to meaningfully engage with people who have protected characteristics and those socially and economically disadvantaged.

4.2 Engage service users and carers to implement the engagement model as approved by East Dunbartonshire HSCPB.

Performance Measures:

4.1.a Audit representation of service users in involvement of HSCP strategic planning.

4.1.b Monitor participation of service users in equalities learning.

4.1.c Establish systematic process to demonstrate involvement of people living in areas of multiple deprivation.

4.2.a Engagement model is implemented and participation standards complied with.

Progress:

A. The Care at Home Service has consulted with home care service users to establish their wishes regarding levels of consultation that they wish to be involved in, and preferences for receiving information.

B. Development of a SDS leaflet for young people engaged with the Young Carers Group regarding design and content.

C. Ferndale Children's unit have engaged young people and their parents/guardians regarding the redesign of their leaflets.

D. There is a service user and carer representation in all groups associated within the structure of the HSCP including the HSCPB, Strategic Planning Group and Locality Planning Groups.

E. There is a support group for service user and carer representatives who provide assistance, information and advice regarding agendas and supporting papers prior to attending meetings. An Induction Pack is in development and training needs assessment for these representatives is being undertaken.

Future Actions:

A. Consideration of the Community Engagement Officer running workshops to rollout the engagement model and participation standards to HSCP staff involved in consultation and engagement.

B. Explore consideration of the Community Engagement Officer liaising with all service user groups to bring a wider voice to consultation and engagement including further development of the service user and carer public network.

Equality Duty:

Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.

Equality Outcome 5:

East Dunbartonshire Council and NHSGGC employees understand the needs of people with different protected characteristics and promote diversity in the work that they do.

Protected Characteristics Covered: ALL

Activities:

5.1 Workforce learning and development plans reflect staff needs in terms of increased knowledge and understanding.

5.2 Equality Impact Assessment is further developed as an online tool; training delivered to managers/lead reviewers and the process is embedded in practice.

Performance Measures:

5.1.a Respective corporate inductions (with equality learning components) are undertaken by all HSCP staff.

5.1.b Increased opportunities for shared learning where appropriate for HSCP staff.

5.1.c Audit staff self-reported equality L&E need (via staff surveys) and uptake of learning.

5.2.a HSCP Lead Reviewers embed and quality assure EQIAs of policies, plans and service developments (recording on GGC e-system).

Progress:

A. Health staff has access to and utilise the NHS Knowledge and Skills Framework which includes a variety of e-modules relating to equalities, diversity and protected characteristics.

B. New Council and NHS staff undertakes their respective Corporate Inductions which includes components relating to equality and diversity.

C. Staff working within the HSCP have undertaken additional training including: visual impairment awareness, autism awareness, gender based violence and deaf awareness training.

D. The care at home staff received dedicated training relating to Standards and Values.

E. The HSCP is in the process of developing a set of organisational values and associated behaviours that will support and transform the HSCP's vision into reality. This has involved consultation with the Public, Service Users and Carers Network and the Professional Advisory Group.

F. Some staff have been involved in the delivery of multi-agency training which has included: Adult Support and Protection; Autism Awareness; Self Directed Support and Applied Suicide Intervention Skills Training.

G. Team learning and share sessions are undertaken regularly by health services within the HSCP.

H. Staff engagement sessions in producing Equalities mainstream report and evidence to support practice.

I. Nominated HSCP Equality Lead Reviewers have received training in relation to equalities and diversity and the completion of EQIAs.

Future Actions:

A. Explore further opportunities for multi-agency training.

B. Increase the opportunities for team learn and share sessions across all HSCP services.

C. Monitor the completion of EQIAs via Greater Glasgow and Clyde Health Board Equalities Team.

D. Work will continue to engage with and involve the workforce on the continued development of the visions, values and behaviours throughout 2017.

Equality Duty:

Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.

Equality Outcome 6:

The likelihood of people with different protected characteristics accessing service appointments is maximized.

Protected Characteristics Covered: ALL

Activities:

6.1 Review attendance and waiting times to identify barriers to access and develop improvement plans.

6.2 Set out mechanisms that enable service users and carers to have a voice in service planning and development.

Performance Measures:

6.1.a Attendance data analysed to identify patterns of service uptake and corresponding action plans put in place in forthcoming years to address deficits if applicable.

6.2.a HSCP services have robust equality proofed service user enaggement

process in place for service planning and development.

Progress:

A. Data is gathered to discuss 'waste/did not attend visits' for example, non-attendance at clinic appointments and non-engagement with alcohol and drugs services. This provides an opportunity to explore, analyse and action activities to address these issues.

B. The Primary Care Mental Health Team undertook a review of their service which resulted in changes relating to accessibility of the service including the introduction of evening appointments and home visits to service users who have disabilities which affect their presence in a clinic environment.

C. The Learning Disability Team monitor demographic information which is relevant to long term commissioning, planning and procurement of services for service users.

D. Individual HSCP services embed mechanisms to elicit service user experiences including Addiction Services (via the Scottish Drugs Forum Quarterly Survey); rolling programme of 'How are we doing' questionnaires across health services; staff and service user feedback during reviews of commissioned and in-house support services and service user and carer feedback during social work reviews.

E. East Dunbartonshire Alcohol and Drugs Service (EDADS) and East Dunbartonshire Alcohol and Drugs Partnership (ADP) receive information via the Scottish Drug Misuse Database (a national information source that records information on the misuse of drugs in Scotland). This provides the EDADS and ADP with the relevant information to monitor trends and targets and provide data to plan service development.

F. East Dunbartonshire HSCPB approved and is embedding the Engagement Model which has an incremental approach from information sharing to empowerment.

Future Actions:

A. Primary and Community Mental Health Services to explore ways of engaging with reluctant potential service users.

B. All services to explore recording of wait times for new referrals.

C. All services to explore and report availability of providing appointments outwith Monday to Friday 9.00am to 5.00pm traditional model.

D. Report on the work undertaken by the recently appointed HSCP Community Engagement Officer who will be supporting service user involvement.

E. Analyse Accident and Emergency data in respect of SIMD (Scottish Index of Multiple Deprivation).

F. Explore service user and carer consultation during the review of Learning Disability and Mental Health services.

G. Develop generic service user feedback mechanisms across all HSCP services.

Equality Duty:

Advance equal opportunity between people who share a relevant protected characteristic and those who do not share it.

Equality Outcome 7:

Protected characteristics and wider circumstances that affect health and wellbeing are effectively addressed in HSCP services.

Protected Characteristics Covered: ALL

Activities:

7.1 Prioritised employee groups are trained and supported to carry out routine sensitive enquiry.

7.2 Work with Community Planning Partners through multi-agency groups to increase undertsanding and address poor health outcomes relating to gender-based violence, unemployent/underemployment and low levels of resilience.

7.3 Develop and deliver health & wellbeing interventions through PLACE approach.

7.4 Strengthen pathways and referrals to financial inclusion services and employability opportunities.

Performance Measures:

7.1.a Establish baseline in HSCP for staff numbers trained in routine sensitive enquiry.

7.1.b Identify and prioritse frontline staff to undertake training.

7.1.c Introduce sample audit to determine compliance.

7.2.a Evidence of health improvement policy, plans and interventions within the Local Outcome Improvement Plan as a result of multi-agency working.

7.3.a Evidence of contributions to the delivery of targeted interventions/services to meet the needs of areas experiencing higher levels of inequality (PLACE).

7.4.a Provide multi-agency training to raise awareness of referral pathways and collate and analyse uptake to determine gaps and improvement plan.

Progress:

A. There is a mix of sensitive enquiry skills and approaches across health and social care services within the Partnership. These skills are embedded in other training programmes for example Responding to Trauma; Safer Lives; Adult Support and Protection; Child Protection.

B. A multi-agency approach has been taken to developing consistent responses to tackling gender based violence. This has resulted in an Empowered Action Plan with a dedicated group of multi-agency officers overseeing the work and maintaining commitment to our ’16 days of action’ programme with associated training.

C. The monitoring of routine sensitive enquiries has been embedded in the NHS Children and Families Teams.

Future Actions:

A. Police Scotland, in partnership with East Dunbartonshire Council and the HSCP, is currently progressing a Multi-Agency Risk Assessment Conferencing (MARAC) Co-ordinator who will be taking forward multi-agency domestic abuse, stalking and honour violence (DASH) risk identification training. Domestic abuse risk identification training has also been planned during 2017 for Children and Families teams.

B. Establish a baseline of delivered targeted health improvement interventions/services across PLACE communities.

C. Establish a baseline of referrals to the local Citizens Advice Bureau in relation to financial inclusion services/welfare rights. This baseline will provide details including quarterly numbers of referrals; referrer team; geographical location of service users in order that we can determine gaps and develop improvement plans.

Equality Duty:
Foster Good relations between people who share a protected characteristic and those who do not.

Equality Outcome 8:
Positive attitudes and interactions with everyone, regardless of their characteristics, are increased among employees, service users and communities.

Protected Characteristics Covered: ALL

Activities:

8.1 Through commissioned services monitor participation levels for people with different characteristics.

8.2 Increase the understanding of the Public Service User & Carer Group (PSUCG) members about enhancing good relations between people who share a protected characteristic and those who do not.

Performance Measures:

8.1.a All third sector community engagement contracts will be equality proofed to ensure explicit reference to the need to engage with protected characteristic groups.

8.1.b Volunteers reflect the population profile/service user profile.

8.2.a Participants in HSCP PSUCG participate in equality training and increase their understanding of their responsibilities.

8.2.b Monitoring of disaggregated data in relation to community participation.

Progress:

A. Community Engagement contracts with third sector organisations include embedded clauses referencing equality, diversity and protected characteristics.

B. For those organisations that the HSCP commissions to work with volunteers, there are appropriate volunteer policies in place.

C. Members of the HSCP's PSUCG have undertaken initial equalities training and will be involved in assessing their own membership in terms of equalities and diversity.

Future Actions:

A. Undertake an audit of third sector contracts to determine inclusions/exclusions of protected characteristics.

B. Undertake an audit of third sector organisations working with volunteers.

C. Undertake a further training needs assessment for each PSUCG member.

D. Review membership activity to include equality data fields to capture.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 13

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/2017_13**
Subject Title	**Business Continuity Planning**
Report By	**Susan Manion, Chief Officer** **East Dunbartonshire Health & Social Care Partnership**
Contact Officer	**Fiona McCulloch, Planning, Performance & Quality Manager** **East Dunbartonshire Health & Social Care Partnership** **Fiona.mcculloch@ggc.scot.nhs.uk**

1.0	**PURPOSE OF REPORT**
1.1	The purpose of this report is to assure the HSCP Board that East Dunbartonshire HSCP has the required Business Continuity planning and processes in place.
2.0	**SUMMARY**
2.1	The Civil Contingencies Act 2004 and Civil Contingencies Act (Contingency Planning)(Scotland) Regulations 2005 place a clear obligation on Category 1 and 2 responders to respond to disruptive challenges and ensure that are sufficiently resilient to respond to any threat of potential service disruption.
2.2	East Dunbartonshire HSCP's Business Continuity Plan (BCP) defines and establishes the procedures that ensure the continued operation of health and social care services in the event of loss or disruption that may occur following the partial or total loss of the ability to continue to provide critical services.
2.3	The HSCP BCP and Departmental BCPs were tested on 17th January 2107 through a table-top exercise. Actions and learning from the exercise are being taken forward.
2.4	The Business Continuity Plan is provided as an attachment
3.0	**RECOMMENDATIONS**
3.1	It is recommended that the Health & Social Care Partnership Board: ▪ Accepts assurance provided. ▪ Notes the attached Business Continuity Plan

4.0 MAIN REPORT

4.1 Introduction

The purpose of this paper is to assure the HSCP Board that East Dunbartonshire HSCP has the required Business Continuity planning and processes in place.

The Civil Contingencies Act 2004 and Civil Contingencies Act (Contingency Planning)(Scotland) Regulations 2005 place a clear obligation on Category 1 and 2 responders to respond to disruptive challenges and ensure that are sufficiently resilient to respond to any threat of potential service disruption.

East Dunbartonshire Health & Social Care Partnership's (HSCP) Business Continuity Plan (BCP) defines and establishes the procedures that ensure the continued operation of health and social care services in the event of loss or disruption that may occur, considering the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. The plan is integrated with the HSCP's emergency management arrangements.

4.2 Activating the BCP

The BCP will be activated under the direction of the Chief Officer, or designate, in the event of a major loss such as a service area, department, or building. The Chief Officer, or designate, will activate the Senior Management Response Team (SMRT) to determine what response is required, and by when. In the event that a disruption goes beyond the existing resources and authority of the SMRT, the appropriate Corporate Management Team, (i.e. East Dunbartonshire CMT or NHSGG&C CMT), may convene.

The SMRT will act in accordance with the East Dunbartonshire HSCP Business Continuity Plan and ensure the health, safety and welfare of those affected so far as is reasonably practicable. They will also ensure the effective communication between relevant internal and external agencies, keep accurate records of all decisions or actions taken, and, if the Emergency Services are present, act on the advice of the Incident Control Officer.

4.3 Governance Arrangements

In accordance with the Civil Contingencies Act, there is a process to ensure the BCP is maintenance and plans are kept up-to-date. Amendments may only be made to any part of the plan following written confirmation to the Head of Strategy, Planning & Health Improvement who will be responsible for the completion of the Record of Reviews & Amendments Sheet. This will ensure that all changes to the plan are correctly recorded and communicated.

4.4 Departmental Business Continuity Plans

Every HSCP service is required to produce a Departmental Business Continuity Plan. These plans detail the service specific response to disruption of services, with a focus on recovery to minimise disruption for service users. It is the responsibility of the appropriate Head of Service and service manager to update their plan as required. In addition, the

HSCP BCP and Departmental BCPs are updated annually as part of the Winter Planning preparations.

4.5 Validating the Plans

The HSCP BCP and Departmental BCPs were tested on 17th January 2107 through a table-top exercise led by the NHSGG&C Head of Civil Contingencies. Attendees included East Dunbartonshire's Civil Contingencies Officer, HSCP senior managers and operational leads. Actions from the day are being taken forward.

East Dunbartonshire
Health & Social Care
Partnership

East Dunbartonshire
Health & Social Care Partnership

Business Continuity Plan

(Updated January 2017)

East Dunbartonshire Council
www.eastdunbarton.gov.uk

NHS
Greater Glasgow and Clyde

This plan has been prepared in consultation with the Senior Management Team and reflects our corporate approach to business continuity planning.

HARD COPY DISTRIBUTION LIST

Chief Officer	**1**
Clinical Director	**1**
Head of Strategy and Health Improvement	**1**
Head of Adult Services and Primary Care	**1**
Head of Children's Services	**1**
Chief Finance Officer	**1**
Planning, Performance & Quality Manager	**1**

Note: This document is allocated specifically to the respective post holders. It is not a personal issue.

An e-version of this document is distributed to service managers.

I

Table of Contents

1 INTRODUCTION

1.1 Background

The purpose of East Dunbartonshire Health & Social Care Partnership's (HSCP) Business Continuity Plan is to define and establish the procedures to ensure the continued operation of health and social care services in the event of loss or disruption. This plan is integrated with the HSCP's emergency management arrangements.

The plan considers the staged restoration of services following the partial or total loss of the HSCP's ability to continue to provide critical services. It supports the functional response from the earliest stages of the incident through to the short and long-term recovery. This plan enables the rapid mobilisation and management of resources while remaining flexible and adaptable to different circumstances.

In the event of a major loss, such as a service area, department, or building, this plan will be activated in conjunction with the relevant **HSCP Departmental Business Continuity Plans**, under the direction of the Senior Management Response Team.

1.2 Aims & Objectives

The aim of this plan is to provide a framework of measures for the co-ordination of effort to ensure that business functions are maintained and systems restored within an acceptable timescale.

The objectives set out to meet this aim are:

- To develop a corporate and co-ordinated response to the loss or disruption of business functions/services;
- To develop internal arrangements and contingency measures for dealing with the loss of critical functions;
- To provide incident support to the emergency services;
- To provide essential health and social care services to the local community, at an appropriate level, during times of crisis;
- To provide recognised and agreed procedures for obtaining assistance from other agencies as considered necessary.
- To link with other relevant procedures or processes

1.2 Plan Administration

Under the Civil Contingencies Act, maintenance procedures must ensure that plans are kept up-to-date. This plan will be reviewed and amended as necessary.

Amendments may only be made to any part of the plan following written confirmation to the Head of Strategy, Planning & Health Improvement who will be responsible for the completion of the Record of Reviews/Amendments Sheet (Appendix A). This will ensure that any changes to the plan are correctly recorded and communicated as necessary.

Any modification will be supported by complementary procedures to ensure that documentation is current, personnel are made aware of changes and, when necessary, exercises and training are carried out and recorded (Appendix B)

The overall plan will be reviewed annually.

It is the responsibility of individual Heads of Service to oversee access and availability of the BCP within their own departments/services and to keep a record of the document holders for updates and r edistribution. The appropriate Head of Service and s ervice manager will each retain copies of Departmental Business Continuity Plans for their respective areas.

The Departmental Business Continuity Plans will be updated annually, and Heads of Service will be responsible for the review and s ubsequent updating of the service specific element of these plans.

Senior managers will also take responsibility for ensuring that a regular contingency planning review is conducted. The timing of these reviews will be determined by nature and likelihood of the particular risks and will take account of:

- changes to services and contact details for each site,
- significant changes to the number of staff on each site,
- changes to the use of buildings etc,
- changes to any risk assessment for these facilities/services.

2. CO-ORDINATION & CONTROL

2.1 Use of Operational Incident Report Log Forms

Each individual involved in the response to an incident should record all communications and activities on the Incident Report Log Form which will then:

- serve as a true record of events,
- act as a personal Aide-Memoire,
- assist operational decision making,
- facilitate hand over of rota responsibility,
- aid the compilation of an Incident Report Form,
- be available for reference during both debriefs and any subsequent inquiry.

Blank Incident Report Log Forms can be found in Appendix C. If not immediately

available, notes should be kept and transferred to the Log Form as soon as possible.

The Incident Report Log should provide an accurate record of events and include details of every communication, verbal or written, together with the details of decisions made and actions taken. The following should be not ed for completing the Log Form:

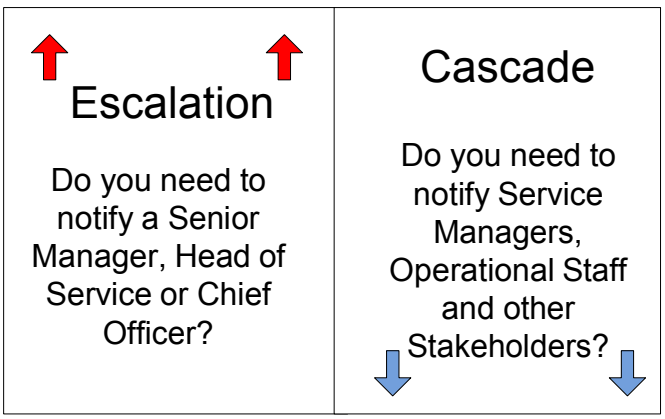
- Entries can be written rather than typed provided all entries are legible.
- Each sheet should be numbered and contain the name, service and the date.
- All events entered in chronological order using the 24 hour clock.
- Abbreviations should only be used where appropriate.
- Cross reference should be made between serials where applicable.
- Shift changes and new personnel names must be recorded in the log.
- Each entry should be initialled by the writer.

The Incident Report Log Form is a useful aid in recording the initial information being received about an incident to ensure that all information is accurate and available. The details recorded on the Log Forms will be distilled into the final incident report on conclusion of the incident.

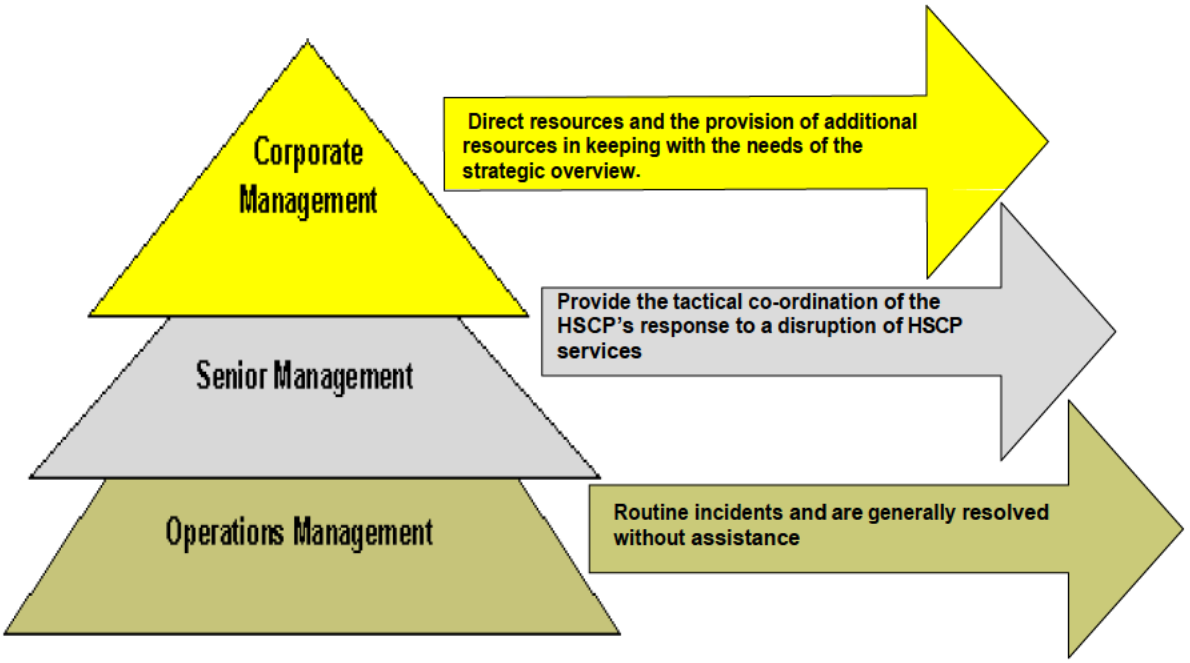
2.2 Activating the Plan

Notification of a business interruption may originate from any source. It is envisaged that during the hours of occupation of the premises it will come from site staff, while during unoccupied periods it will more than likely come from one of the emergency services.

An initial assessment will be carried out by the relevant personnel:



If required, the Chief Officer will activate the Senior Management Response Team (SMRT) to determine what response is required, and to agree when it should be done. In the event that a disruption goes beyond the existing resources and authority of the SMRT, the appropriate Corporate Management Team, (i.e. East Dunbartonshire CMT of NHSGG&C CMT), may convene. The below diagram provides the management framework:



The following activation sequence will normally be used when informing personnel of the activation of this plan:

ACTIVATION PROCEDURES

"STANDBY PHASE"
An early warning of a situation which may at some stage escalate and thus require implementation of this plan.

"IMPLEMENTATION PHASE"
Will be used to activate the plan or actions and request the immediate utilisation ofa appropriate personnel and resources.

"STAND DOWN PHASE"
Used to signify the return to normal working practices.

Although the diagram represents the normal chain of events it is envisaged that, in certain circumstances, incidents may have no lead in time and managers may have to move straight to the implementation phase.

It is also possible that managers may move directly from the standby phase to the stand down phase where their services were not needed.

2.3 Alerting & Mobilisation Procedures

When a disruptive situation arises or appears imminent, which is reasonably likely to prevent continued service provision, the senior member of staff present will advise their Head of Service by the quickest means possible.

The Head of Service shall assess the situation and notify the Chief Officer, who will, as and w hen appropriate to the situation, appraise the appropriate Chief Executive.

2.4 Out of Hours Arrangements

Heads of Service and senior members of staff have access to 24 hour contact numbers for key personnel. The HSCP Contacts Directory of key internal and external contacts can be found in Appendix D

The first point of contact during an incident out with normal working hours will generally be the senior manager or on call personnel. They will be responsible for determining who should be contacted at the first response. However, it is accepted that during the initial stages of smaller scale incidents some contact may be initiated between individuals using this directory.

2.5 Areas of Responsibility

The Chief Officer, or designate, will co-ordinate the service response to any incident and will ensure activation of the SMRT, along with appropriate additional specialised staff if specific expertise is required.

The SMRT will act in accordance with this Business Continuity Plan and ensure the health, safety and welfare of those affected so far as is reasonably practicable. The SMRT shall ensure effective communication between all relevant internal and external agencies, keep accurate records of all decisions or actions taken and, if the Emergency Services are present, act on the advice of the Incident Control Officer.

2.6 Management Structure

For major or prolonged incidents where the HSCP Business Continuity Plan has been activated, it may prove necessary to install additional management structures. These will be developed in conjunction with the appropriate Chief Officers and Heads of Service. Depending on the nature of the incident, this could include any

managers, officers and specialist support.

These scales of incidents will, as a minimum, require a response team to deal with the ongoing incident (operational & tactical) and also a forward looking recovery team (strategic).

2.7 Public Information & Advice

If an incident is likely to impact on the public, arrangements will be put in place to provide information and advice on the progress of the incident, and any actions or alternative arrangements that are required to be taken.

Staff should not engage in discussion with the media. If staff arrive on site in advance of the Incident Control Team, they should liaise with the police to ensure that media representatives are kept at a safe distance from the incident itself. If approached by any member of the press, staff should give a statement similar to the following:

> ***"Due to the early stages of the incident it is not possible for me to make any comment at this time. We are in discussion with our Press Team and expect to issue a full briefing shortly".***

Staff should not enter into discussion with media representatives until an agreed response has been discussed with the Communications Team and members of the local Senior Management Response Team.

2.8 Other Services

Should the incident require Emergency Services to be in attendance, a Head of Service will be the designated Incident Control Officer and will take command and take control of the local scene for the duration of their involvement. This role may be designated by the Head of Service to a Senior Manager.

Where the incident has affected utilities, the senior member of staff present shall act in accordance with the advice of utility staff and communicate such discussions or decisions to the Chief Officer or established incident team.

Where contractors are known to be on site, an appropriate senior member of staff shall, where possible, discuss with the contractor any relevant issues that may arise from the nature of the contractor's equipment or work. The senior member of staff shall communicate relevant information to the Chief Officer or established incident team.

3 RESPONSE AND RESTORATION

3.1 Response Arrangements

The following tables provide a brief summary of the essential duties that should be looked at in a number of situations that may occur during disruptive events. Again this information is not exhaustive and these points only provide a starting point to allow the early transition from incident to recovery. It is understood that the SMRT once active will take over any decision making.

For all of the scenarios, the following should be part of the standard response:

- Start an Incident Report Log
- Ensure the information you are working with is as accurate as possible
- Continued monitoring of situation
- Prioritise actions
- Monitor the health, safety and welfare of staff at all times especially during a protracted incident
- Ensure accurate dissemination of information to all relevant parties

3.1.1 Loss of Premises – Fire/ Explosion or Flood

Loss of Premises

General Information:

In the event of the partial or complete loss of a building:

(1) the service(s) provided at the location will, if required, be transferred to alternative sites;

(2) the types and current state of any records must be assessed and recovery initiated

Response:

(1) Relocation

- Identify Services affected;
- Notify alternative location(s) in conjunction with Departmental/Service BCP;
- Organise transport of staff/ equipment to alternative location;
- Notify public, staff and other services of events and situational requirements;
- Monitor delivery of processes/ functions;
- Put in place relevant processes to ensure, so far as practicable, the continuation of the services detailed above. This may be at a reduced level of service provision;
- Ensure staff safety and security is not compromised due to change of circumstances.

(2) Records

- Identification of records affected;
- Inform the relevant services as soon as possible;
- Organise transport of Records if applicable to alternative location;
- Through the SMT, notify staff and other services of events and situational requirements

3.1.2 Loss of Key Staff/ Significant Numbers of Staff

Loss of Key Staff

General Information:

Outbreak/ Disease
Serious reductions in levels of available staff will have a direct impact on the service's ability to function.

Liaison with Public Health and Environmental Health who will advise services as appropriate in the event of an outbreak or disease, such as norovirus, pandemic flu, Legionella etc. (refer to relevant plans)

Severe Weather
Serious reductions in levels of available staff will have a direct impact on the service's ability to function.

Staff may find it difficult to travel to work in the event of extreme weather conditions such as heavy falls of snow, sustained sub-zero temperatures and increase in prevalence of flooding.

Transport Disruption/ Fuel Shortages
Serious reductions in levels of available staff will have a direct impact on the service's ability to function.

Staff may find it difficult to travel to work in the event of major transport disruptions such as fuel shortages experienced in the past.

Response

- Liaison with HR and other relevant departments on appropriate advice and information for employees;
- Identification of priority groups of employees and patients;
- Monitor and prioritise delivery of essential/core services;
- Re-deploy staff as required;
- Monitor employee availability levels on a daily basis;
- Reinstate services as appropriate, subject to employee availability;
- Maintain organisational awareness via ongoing briefings/ sit-reps;
- Maintain procedures to inform and support staff; and
- Participate in appropriate meetings and debriefs.

3.1.3 Loss of key staff/ significant numbers of staff – industrial action

Loss of Key Staff – Industrial Action

General Information:

Serious reductions in levels of available staff will have a direct impact on the service's ability to function.

Significant reductions in levels of available staff could render sections and/or

Services unable to carry out their critical processes

Continued service delivery will be via any remaining employees in the first instance. It is *highly unlikely* that there will be any opportunity afforded to engage agency staff or other cover under any circumstances.

Where a critical service is unable to be delivered, the consideration of engaging any form of support out with the existing employee compliment ***MUST*** be discussed with the Chief Officer or Head of Service.

All employees within the service with responsibility for other employees must report how their service delivery is being impacted by any strike / industrial action to their manager.

Response

- Liaise with Corporate Communications with regard to appropriate advice and information for employees, clients, patients and public etc
- Maintain strong two way communications at all times.
- Identify priority groups of employees ,services and patients;
- Review operational arrangements for business continuity;
- Monitor and prioritise delivery of essential/core services;
- Re-deploy staff as required;
- Monitor employee availability levels on a 'real time' daily basis;
- Prepare and issue any relevant client/patient information/updates;
- Prepare and issue any relevant internal information updates, reports etc;
- Maintain organisational awareness via ongoing briefings / site-reps;
- Maintain procedures to inform and support remaining employees.
- Reinstate services as soon as possible, subject to employee availability;
- Participate and contribute to debriefs as necessary

3.1.4 Loss of Systems - Software; telephony; switchboard; e-mail; web; networks

Loss of Systems

General Information:

Loss of systems may occur for a number of reasons, including (but not limited to):

(1) System failure

We are reliant on effective I.T. systems for many key areas of services, and the priorities and processes for dealing with failure of I.T. systems, are detailed in the IT Disaster Recovery Plan

(2) Power supply/ utility failure

The seriousness of loss of a utility can depend on a number of factors including time of year, weather and what alternatives are available.

(3) Supply chain failure;

The service should have assurances from key suppliers regarding their business continuity arrangements. These arrangements will however only offer a degree of protection and some sort of interruption is still possible.

Response:

(1) <u>System failure</u>

- Liaison with IT on appropriate advice and information for employees;
- Ensure compliance with IT Disaster Recovery plan as it refers to the service.

(2) <u>Power supply/ utility failure</u>

- Ensure immediate contact with suppliers
- Establish timescales for reintroduction and assess impact
- Look at alternative sources/accommodation (Long/ short term)

(3) <u>Supply chain failure</u>

- Identify requirements;
- Arrange alternative provisioning;
- Look towards possible mutual aid from adjacent HSCPs
- Maintain proper records of any expenditure;
- Notify staff and other services of events and situational requirements.

4. RECOVERY

4.1 Staff Health Monitoring, Counselling and Support

As a result of disruptive events, the health and well being of staff may be adversely affected.

This should be carefully monitored

The impact of change on employee health and wellbeing should not be underestimated and it is the responsibility of not only management but all employees to monitor both themselves and their colleagues. Confidential support and advice can be sought from the HR Advisor.

4.2 Debriefing Arrangements

A debrief must be undertaken following an incident or exercise and action taken on the lessons learned. A ny changes to the Business Continuity Plan will be disseminated to all relevant departments

A structured de-brief for all staff involved should take place within two weeks of the incident.

Document History

Author	Version	Date	Reason for Issue/Change
Fiona McCulloch	1	December 2015	Initial Draft Document.
Fiona McCulloch	2	January 2017	Updated Draft Document reflecting changes of staff bases and personnel, and table top exercise held on 17/1/17

Critical Functions for East Dunbartonshire HSCP.

Critical Functions with no tolerance for disruption
Crisis intervention
Adult / Child Protection
Loss of key staff

Critical functions to be restored within the first 24hr
Services to those who are terminally ill
Services to vulnerable people at home
Phone Systems
IT systems

Critical Functions to be restored within one week
Services to clients at home
All clinic provision
Support services

Critical Functions to be restored after one week
All services

Critical functions to be reinstated immediately

Function/process required	Staff/ skills required	Resources
Adult and Child Protection	Social Workers	Mobile Phones Transport Access to IT systems
Crisis Intervention	Social Workers CPNs Community Nurses	

Single Points of Failure

Point of Failure	Function/Process	Detail
No Single Point of Failure		

Critical Functions to be reinstated within 24 hours

Function/process	Staff/ skills required	Resources required
Services to terminally ill people within their own homes Services to vulnerable people within their own homes First Health Visitor visits to new babies	Community Nurses Care Workers Health Visitors	Transport Access to IT Systems Phone Systems Patient Records Equipment

Single Points of Failure

Point of Failure	Function/Process	Detail
No Single Point of Failure		

Summary

It would be anticipated that in most cases, services will respond in accordance with the Departmental/Service BCPs.

It should be noted that one member of staff may be able to carry out several functions and that in any transition back to normality these tables would be cumulative.

APPENDICES

A MAINTENANCE

This plan will be modified on receipt of guidance risk assessment or updates from the relevant, Head of Service/department,organisation changes or due to legislation change.

Under the Civil Contingencies Act, maintenance procedures must ensure that plans are kept up-to-date. This plan will be reviewed and amended as necessary. Any modification will be supported by complementary procedures to ensure that documentation is current, personnel are made aware of changes and, when necessary, exercises and training are carried out. Full debriefing sessions will be undertaken (and recorded in detail) and the results will be used to revise the plan.

Maintenance Records

Review Date	Reviews/Amendments	Date of Next Review

B. EXERCISING & TRAINING

The Service endorses the need for exercising and training of staff or other persons included in this plan. Any exercising or training may extend beyond those employed directly by the HSCPs and may include contractors and other organisations that may play a part in the HSCPs incident response or recovery.

These exercises have three main purposes:-

- To validate plans;
- To develop staff competencies and given them practice in carrying out their roles;
- To test procedures.

Exercise Type	Description	Frequency
Communications Cascade	Those listed within the contacts directory are to be contacted via the details provided.	6-Monthly
Tabletop Exercise	Scenario based. A walk through of the Services response to a disruption based on their BCP. E.g. Loss of Staff, Loss Systems and Loss of Premises	Annually
Live play exercise	A live play exercise where participants will respond to a simulated incident as if it were happening.	Every three years
Bespoke Training	General Training on Incident Response, Tactical Decision Making, Log Keeping etc.	As Required

Exercise and Training Programme
Exercise/Training records

Exercise Type	Date	Participants	Summary
Communications			
Tabletop Exercise	Undertaken 17/1/17	• SMT • Service Leads • NHS Head of Civil Contingencies • EDC Civil Contingencies Officer	As per Action Plan
Live play			

C. LOG BOOK & INCIDENT REPORT FORM

OPERATIONAL LOG SHEET

OFFICER'S NAME: .....**SHEET NO**: .....

SERVICE: ..... **DATE:** .....

Time	Information	Action	Decision

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number:14

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_14**
Subject Title	**Update of the Eligibility Criteria Policy**
Report By	**Andy Martin, Head of Adults & Primary Care Services**
Contact Officer	**Kelly Gainty, Adults and Community Care Support Worker**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek the Board's approval of update of the Eligibility Criteria Policy which gatekeeps access to all adult and community care services.

1.2 A copy of the revised Eligibility Criteria Policy is attached as **Appendix 1**.

2.0 SUMMARY

2.1 An Eligibility Criteria framework for adults and community care services was adopted by East Dunbartonshire Council was adopted in 2003 in line with Scottish Government guidance.

2.2 The Eligibility Criteria framework was last reviewed and updated in 2010.

2.3 Local authorities and more recently HSCP's are required to have an Eligibility Criteria framework in place as a method of deploying limited resources in a way that ensures that resources are targeted equitably and to those in greatest need.

2.4 This most recent review retains the principles and framework of the existing policy and is simply reviewing the language and updating the legislation referred to and does not change any of the existing policy.

3.0 RECOMMENDATIONS

3.1 It is recommended that the HSCP Board:

- Notes and approves the update of language and r eferences to current legislation within the Eligibility Criteria Policy

4.0 MAIN REPORT

4.1 East Dunbartonshire Council adopted its current Eligibility Framework in 2003 and further reviewed this in 2010 in light of Free Personal Care legislation

4.2 Eligibility criteria are a method of deploying limited resources in a way that ensures that those resources are targeted to those in greatest need.

4.3 The Eligibility Framework enforces the approach that those individuals who require support will not simply be placed in a date order queue, but will be responded to by identifying assessed eligible needs; urgency of support provision; and interim measures where appropriate.

4.4 Eligibility criteria recognise urgency and risk as factors in the determination of eligibility for community care services.

4.5 The principles guiding practice in the existing policy are that services provided or funded by Social Work are intended to:

- Retain, support and promote maximum independence;
- Intervene no more than absolutely necessary;
- Compensate for the absence of alternative support or complement existing support;
- Take full account of the risk to the individual if the service is not provided;
- Take account of local informal community resources.

4.6 The Eligibility Framework prioritises risk into four bands:

- Critical
- Substantial
- Medium
- Low

4.7 Social Work services currently respond to eligible needs falling within the critical and substantial categories.

4.8 Those customers whose needs are identified within the medium and low categories are signposted to relevant community services where appropriate/available.

4.9 National eligibility criteria for social care were agreed by the Scottish Government and COSLA in 2009; the criteria were explicitly designed to apply consistently across all adult care groups

4.10 It is recognised that the use of eligibility criteria as a means of managing demand for social care is imperfect and unless properly deployed can result in resources being narrowly focused on individuals with acute needs or on specific client groups. It is important that there are sufficient mechanisms within an overall framework that allow for preventative and early interventions.

Eligibility Criteria Policy for Adults and Community Care Services in East Dunbartonshire Health and Social Care Partnership

January 2017

Lead Officer:	Andy Martin, Head of Adult and Primary Care Services
Policy Approved By:	East Dunbartonshire Health and Social Care Partnership
Date Approved:	
Implementation Date:	
Review Date:	

PART A – Policy and Background

Section 1 Purpose

The purpose of this policy is to set out clear guidelines that aim to ensure the equitable allocation of community care resources to the customers of East Dunbartonshire. The policy aims to serve as a procedure for staff and as a reference document for elected members, customers and members of the public.

East Dunbartonshire Council adopted policy and procedures around eligibility criteria in February 2003. This revised policy retains the principles and framework of the existing policy whilst providing some additions in the light of the implementation of other legislation, reviews of procedures and updates in relation to terminology.

Section 2 Related Policies, Procedures, Legislation

East Dunbartonshire Health and Social Care Partnership's responsibilities to adults (aged over 16) and older people are set out in the following legislation:

- The Social Work Scotland Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation
- The Social Care (Self Directed Support) (Scotland) Act 2013

Other related documents:

- Single Shared Assessment Form
- Outcome Focused Support Plan
- Review of Support Plan
- Assessment and Support Management Procedures
- Risk Enablement and Working with Risk Procedures
- Non Residential Charging Policy

East Dunbartonshire Health and Social Care Partnership is directed by the duties and powers conferred in the above legislation (this list is not exhaustive and will include new and revised legislation passed by the Scottish Parliament). Social Work and Health practitioners will refer to, within the individual customer's assessment, the duties and powers being exercised within the appropriate legislation.

Section 3 Scope and Aims of the Policy

East Dunbartonshire Health and Social Care Partnership has a statutory responsibility to assess the social care needs of its population, and to arrange for the provision of support in response to those assessed needs. This policy is about eligibility for community care services to ensure greater consistency and transparency in standards for access to support.

The support that is required to meet customers' needs can be enormously varied; from home based support; to centred-based day care; to residential and nursing care services. Through the use of self directed support options, some support is provided by us directly, either provided by in-house or externally commissioned services; some support is provided from the independent sector and some support services may be organised directly by the customer. However, overall the Partnership pays the majority of the cost of these services, regardless of how they are provided.

Eligibility criteria recognise 'urgency' and 'risk' as factors in the determination of eligibility for community care services. Where a customer is eligible, the urgency of that individual's needs should be kept in focus in determining how to respond to their support needs. It is fundamental that our approach, set out in this policy, ensures that customers who require support will not simply be placed in a date order queue. Response to need will be informed by the continuing systematic review, using person centred tools, for example, outcome focused support plans and review forms, of each customer's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

Eligibility criteria are a method for deploying limited resources in a way that ensures that resources are targeted to those in greatest need, while also recognising the types of low level intervention that can be made to halt the deterioration of people in less urgent need of support.

The principles guiding practice in the policy are that supports provided or funded by East Dunbartonshire Health and Social Care Partnership are intended to:

- Retain, support and promote maximum independence;
- Intervene no more than absolutely necessary;
- Compensate for the absence of alternative support or complement existing support;
- Take full account of the risk to the customer if the support is not provided;
- Take account of the customer's personal, community and family assets – personal: financial, skills, experience; community: clubs, libraries, church; family: friends, informal carers, circles of support.

Consideration should only be given to providing support when:

- The customer is unable to meet the need themselves and they do not have access to adequate support from the assets described above;
- No other statutory agency has a duty to meet that need;
- Failure to respond to the needs of the carer will threaten his or her ability, capacity or wishes to continue in the caring role;

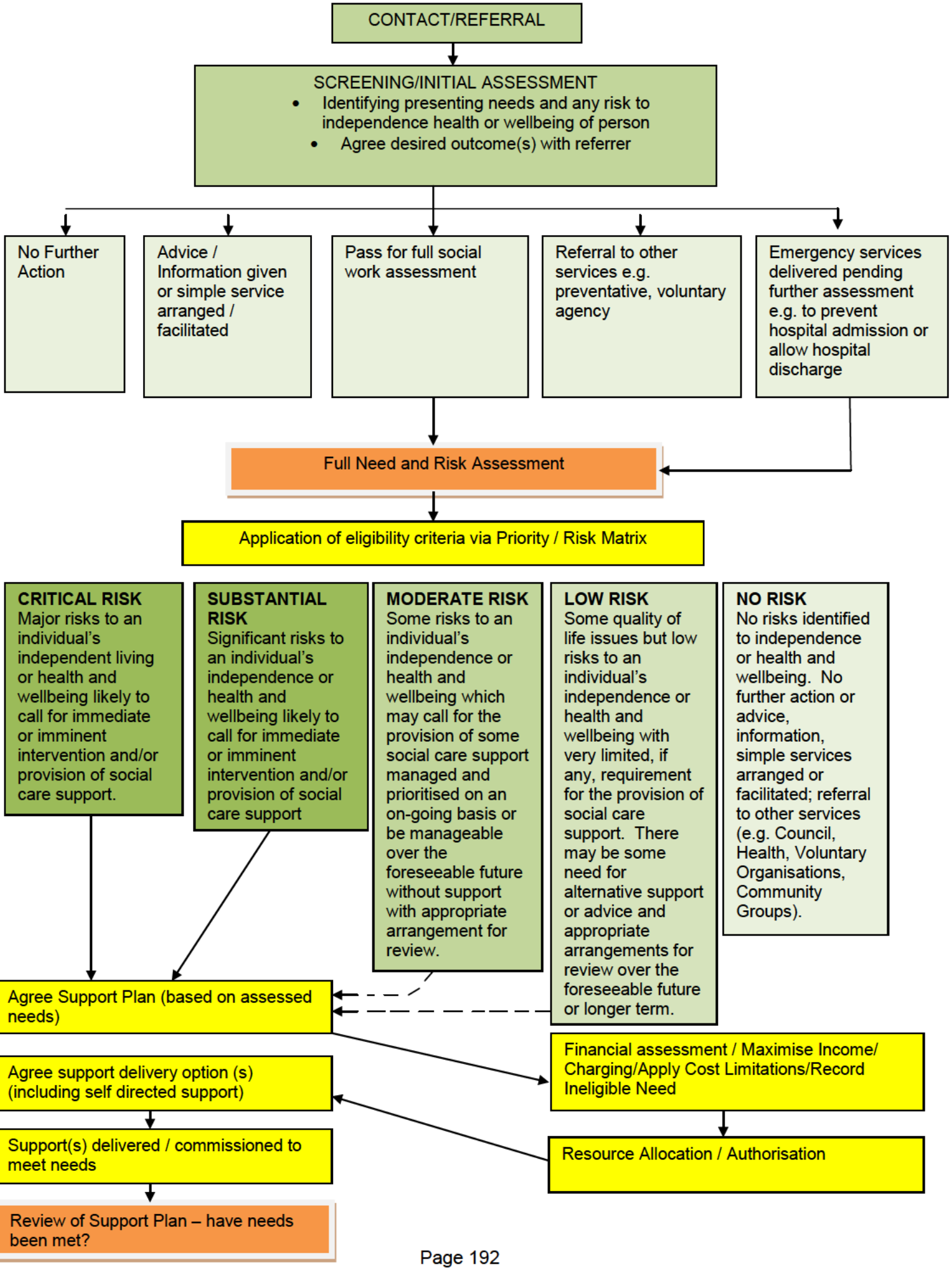
- Failure to respond to that need would place the customer in a situation of unmanageable or unreasonable risk.

The policy set out below considers both (a) the severity of the risks and (b) the urgency for intervention to respond to the risks. Some levels of risk will call for the provision of support as a high priority whilst others may call for some support provision, not as a high priority but managed and prioritised on an on-going basis. Some may not call for any social care support at all as resources using other assets may be the most appropriate way of addressing the need. In other circumstances the assessment may indicate a potential requirement for support provision in the longer term which requires to be kept under review. As part of the process for assessment and considering whether a customer's needs call for the provision of support, practitioners will consider how each individual's needs match against eligibility criteria in terms of severity of risk and urgency for intervention.

PART B – Eligibility Criteria

Section 4 Assessment Progression Flow Chart

The following chart indicates the progression from initial referral to the provision of support. It indicates where the process of determining eligibility falls within the process and illustrates how the intensity of risk and access to support services is determined using the eligibility criteria.


CONTACT/REFERRAL
SCREENING/INITIAL ASSESSMENT
• Identifying presenting needs and any risk to independence health or wellbeing of person
• Agree desired outcome(s) with referrer
No Further Action
Advice / Information given or simple service arranged / facilitated
Pass for full social work assessment
Referral to other services e.g. preventative, voluntary agency
Emergency services delivered pending further assessment e.g. to prevent hospital admission or allow hospital discharge
Full Need and Risk Assessment
Application of eligibility criteria via Priority / Risk Matrix
CRITICAL RISK
Major risks to an individual's independent living or health and wellbeing likely to call for immediate or imminent intervention and/or provision of social care support.
SUBSTANTIAL RISK
Significant risks to an individual's independence or health and wellbeing likely to call for immediate or imminent intervention and/or provision of social care support
MODERATE RISK
Some risks to an individual's independence or health and wellbeing which may call for the provision of some social care support managed and prioritised on an on-going basis or be manageable over the foreseeable future without support with appropriate arrangement for review.
LOW RISK
Some quality of life issues but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care support. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.
NO RISK
No risks identified to independence or health and wellbeing. No further action or advice, information, simple services arranged or facilitated; referral to other services (e.g. Council, Health, Voluntary Organisations, Community Groups).
Agree Support Plan (based on assessed needs)
Financial assessment / Maximise Income/ Charging/Apply Cost Limitations/Record Ineligible Need
Agree support delivery option (s) (including self directed support)
Support(s) delivered / commissioned to meet needs
Resource Allocation / Authorisation
Review of Support Plan – have needs been met?

Section 5 Priority Risk Matrix

This policy makes use of the four categories of risk within the Scottish Government's National Eligibility Framework.

Critical risk: Indicates that there are major risks to an individual's independent living or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.

Substantial risk: Indicates there are significant risks to an individual's independence or health and well-being likely to call for immediate or imminent intervention and/or provision of social care support.

Moderate risk: Indicates there are some risks to an individual's independence or health and well-being. These may call for the provision of some social care support managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future without support provision with appropriate arrangement for review.

Low risk: Indicates there may be some quality of life issues but low risks to an individual's independence or health and well-being with very limited, if any, requirement for the provision of social care support. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.

Immediate	required now or within approximately 1 to 2 weeks;
Imminent	required within 6 weeks;
Foreseeable future	required within next 6 months;
Longer Term	required within the next 12 months or subsequently.

The framework acknowledges that, in managing access to finite resources, local authorities; integrated health and social care partnerships and their partners focus first on those people assessed as having the most significant risks to their independent living or wellbeing. Where people are assessed as being in the 'critical' or 'substantial' risk categories their needs will generally call for the immediate or imminent provision of support. Those customers will receive them as soon as reasonably practicable and, in the case of older people in need of personal or nursing care services, not later than six weeks from the confirmation of need for the service.

Section 6 Definition of Risk Factors

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

Risks relating to neglect or physical or mental health:

Critical	Substantial	Moderate	Low
Serious harm or neglect has occurred or is strongly suspected and client needs protective intervention by social care services.	Harm or neglect has occurred or is strongly suspected	Adult at risk needs to raise their awareness to potential risks of harm	Preventative measures including reminders to minimise potential to risk of harm
Major health problems which cause life threatening harm or danger to client or others	Significant health problems which cause significant risks of harm or danger to client or others.	Some health problems Indicating some risk to Independence and/or Intermittent distress – potential to maintain health with minimum interventions	Few health problems indicating low risk to independence – potential to maintain health with minimum interventions

Risks relating to personal care/domestic routines/home environment

Critical	Substantial	Moderate	Low
Unable to do vital or most aspects of personal care causing major harm or danger to customer or others or major risks to independence	Unable to do many aspects of personal care causing significant risk of danger or harm to customer or others or there are significant risks to independence	Unable to do some aspects of personal care indicating some risk to independence	Difficulty with one or two aspects of personal care, domestic routines and/or home environment indicating little risk to independence
Unable to manage the most vital or most aspects of domestic routines causing major harm or danger to client or others or major risks to independence	Unable to manage many aspects of domestic routines causing significant risk or harm or danger to client or others or significant risk to independence	Able to manage some aspects of domestic activities indicating some risk to independence	Able to manage most aspects of basic domestic activities
Extensive / complete loss of choice and control over vital aspects of home environment causing major harm or danger to customer or others or there are major risks to independence	Substantial loss of choice and control managing home environment causing a significant risk of harm or danger to client or others or significant risk to independence	Able to manage some aspects of home environment leaving some risk to independence	Able to manage most basic aspects of home environment

Risks relating to participation in community life

Critical	Substantial	Moderate	Low
Unable to sustain involvement in vital aspects of work/ education/learning causing serious loss of independence	Unable to sustain involvement in many aspects of work/ education/learning causing a significant risk to losing independence	Unable to manage several aspects of involvement in work/ education/learning and this will in the foreseeable future pose	Has difficulty undertaking one or two aspects of work/ education/family and/or social networks indicating little risk to

		a risk to independence	independence
Unable to sustain involvement in vital or most aspects of family/ social roles and responsibilities and social contact causing severe loss of independence	Unable to sustain involvement in many aspects of family/social roles and responsibilities and social contact causing significant distress and/or risk to independence	Able to manage some aspects of family/social roles and responsibilities and social contact that poses some risk to independence	Able to manage most aspects of family/social roles and responsibilities and social contact indicating little risk to independence

Risks relating to carers

Critical	Substantial	Moderate	Low
Carer has major physical and/or mental health difficulties due to the impact of carer role causing life threatening harm or danger to themselves or others	Carer has significant physical and/or mental health difficulties due to the impact of carer role causing significant harm or danger to themselves or others.	Carer able to manage some aspects of the caring/family/domestic/ social roles – potential risk to breakdown of their own health identified	Carer able to manage most aspects – has difficulty undertaking one or two aspects of caring/ domestic role but with low risk to carer or client
Complete breakdown in the relationship between carer and client and carer is unable to continue caring or has difficulty sustaining vital or most aspects of the caring role	Significant breakdown in the relationship between the client and carer and carer is unable to sustain many aspects of the role	Relationship between client and carer maintained although at times under strain limiting some aspects of the caring role	Relationship maintained between carer and client by limiting aspects of caring role
Carer is unable to manage vital or most aspects of their caring/ family/work/domestic or social roles and responsibilities	Carer is unable to manage many aspects of their caring/family/work/ domestic or social roles and responsibilities	Carer is able to manage some aspects of their caring/family/work/ domestic social roles and responsibilities	Carer is able to manage most aspects of their caring/family/work/ domestic social roles and responsibilities

Section 7 Moderate and Low Risks

It remains the responsibility of the Health and Social Care Partnership to assess the potential needs of each customer and consider whether those needs call for the provision of some social care support. A customer may be assessed as having being at 'moderate' or 'low' risk, but this may still be considered by the Partnership to require the provision of support. If so, the urgency for such intervention will require to be considered in determining how to respond to the needs identified by the assessment or on-going review.

It is not appropriate simply to place customers who require support in a date order queue. Response to need will be informed by the continuing systematic review of each customer's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending a more permanent response.

East Dunbartonshire Health and Social Care Partnership and our partners will consider whether the provision of support or equipment or other interventions might help prevent or reduce the risk of a customer's needs becoming more intensive and

will operate clear arrangements for meeting, managing or reviewing the needs of customers who are not assessed as being at 'critical' or 'substantial' risk, including:

- Adopting a strong preventative approach to help avoid rising levels of need;
- Embedding preventative strategies at every level of the social care system, informed by assessment of local needs and created in partnership with relevant agencies;
- Timely investment in re-ablement services, therapy, intermediate care and assistive technologies to reduce the number of people requiring on-going social care support;
- An actively managed assessment and review list for those who are intended to receive support;
- A clear timescale for review of needs arising from the support needs assessment;
- Provision of advice on alternative sources of support and request to contact relevant referring agent if needs change;
- Clear information for customers about the support they will receive based on their assessment.

PART C – Cost limitations

Section 8 To Whom Does the Policy Apply?

The policy applies to all service users (over the age of 16) but excludes:

- Young people over the age of 16 where a designated children's service continues to be provided.

In instances where the need for a particular support provided for a child continues to be needed after the age of 16 and can appropriately be delivered by the same provider organisation a re-assessment should be carried out to determine whether the cost limitations should be applied or whether exceptional circumstances apply.

Section 9 When Should Cost Limitations Be Considered?

The flowchart at Section 4 sets out the step process from assessment, application of eligibility criteria, through to support delivery and review. The assessment of need is clearly distinguished from any consideration of available resources for the implementation of the support plan. After the assessment and application of eligibility criteria, full account should be taken of the Partnership's cost limitations when developing the Support Plan. Consideration should be given to best value and other assets i.e. Personal Assets (personal finances, skills and experiences);
Community Assets (clubs, groups, forums); and Carer Assets (family, friends and peer support) when support planning to ensure that we consider the most economic way of meeting eligible needs.

A number of support packages considered by practitioners following the assessment process may require services in the customer's home, which in cost terms, exceeds the equivalent cost of residential or nursing care. It is important therefore that the nature of the proposed support package is fully explored. Full and joint consideration should be arranged with health and other appropriate colleagues to ensure that all supports

possible from community nursing, general practitioner and other sources. This may make the difference between a person requiring to be admitted into residential or nursing home care, or being able to remain at home.

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

If for reasons of lack of available finance or lack of available resources the optimum support cannot be arranged, the support plan should note the support that the Partnership can provide at that time. If the support plan does not provide for the optimum support needs a record of ineligible need should be recorded on the support plan for the purposes of future planning and development activities.

Section 10 Application of Eligibility Criteria and Cost Limitations

The need to consider whether a limitation on the cost of a customer's support package will come towards the end of the process including:

- An assessment of need via single shared assessment;
- Determining whether the customer is eligible for support, with reference to the eligibility criteria outlined in this policy;
- Prioritisation of need;
- Identification and costing of support packages to meet assessed needs;
- Calculation on an on-going basis as to whether the total cost of the support package provided exceeds the cost limitations.

Section 11 Calculation of Cost Limits

The policy supports maximum levels of cost for support services in individual cases, unless there are exceptional circumstances:

- *For older adults over 65 years this will be related to the approved rates (net of the customer's contribution) for residential/nursing home places including day activities there at the current rate at the time of calculation;*
- *For younger adults under 65 years this will based on the amount for care in supported accommodation and, where appropriate (based on assessed needs) the cost of a day centre place or day activities (net of the customer's contribution).*

There will be scope for exceptions and the figures utilised will be based on the above descriptions and are suggested maximum levels of resource.

It should be noted that contract standing orders state that any support service costing more than £30,000 per annum has to be approved by Committee and the requirement to tender the contract has to be considered.

<u>Supports to be included:</u>

The calculation for the overall cost of a support package should include:

- All supports delivered within the home;

- Day care/day activities delivered either within or outwith the home;
- Transport/escort costs associated with the provision of home-based and day supports;
- Any other costs identified within the support package.

Costs to be excluded:

The cost of the following should be excluded from the cost limitations:

- Periods of residential or home based respite care where the primary assessed purpose is to assist the carer rather than to benefit the customer and where this is based on a formal carer's assessment;
- Aids and adaptations plus maintenance costs of adaptations;
- Community Alarms;
- Services provided by another department of the Council e.g. drug/alcohol treatment, criminal justice

Funding sources to be excluded:

Support financed through the following funding sources should be excluded in the calculation of support package costs:

- Supports funded by another agency i.e. voluntary organisation; Independent Living Fund;
- Non-recurring 'start up' costs for support packages;
- Support funded for community health care services.

Section 12 Contributions by Customers

Where a contribution is made by the customer for a support service, this will not be taken into account in calculating whether the cost limitation has been reached i.e. the calculated cost of the support package is the gross cost of the services before contributions. Although the levying of customer contributions will reduce the cost to the Partnership, this approach will ensure greater fairness to all customers, in terms of the actual size of the support package received, rather than giving an advantage to better off customers with higher contributions.

Identical support packages may therefore impact very differently on budgets as a result of differential contributions, but this should not have any influence on either the process of assessment or prioritisation.

Section 13 Review of Circumstances

It is important that customers are given advice as early as possible in the assessment process about the eligibility criteria and charging policies.

A process of monitoring and review (see Assessment and Support Management procedures) will be undertaken to ensure a response to changing circumstances e.g. changing needs as a customer's health improves in the period after hospital discharge. Staff will also require to respond to requests for reviews from customers as their needs change and it will also be appropriate for these reviews to consider eligibility

criteria and the application of cost limitations after the needs of the customer have been reassessed.

Households with more than one person in need:

The policy is clear in stating that where two or more people with individually assessed needs reside within the same family unit, each person should be treated separately for the purposes of the cost limitation calculation.

The cost of carers' services should be considered separately where their needs have been separately assessed through carers' assessments and the support provided is aimed primarily or solely to meet carers' needs.

Existing Support Packages:

While this policy applies to all customers, there will be no detriment to those with existing support packages costing beyond the suggested maximum limits prior to implementation of the revised policy.

Cost limit considerations will however apply at the review of the support package and will be based on assessed need when applying the policy.

All support packages will need to be regularly reviewed to confirm that current expenditure is required and whether the total cost can be reduced, for example, where appropriate using an alternative type of support or another provider without detriment to the customer.

Section 14 Exceptional Circumstances

Management have the discretion to authorise support packages that extend beyond the suggested cost limits. This will take the form of a graded approach:

(1) Adult support packages up to a maximum of £40,000 per annum or older people support packages up to the maximum cost associated with long term nursing home care will be authorised by Joint Service Managers for Adult or Older People Services.

(2) Adult support packages exceeding £40,000 but less than £80,000 per annum or older people support packages exceeding the cost of long term nursing home care but less than £80,000 per annum will be authorised by the Manager of Adults and Primary Care Services.

(3) Where support packages for adults and older people exceed the cost of £80,000 per annum approval will be sought via the Operational Management Group Team in the first instance.

This graded approach will provide the required process to respond to urgent and immediate circumstances which will be on an individual case by case basis. These require to be reviewed at the earliest opportunity.

The arrangements to exceed the cost limitation will be supported by the individual customer's assessed needs and outcomes and based on the critical and substantial levels within the eligibility criteria (see Section 5 and 6).

Once funding is approved an approach will be taken to develop a personalised support package.

Section 15 Choice and Risk

It is recognised that most people will wish to remain at home. East Dunbartonshire Health and Social Care Partnership encourage the creative and innovative use of eligible funding, personalised to the customer's individual circumstances and lifestyle.

However, as well as considering the use of paid supports the practitioner, customer and their carer/family should also consider other assets:

- Personal – skills, knowledge, own financial resources;
- Community – clubs, peer groups, forums;
- Informal Care and Support – family, friends and circles of support;

as ways of meeting the customer's assessed needs and helping them to achieve their identified outcomes.

However, any choice by the adult (or his/her proxy) around care/support and the setting in which this is received needs to be exercised in the full knowledge of the amount of support that can be provided. The Partnership retains a duty of care towards the customer and is required to take into consideration any risks it identifies to the customer from such a choice, including the decision for the adult to remain at home. Social work and health practitioners and their managers will be expected to consider in all cases the need for a multi-disciplinary case conference to establish a customer's capacity to make informed decisions and/or consider any risks that could arise from those decisions.

Section 16 Management of Resources

The review of this policy is intended to support practitioners and management in their role within with the aspect of overseeing social work resources. The arrangement of any services will continue to depend on the availability of budget and resources. Therefore, if a customer is to be given priority within the eligibility criteria, and the cost of the support package is below the cost limitations, those authorising the provision of supports will still require to have the information that the budget and resources are available to meet the assessed need. Practitioners are required to submit 'Additional Expenditure Required' forms (AERs) to management when there are insufficient resources within the budget.

Section 17 Ineligible Needs

This Eligibility Criteria policy has not affected the level of resources. As indicated above the intention is that existing resources should be allocated on a fairer and more equitable basis. It is equally important to recognise that certain needs will continue to

be ineligible. All needs for support services should be recorded following assessments and reviews, and a proper note kept of needs which are ineligible in line with the policy outlined above and the level of current resources. The information gathered from recording ineligible needs will inform future planning and development activities.

PART D – Service Descriptors

Section 18 Personalisation and Self Directed Support

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

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

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

Section 19 Care at Home

Care at home support is provided for vulnerable people who are unable to meet their own needs and require significant support with personal and daily living tasks in order to remain safely within their own homes and who do not have access to adequate alternative support.

Care at home services may provide support to meet the following needs:

<u>Personal Care:</u>

- Personal Hygiene – bathing, showering, hair washing, shaving, oral hygiene, nail care;
- Continence Management – toileting, catheter/stoma care, skin care, incontinence laundry, bed changing;
- Food and Diet – assistance with eating, special diets, managing different types of meal services, preparation of food;
- Problems with Immobility – dealing with the consequences of being immobile or substantially immobile;

- Counselling and Support – behaviour management, psychological support, reminding devices;
- Simple Treatments – assistance with medication (including eye drops), application of creams/lotions, simple dressings, oxygen therapy;
- Personal Assistance – assistance with dressing, surgical appliances, prostheses, mechanical and manual aids, assistance to get up and/or get into bed;
- Transfers include the use of a hoist.

Practical Care:

- Shopping;
- Basic food preparation/assistance;
- Laundering of personal and housing items;
- Pension collection and payment of bills;
- Social tasks including talking to customers, encouraging customers to maintain contact with family, friends and community, and establishing routine;
- Assistance with domestic cleaning (should only be provided when this is an essential component of a wider support plan).

Section 20 Carer Support

Carer support may take a number of different forms, and should be informed by a separate carer's assessment. Respite or short breaks at home usually involves the use of care at home support to alleviate pressure on carers, either to enable carers to attend to work, domestic, personal or social engagements, or simply to provide a period of rest. Other forms of respite/short breaks may involve the use of day supports, home based or residential/nursing respite. Accordingly, the eligibility for care at home, day, and home based and residential/nursing respite support should be applied equally to the needs of carers.

Section 21 Housing Support

Housing support services can take a number of forms including:

- Assistance with security of the dwelling e.g. warden services;
- Maintaining safety e.g. making arrangements for servicing of appliances;
- Cleaning of rooms and windows;
- Counselling and support which assists customers to comply with tenancy conditions e.g. nuisance or rent liability;
- Assisting individuals living in supported accommodation maintain social intercourse with other tenants and guests;
- Assistance/advice on life skills e.g. food preparation including food storage, kitchen hygiene;
- Provision of general advice and support on daily living skills.

Section 22 Day Supports

Day supports include lunch clubs, day centre, rehabilitative services and leisure opportunities. Each support service differs in terms of specific purpose and referral arrangements, so services should be contacted directly regarding the suitability of the referral. In general, the following points can be made about day supports:

- Some day supports are subject to registration and inspection. These support services usually focus on providing structured personal and rehabilitative care. Referral to registered day care should form part of an integrated package of community care supports which are preventing a likely admission to residential or nursing home care, or offer respite for informal carers who are in daily contact with customers and provide high levels of support/supervision;
- Unregistered day supports (such as lunch clubs) offer less formal, social opportunities for people with a range of support needs. People needing regular personal care are generally not suitable for unregistered day supports as they tend not to be geared up for the level of support required;
- Customers choosing self directed support options may decide to choose a day support unique to their own personal needs i.e. attendance at a special hobby club, and this would be discussed further in the support planning process;
- The priority for community care is to concentrate on those in the greatest need and on maintaining people in their own homes for as long as possible. The use of day supports should be clearly linked to these principles, both in terms of who should be prioritised for scarce resources, and in determining the particular supports that best serve those in greatest need;
- Consideration should be given to trying to involve community health services actively to meet customer's health needs as an integral part of day support, where appropriate;
- The health care needs of customers should not exceed those normally met by day hospitals, hospices or specialist mental health units.

Section 23 Meals on Wheels

Meals on Wheels is a voluntary service delivered by the RVS. The service is designed for people who live alone or without a full time carer and:

- Are at risk if they use the cooker; or
- Have dementia or confusion and are consequently unable to cook or forget to eat; or
- Require a temporary service to alleviate pressure, for example, on discharge from hospital, or during a temporary illness, or if their main carer is on holiday.

Section 24 Befriending Service

Befriending is primarily about volunteers providing companionship and improving the quality of life for people who may be isolated due to illness or disability. Customers need not necessarily live on their own to be isolated or socially excluded. Befriending should be about promoting choice and participation for customers. It should represent an additional support for customers, rather than being used to substitute formal support services. The following features should also be present in a case being considered for befriending:

- The customer should live in East Dunbartonshire, or be planning to move there;
- The customer should be over 16 years of age;

- The customer should be able to engage in a mutual and communicative relationship with the befriender;
- The customer has to want this support.

Section 25 Respite Care/Short Breaks (including residential and nursing homes)

Respite care/short breaks whether in a residential or nursing home, home based or provided via some other alternative type of support, is primarily a service for carers whose responsibilities (due to the dependency of the person cared for) create pressures which require relief from the caring task. With regard to the prioritisation of needs, this type of support is appropriate where:

The customer meets the criteria for respite/short breaks and:

- The customer lives permanently with the family or others who are in need of respite/short breaks to maintain their caring role, or are temporarily unavailable;

  OR

- The customer lives alone and is in need of respite/short break to prevent the breakdown of community living arrangements.

The amount of respite/short breaks available to the carer/customer should be determined by assessed need.

Social work services should not provide respite/short breaks for the purpose of rehabilitation, assessment of health issues or recovery which are the responsibility of the health service.

Section 26 Residential Care

A residential care placement may be considered when:

- The customer is unable to care for him/herself and to carry out the tasks essential to daily living, even with substantial support from community services, up to the cost limitations set;
- The customer's behaviour presents a risk of physical or mental harm to him/herself or others, or makes them vulnerable to exploitation and this cannot be managed in his/her own home;
- Existing caring arrangements have irretrievably broken down to the extent that a carer is unable or unwilling, even with the support of others, to care for someone unable to care for him/herself, and that this care cannot reasonably be provided by other means;
- The physical environment is unsafe and cannot appropriately be made safe through the provision of equipment or adaptations and suitable community housing provision is not available;
- The cost of support services at home exceeds the cost limitations set.

And

Health care needs do not exceed those that should normally be met by community health services, providing services on the same basis to people in their own homes.

Where there is any doubt of this, a health care needs assessment will be carried out by health personnel before a placement decision is made.

And

The needs of the customer do not fall within the criteria for NHS funded care.

And

Following assessment and discussion of the available options, the customer's choice is to seek residential care.

A residential home placement will also be considered in other very exceptional circumstances where, for clearly documented reasons, the assessment of the care manager and team manager is that this constitutes the most appropriate response to the customer's support needs.

Section 27 Nursing Home Care

A nursing home placement may be considered when the customer concerned has nursing needs requiring skilled general nursing care, and/or skilled psychiatric nursing care, at a frequency beyond that normally met by community health services. However, the customer does not have health care needs requiring NHS in-patient treatment.

And

Circumstances described in the criteria for residential care exist and the requirement for skilled general nursing care arises from circumstances such as the following:

- Where the customer's physical or mental health has deteriorated to a level that needs 24 hour on-site nursing care;
- Where the customer's health is such that one or more of the following technical procedures (the list is not exhaustive) is required on more than one occasion in 24 hours:
    - Administration of medication by injection or syringe driver;
    - Application of sterile dressings;
    - Basic nursing care of the type given to people confined to bed for long periods e.g. prevention of pressure sores;
    - The care and management of incontinence (double or single) which has been assessed as requiring skilled nursing action;
    - Catheter care – insertion, removal and monitoring;
    - Stoma care – review, monitoring and occasional practical intervention;
    - Management of complex prostheses or appliances including artificial feeding;
    - Where the person suffers from a complex psychological, aggressive or difficult to manage state requiring supervision of qualified psychiatric nursing staff.

And

Following assessment and discussion of available options, the customer's choice is to seek nursing home care, or the cost of the comparable home based care exceeds the cost limitations.

And

The person is not assessed as needing continuing health care.

And

The assessment is backed up by General Practitioner/Consultant certification of the appropriateness of nursing home care.

Section 28 Continuing Inpatient Health Care

The consultant (or GP in some community hospitals) will decide, in consultation, with the multi-disciplinary team, whether the patient:

- Needs in-patient care arranged and funded by the NHS;
- Needs a period of rehabilitation or recovery, arranged and funded by the NHS;
- Or should be discharged from in-patient care.

Continuing in-patient care should be provided where there is a need for on-going and regular specialist clinical supervision of the patient as a result of:

- The complexity, nature and intensity of the patient's health needs, being the patient's medical, nursing and other clinical needs overall;
- The need for frequently, not easily predictable, clinical interventions;
- The need for routine use of specialist health care equipment or treatments which require the supervision of specialist NHS staff; or
- A rapidly degenerating or unstable condition requiring specialist medical or nursing supervision.

The decision is fundamentally a professional clinical decision, based on the outcome of the multi-disciplinary assessment. The consultant or GP, in consultation with the multi-disciplinary team, will decide whether the individual is eligible for NHS continuing health care, taking into account the matters raised above.

The large majority of people, after a stay in hospital, will be able to return to their own homes and will not have any on-going care needs; however some individuals may require on-going care. The individual may need a period of rehabilitation or recovery arranged by the NHS or social work services to prevent discharge arrangements breaking down, they may need to receive a package of care in a care home, arranged and funded by social work services, or they may need a package of social and health care support to allow them to return to their own home.

(Ref: Circular CEL 6 (2008))

Health boards and local social work services should have in place clear agreements on how they will resolve disputes (between themselves as purchasers) about responsibility for individual cases for meeting continuing care needs. These arrangements will be within the context of joint planning agreements. In the first instance, concerns should be discussed with team managers, who should in turn raise unresolved disputes with the line mangers.

Revised Scottish Government guidance on Hospital Based Complex Clinical Care has been produced following an Independent Review conducted in 2014-15. This guidance, contained in Circular DL (2015)11, replaces the previous Circular (CEL6 (2008)). The overall objectives of the revised guidance are to:

- *Promote a consistent basis for the provision of Hospital Based Complex Clinical Care.*
- *Provide simplification and transparency to the current system;*
- *Maintain clinical decision making as part of a multi-disciplinary process;*
- *Ensure entitlement is based on the main eligibility question* ***"can this individual's care needs be properly met in any setting other than a hospital?"***
- *Ensure a formal record is kept of each step of the decision process.*
- *Ensure that patients, their families, and their carers have access to relevant and understandable information (particularly if the individual does not need to be in hospital but rather an alternative setting in the community).*

Agenda Item Number:15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	**23rd March 2017**
Report Number	**2016/17_15**
Subject Title	**Future HSCP Board Agenda Items**
Report By	**Susan Manion, Chief Officer** **East Dunbartonshire Health & Social Care Partnership**
Contact Officer	**Susan Manion, Chief Officer** **0141 232 8212** **Susan.manion@ggc.scot.nhs.uk**

JUNE HSCP BOARD

- Service User/Carer Progress Report
- Annual Performance Report
- Winter Plan Update
- Register of Interests
- OHD Performance Report
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SUBSEQUENT HSCP BOARD MEETINGS

Item	Timescale
- Finance: Approval of Budgets	August
- Clinical Governance Annual Report	October
- Performance Improvement Report	October
- Winter Plan Update	October
- Strategic Planning Group Progress Report	December
- Chief Social Work Officer Report	December
- GP Clusters Update	December
- OHD Performance Report	December

East Dunbartonshire Health & Social Care Partnership Board

Distribution List:

Name	Designation	
Councillor Rhondda Geekie	Chair - EDC - Elected Member	1
Councillor Anne McNair	EDC - Elected Member	1
Councillor Michael O'Donnell	EDC - Elected Member	1
Ian Fraser	Non-Executive Board Member	1
John Legg	Non-Executive Board Member	1
Ian Ritchie	Non-Executive Board Member	1
Susan Manion	Chief Officer - East Dunbartonshire HSCP	1
Adam Bowman	Acute Services Representative	1
Fiona Borland	HSCP Communications	1
Sandra Cairney	Head of Strategy, Planning & Health Improvement	1
Jean Campbell	Chief Finance & Resources Officer	1
Fiona McCulloch	Planning & Performance Manager	1
Andy Martin	Head of Adult & Primary Care Services	1
Paolo Mazzoncini	Chief Social Work Officer	1
Lisa Williams	Clinical Director for Health & Social Care Partnership	1
Linda Tindall	Organisational Development Lead, HSCP	1
Jamie Robertson	Chief Internal Auditor HSCP	1
Karen Donnelly	EDC Chief Solicitor & Monitoring Officer	1
Martin Cunningham	EDC Corporate Governance Manager	3
Wilma Hepburn	Professional Nurse Advisor - NHS	1
Gordon Thomson - Ceartas	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Chris Shepherd	Carers Representative	1
Andrew McCready	Trades Union Representative	1
Gillian Cameron	Trades Union Representative	1
		27

For Information (Substitutes):

Name	Designation
Councillor Ashay Ghai	EDC - Elected Member
Councillor Gillian Renwick	EDC - Elected Member
Councillor Manjinder Shergill	EDC - Elected Member
A. Jamison	Carers Rep
I. Twaddle	Service Users Rep