For meeting on

14 NOVEMBER 2019

Agenda 2019

East Dunbartonshire Health & Social Care Partnership Board

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health & Social Care Partnership

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 14 November 2019 at 9.00am** to consider the undernoted business.

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

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

A G E N D A

Sederunt and apologies

Topic Specific Seminar – Corporate Parenting (9am start)

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 5 September 2019

Item	Report by	Description	
STANDING ITEMS			
1.	Chair	Declaration of interests	
2.	Martin Cunningham	Minute of HSCP Board held on 5 September 2019	**1-10**
3.	Susan Manion	Chief Officers Report	
STRATEGIC ITEMS			
4.	Susan Manion	Moving Forward Together Update	**11-38**
5.	Caroline Sinclair	HSCP: Draft Communications Strategy (2019 - 2022) and Action Plan and HSCP Participation and Engagement Strategy (2019 - 2022)	**39-118**
6.	Caroline Sinclair	Income Maximisation Service – Annual Report 2019	**119-138**
7.	Jean Campbell	Draft Commissioning Strategy and Market Facilitation Plan	**139-176**

GOVERNANCE ITEMS			
8.	Caroline Sinclair	Ministerial Strategic Group for Health & Community Care, Review of Integration – Draft Action Plan	**177-266**
9.	Caroline Sinclair	HSCP Performance Reports and SIAS Action Plan	**267-364**
10.	Jean Campbell	Financial Performance Report as at Month 6	**365-382**
11.	Jean Campbell	Corporate Risk Register	**383-390**
12.	Caroline Sinclair	Chief Social Work Officer's Annual Report 2018/2019	**391-428**
13.	Caroline Sinclair	East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2018 – 2019	**429-446**
14.	Derrick Pearce	Unscheduled Care Mid-Year Update	**447-454**
15.	Derrick Pearce	NHS GG&C & East Dunbartonshire HSCP - Winter Plan 2019/2020	**455-482**
16.	Val Tierney	East Dunbartonshire HSCP Quality Management Framework	**483-498**
17.	Caroline Sinclair	Public, Service User & Carer (PSUC) Representative Support Group Report	**499-502**
18.	Lisa Williams	Clinical and Care Governance Sub Group Minutes of meeting held on 31/07/2019	**503-514**
19.	Tom Quinn	East Dunbartonshire HSCP Staff Partnership Forum Minutes of meeting held on 01/08/2019	**515-524**
20.	Jean Campbell	East Dunbartonshire Draft Performance, Audit & Risk Committee Minutes of 12 June 2019 and 24 September 2019 (Draft)	**525-534**
21.	Susan Manion	East Dunbartonshire HSCP Board Agenda Planner Meetings – January 2020/January 2021	**535-536**
22.	Chair	Any other competent business – previously agreed with Chair	

FUTURE HSCP BOARD DATES

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

Thursday 23rd January 2020

Thursday 26th March 2020

All held in the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT

East Dunbartonshire Health & Social Care Partnership

Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 5 September 2019.**

Voting Members Present:	EDC Councillors **MECHAN & MURRAY**	
	NHSGGC Non-Executive Directors **FORBES, McGUIRE & RITCHIE**	

Non-Voting Members present:

S. **Manion**	Chief Officer - East Dunbartonshire HSCP
J. **Campbell**	Chief Finance and Resource Officer
A. **McCready**	Trades Union Representative
J. **Proctor**	Carers Representative
V. **Tierney**	Chief Nurse
A. **Meikle**	Third Sector Representative
L. **Williams**	Clinical Director

Councillor Susan Murray (Chair) presiding

Also Present:	P. **Brown**	Internal Auditor
	C. **Carthy**	Interim Head of Children's Services & Criminal Justice
	M. **Cunningham**	Corporate Governance Manager
	L. **Johnston**	Interim General Manager – Oral Health Directorate
	R. **Murphy**	Adult Day Services Manager
	D. **Pearce**	Head of Community Health & Care Services
	T. **Quinn**	Head of Human Resources
	D. **Radford**	Health Improvement Manager
	C. **Sinclair**	Head of Mental Health, Learning Disability, Addictions & Health Improvement. (Acting Chief Social Work Officer)
	M. **McGranachan**	Public Health Researcher

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Adam Bowman, Martin Brickley and Councillor Alan Moir.

ANY OTHER BUSINESS WHICH THE CHAIR DECIDES IS URGENT

The Chair advised that there was no urgent business.

SEMINAR – HEALTH & WELLBEING SURVEY

David Radford and Margaret McGranachan provided a presentation on the East Dunbartonshire Health & Wellbeing Survey 2017/18 followed by questions from the Board.

The Board thanked them for an informative presentation on the self-perceived health and wellbeing of our residents, their health behaviours, attitudes, social health and capital & financial wellbeing in the area.

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 27 JUNE 2019

There was submitted and approved a minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 27 June 2019.

3. CHIEF OFFICER'S REPORT

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

- Milngavie Friendship Circle – Attended by Chief Officer – good practice example of third sector older people project
- NHS Board Staff Governance Committee – Attended by Chief Officer and Head of Human Resources – very positive highlighting EDHSCP areas of good practice.
- Learning Disability – Renfrewshire Model – Linwood –Attended by Chief Officer and Adult Day Services Manager. Benefits of Capital Programme Planning & Leisure Trust activities.
- Ministerial Steering Group – Update – Led by Scottish Government – matters including – Self Assessment re Integration; Improvement Plan to address issues; areas of good practice and areas for improvement – further report to Board November 2019

Following consideration, the Board noted the information.

4. ALCOHOL & DRUG PARTNERSHIP ACTION PLAN

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement, copies of which had previously been circulated, provided a summary briefing to the HSCP Board on the work of the Alcohol & Drug Partnership and Action Plan for 2019/20. Full details were contained within the Report and Appendices 1 and 2.

Following questions and further discussion, the Board noted the contents of the Report.

5. AUTISM STRATEGY 2014 – 2024 REFRESH

A Report by the Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer, copies of which had previously been circulated, advised Members of the progress of the current 10 year Autism Strategy; reported on the recent review of the strategy at its half way stage; indicated the focus for the refreshed strategy; advised of the proposed consultation process which would aim to share progress; and sought agreement on the focus for the remaining five years of the local strategy. Full details were contained within the Report and attached Appendix.

The Adult Day Services Manager confirmed the approximate volume of cases in East Dunbartonshire and thereafter following questions and further discussion, the Board agreed as follows:-

a) to note the progress with regard to delivery of the Local Autism Strategy objectives;

b) to note the proposed areas of development, in particular the two main focus areas for the next year;

c) to a consultation with carers and stakeholders affected by, or who have a specific interest in, the local strategy for autism to be undertaken by the end of this calendar year;

d) to note that the purpose of this consultation was to review the progress of the previous five years and to set the specific focus of the remaining five years of the strategy; and

e) to request further reports to the HSCP Board following the 2019 consultation, and, as required, to update on developments and progress with regard to the outstanding elements of the ten year strategy.

6. COMMISSIONING STRATEGY & MARKET FACILITATION PLAN - UPDATE

A Report by the Chief Finance and Resources Officer, copies of which had previously been circulated, updated members on plans to develop a Commissioning Strategy and incorporated Market Facilitation Plan and outlined the approach taken to develop and implement the strategy. Full details were contained within the Report and attached Appendix. The final Strategy document would be submitted to the Board meeting scheduled for 14 November 2019.

Following consideration, the Board noted the content of the Report

7. EAST DUNBARTONSHIRE CHILD POVERTY REPORT 2018/19

A Report by the Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions and Health Improvement, copies of which had previously been circulated, outlined the process and actions towards the development of the East

Dunbartonshire Child Poverty Report 2018/19. The report, attached at Appendix 1, detailed the challenge and the actions that Partners, including the HSCP, were undertaking towards mitigating the impact of child poverty across East Dunbartonshire. Full details were contained within the Report and Appendices 1 and 2.

Following questions and further discussion, the Board agreed as follows:

a) to note the content of the Child Poverty Action Report 2018; and

b) to note the actions taken by the HSCP in meeting the outcomes detailed within the Report.

8. SANDYFORD SERVICE REVIEW

A Report by the Interim Chief Social Work Officer Head of Mental Health, Learning Disability, Addictions and Health Improvement, copies of which had previously been circulated, outlined the process and actions towards the development of revised Sexual Health Services delivered within East Dunbartonshire and operated by The Sandyford Service. Full details were contained within the Report.

Members noted that upon completion of the Review, redesigned services could be operational in the early part of 2020. Thereafter the Board noted the content of the Report and the proposed actions in furthering the review and encouraging participation of services users within the Sandyford Service review process.

9. LEARNING DISABILITY SERVICES STRATEGIC REVIEW

A Report by the Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer, copies of which had previously been circulated, advised the Board of the outcome of the consultation relating to proposed learning disability accommodation-based service redesign principles, sought approval for these and to authorise officers to proceed with the preferred option for the development of a new day care service in partnership with the Council and East Dunbartonshire Leisure and Culture Trust. Full details were contained within the Report and attached Appendix.

Following discussion, the Board agreed as follows:

a) to note the progress of the overall Learning Disability Services Strategic Review as outlined at section 1.2 of the Report;

b) to note the consultative feedback on the proposed accommodation-based support services redesign principles described at sections 1.7 to 1.10 of the Report;

c) to approve the accommodation-based support services redesign principles, as set out at section 1.4 of the Report;

d) to note that the HSCP Chief Officer, in consultation with East Dunbartonshire Council, would commence exploration, option appraisal and planning for

accommodation-based support services that align with these service redesign principles;

e) to note that, following an option appraisal by the Council's Major Assets Team, in support of the work of the Learning Disability Strategic Review, a preferred site option had been identified for the development of a new Learning Disability Day Service;

f) that the HSCP Chief Officer pursue this preferred day service option with the Council and the Leisure Trust, consulting on development proposals with HSCP partners and stakeholders; and

g) to request further reports to the HSCP Board when detailed development plans for redesigned day and accommodation-based support services were proposed for approval.

10. DRAFT ASSISTANCE WITH TRANSPORT POLICY

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, sought Board approval to consult on the Draft Assistance with Transport Policy. Full details were contained within the Report and Appendices 1 and 2.

Following discussion, the Board agreed as follows:

a) to note the Draft Assistance with Transport Policy, Procedures and Operational Guidance attached as Appendix 1 of the Report; and

b) to approve the process for consulting on the Draft Assistance with Transport Policy attached as Appendix 2 of the Report.

11. JOINT INSPECTION (ADULTS) – THE EFFECTIVENESS OF STRATEGIC PLANNING IN EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP – JULY 2019

A Report by the Chief Officer, copies of which had previously been circulated, highlighted the publication on 30th July 2019 of the Care Inspectorate and Healthcare Improvement Scotland's 'Joint Inspection (Adults) - The Effectiveness of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership' and sought approval of the draft Action Plan which had been developed to address the improvement areas identified through the inspection process. Full details were contained within the Report and Appendices 1 and 2.

Following consideration, the Board agreed as follows:-

a) to note the publication of the Joint Inspection (Adults) - The Effectiveness of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership attached as Appendix 1 to the Report; and

b) to approve the draft Action Plan attached as Appendix 2 to the Report which had been developed to address the improvement areas identified through the inspection process.

12. EAST DUNBARTONSHIRE HSCP CLINICAL GOVERNANCE ANNUAL REPORT 2018

A Report by the Clinical Director, copies of which had previously been circulated, highlighted and detailed the Clinical and Care Governance activities taking place within East Dunbartonshire, and advised the HSCP Board on some of the past and current activity taking place within the HSCP. The Board noted that the Report required to be submitted annually to NHSGG&C Clinical Governance Support Unit to provide assurance to the Health Board in respect of HSCP health services which were provided under direction from the Health Board, and operationally managed by the HSCP Chief Officer. Full details were contained within the Report and attached Appendix.

Following consideration, Officers agreed to consider harmonising the reporting timeframe and include further details such as the quality of care in Care Homes. Thereafter the Board noted and approved the content of the Report, and accepted it as a true reflection of work ongoing within the HSCP to ensure that service users were provided with safe, effective and person-centred care.

13. FINANCIAL PERFORMANCE BUDGET 2019/20 – MONTH 3

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial performance of the Partnership as at period 3 of 2019/20. Full details were contained within the Report and Appendices.

The Chief Officer and Chief Finance & Resources Officer were heard in response to members' questions where members sought assurances regarding the plans in place to address demand and cost pressures while transforming and streamlining service delivery. Concerns were also expressed re the resilience of the organisation in the absence of reserves. The Chief Officer intimated that further updates would be provided at the next Board meeting in November and budgetary matters would also be addressed by several Development Sessions for members.

Following further discussion the Board agreed as follows:-

a) to note the projected outturn position was reporting an over spend of £3.6m as at period 3 of 2019/20;

b) to note and approve the recovery plan measures to be implemented with immediate effect to provide robust budgetary controls to mitigate the anticipated in year pressures in respect of social work services as detailed in Appendix 1;

c) to note the progress to date on the achievement of the approved savings plan for 2019/20 as detailed in Appendix 2;

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

e) to note and approve the updated reserves position as detailed in Paragraph 1.18 of the Report; and

f) to note the risks associated with the delivery of a balanced budget as detailed in Paragraph 2.0 of the Report.

14. FINANCIAL FRAMEWORK FOR THE NHS GREATER GLASGOW & CLYDE FIVE YEAR ADULT MENTAL HEALTH SERVICES STRATEGY

A Report by the Head of Mental Health, Learning Disability, Addictions and Health Improvement, Interim Chief Social Work Officer, copies of which had previously been circulated, sought approval for the financial framework which had been developed to support the implementation of the Five Year Adult Mental Health Strategy across Greater Glasgow and Clyde. Full details were contained within the Report.

Following discussion, the Board approved the proposed financial framework described at Sections 3.1 and 4 of the Report, which would support the implementation of the NHS Greater Glasgow & Clyde Five Year Adult Mental Health Services Strategy.

15. ORAL HEALTH DIRECTORATE PERFORMANCE REPORT – OVERALL GGC

A Report by the Interim General Manager Oral Health, copies of which had previously been circulated, provided an overview of the activities carried out by the Oral Health Directorate across NHSGGC. Full details were contained within the Report.

Following consideration, the Board noted the contents of the Report.

16. ORAL HEALTH DIRECTORATE PERFORMANCE REPORT – EAST DUNBARTONSHIRE HSCP – JUNE 2019

A Report by the Interim General Manager Oral Health, copies of which had previously been circulated, provided an overview of the activities carried out by the Oral Health Directorate within East Dunbartonshire HSCP. Full details were contained within the Report.

Following consideration, the Board noted the contents of the Report.

17. QUARTERLY PERFORMANCE REPORT Q3 & Q4

A Report by the Head of Mental Health, Learning Disability, Addictions and Health Improvement Services, Interim Chief Social Work Officer, copies of which had previously been circulated, informed the Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities, for the period October 2018 to March 2019 (Quarters 3 and 4 of 2018 - 2019). Full details were contained within the Report and attached Appendix.

Following consideration, the Board agreed as follows:-

a) to note the content of the Quarters 3 and 4 Performance Report 2018-19 at Appendix 1; and

b) to approved the proposed future performance reporting schedule and approach as set out at 1.2 and 1.3 of the Report.

18. PUBLIC, SERVICE USER & CARER (PSUC) REPRESENTATIVE SUPPORT GROUP REPORT

A Report by the Service User Representative and Carers Representative, copies of which had previously been circulated, described the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and Appendices 1, 2 and 3.

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

19. CLINICAL AND CARE GOVERNANCE SUB GROUP MINUTES OF MEETING HELD ON 29 MAY 2019

A Report by the Clinical Director, copies of which had previously been circulated, provided the Board with an update on the work of the Clinical & Care Governance Sub Group. Full details were contained within the Report.

Following consideration, the Board noted the contents of the minute of the Clinical & Care Governance Sub Group held on the 29th May 2019.

20. EAST DUNBARTONSHIRE HSCP STAFF PARTNERSHIP FORUM MINUTES OF MEETING OF 17 JUNE 2019

A Report by the Head of People and Change, copies of which had previously been circulated, provided Members with the re-assurance that Staff Governance was monitored and reviewed within the HSCP. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted the contents of the Report.

21. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER MEETINGS – OCTOBER 2019 – JANUARY 2021

The Chief Officer provided an updated schedule of topics for HSCP Board meetings 2019/20 which was duly noted by the Board.

22. DATES OF NEXT MEETINGS

The HSCP Board noted that the scheduled meetings for 2019/20 were as follows:

- Thursday 14 November 2019;
- Thursday 23 January 2020; and
- Thursday 26 March 2020.

Members noted that meetings would be held within the Council Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT. If a seminar was scheduled, this would start at 9.00 am prior to Board business commencing at 9.30 am..

Agenda Item Number: 4

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Moving Forward Together: From Blueprint to Action (October 2019)
Report By	Susan Manion, Chief Officer Susan.Manion@ggc.scot.nhs.uk Tel : 0141 232 8266
Contact Officer	Fiona MacKay, Associate Director of Planning

Purpose of Report	• To note the clinical and service priorities to improve healthcare across the NHS and care system as we implement the MFT vision. • To note the financial implications of these priorities. • To note the future planning work required.

Recommendations	The Board is asked to note the progress in implementing the MFT vision. The Board is also asked to approve the priorities detailed in the conclusion to this paper and the development of the next steps.

Relevance to HSCP Board Strategic Plan	• Scale and complexity of change • Financial consequences of change

Implications for Health & Social Care Partnership

Human Resources	Many of the benefits from the Implementation of this programme require new roles and new ways of working. The MFT Workforce group are developing a workforce plan and oversight of workforce issues to support the programme.

Equalities:	No current issues. Equality Impact Assessments (EQIAs) will be carried out on planned service changes

Financial:	The paper notes a number of approximate revenue and capital costs associated with the MFT and other planning priorities. These will require further testing and prioritisation.

Legal:	N/A at this stage

Economic Impact:	N/A at this stage

Sustainability:	N/A at this stage

Risk Implications:	There is a risk register for the programme which will be reported when the specific proposals for change are put forward. There will be a local assessment of risk for the HSCP and the Strategic Plan alongside any report

Implications for East Dunbartonshire Council:	As the key priorities develop into specific proposals for service change then there will be due consideration of the local implications

Implications for NHS Greater Glasgow & Clyde:	The implications for NHS GGC are and will be significant and have an impact positively on local arrangements. The Plan will be assessed locally in support the HSCP Strategic Plan. The detailed implications will be considered in relation to specific plans as they come to the HSCP Board.

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

Moving Forward Together

From Blueprint to Action

1. Introduction

This paper brings together the vision described in Moving Forward Together: NHS Greater Glasgow and Clyde's vision for Health and Social Care with a review of the estate, capacity and service demands facing us. It translates the vision into the steps we require to take and the necessary workplan to achieve this vision.

The Moving Forward Together Blueprint was approved by the NHS Board in June 2018 and subsequently supported by the six Integration Joint Boards in the NHSGGC area. Six cross system workstreams have been established to develop cases for change in priority areas. In addition we are implementing a number of developments in GGC as part of Regional and National plans. These include the West of Scotland Trauma network; a new model for delivering chemotherapy, new models of care for ophthalmology and urology and the development of primary care improvement plans to support the new GP contract.

The cumulative effect of these changes will have implications on our estate and our workforce, and this paper describes what we need to do to prepare for this range of changes. The service changes are an important driver for change, but the condition of our existing estate, the need to vacate sites and the requirement to match capacity with demand whilst meeting national targets create a complicated set of dependencies and time-scales which need to be articulated and built into future plans. All of this planning needs to be done in partnership with other West of Scotland Health Boards and with Regional and National Planning. We need to be prepared to blur traditional geographical boundaries both within GGC and across the West of Scotland for the benefit of delivering excellent health and social care to our population.

2. What will health and Care Services look like in 2030?

Our vision is to have a tiered model of care, delivering the majority of care as near to local communities as possible but recognising that more specialist care is better delivered in a smaller number of sites. For example, trauma services, which are currently dispersed across the area will have major trauma brought to a single Major Trauma Centre at the QEUH, supported by Trauma Units in three sites and rehabilitation being provided in local communities. Chemotherapy services which are currently mostly delivered at The Beatson West of Scotland Cancer Centre on one site will in the future be provided more locally. Developing this tiered service model across specialties will have a significant cumulative effect on our hospital and community sites.

The key principles of MFT are threaded throughout our change programme, they include:

- Maximising the benefits of technology.
- Delivering care at home or in local communities.
- Supporting people to manage their own conditions.
- Involving people and carers in decisions about their care.
- Listening to staff who work in services.
- Reducing our dependency on inpatient beds.

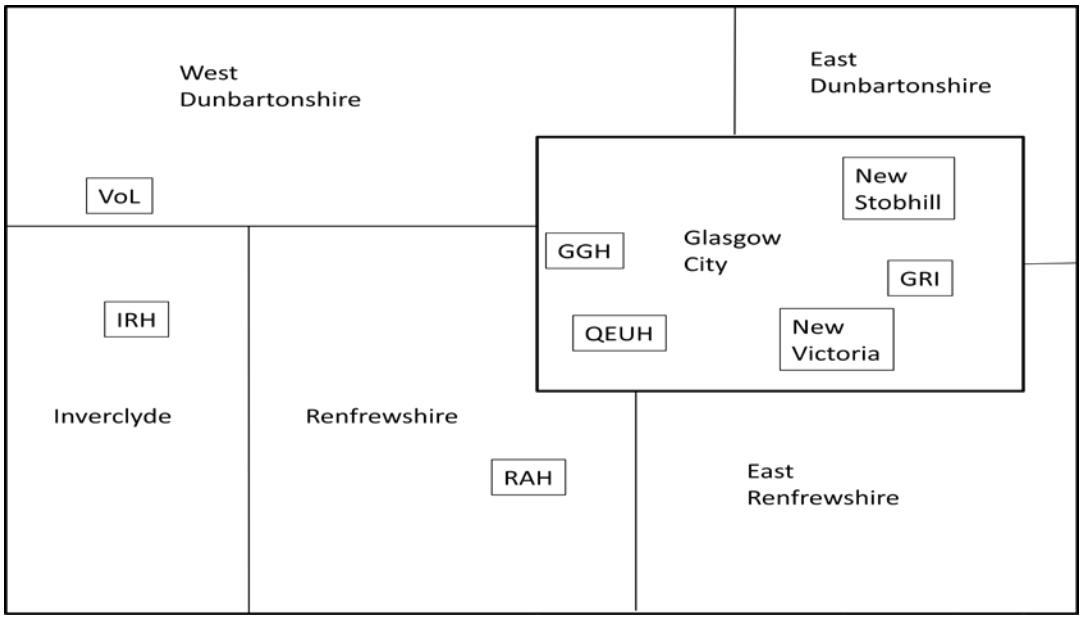
As the MFT workstreams develop cases for change using these principles, health and care

services will begin to take a different shape. We need to plan now for an infrastructure which supports this model.

Communication and engagement remains key to the MFT programme. Over the next 6 months the Project Management Office will lead engagement work in the following areas:

Our staff:	Engagement events will be organised at all sites (acute, mental health and HSCPs)
MSPs/councilors:	All IJBs will be offered support to hold MFT engagement events for elected members. A meeting for MSPs will be organised centrally.
Public:	Our Stakeholder Reference Group continues to meet, testing progress and advising us on wider engagement. Work continues with local HSCPs, using existing engagement structures and there is continued dialogue with the Scottish Health Council.

3. What do our services look like now in 2019?



There are currently nine acute hospital sites providing a range of specialist, general and ambulatory care services across our the 6 GGC local authority areas. Most provide both planned and unscheduled care and different levels of inpatient facilities, day cases and outpatient services. The current service configuration is a mixture of historic legacy and existing buildings along with other planned developments.

Mental health and learning disability inpatient services are provided at nine sites across the GGC area.

In addition, there are a number of health facilities, health and social work centres and community clinics providing health and care services across GGC. This is supported by a network of GP practices and clusters which form part of the network of community resources. There is an opportunity now to re-shape this configuration learning from experience and looking ahead to the vision articulated in Moving Forward Together.

4. Current challenges and demands

In moving from our current position to the desired configuration of services, we need to address a number of challenges which will determine how we can define sustainable, high quality health and social care.

These include:

- Delivering our elective programme.
- Managing increasing demand for unscheduled care.
- Some of our infrastructure is older and requires significant modernisation/upgrade, investment or replacement. This includes the Institute of Neurological Sciences (INS) on the QEUH campus.
- Building backlog maintenance and capacity issues at IRH, RAH and GRI.
- Review of The Beatson West of Scotland Cancer Centre on the Gartnavel Site.
- The need to vacate the West Glasgow ACH site.
- Making appropriate use of the Vale of Leven, Gartnavel General, Lightburn and Inverclyde to support the tiered model.
- The need for a robust community infrastructure and premises plan.

There are ongoing pressures to meet waiting time targets in our elective programme. Early work to assess the number of beds required to address these challenges shows that there is a shortfall across the main surgical specialities. Work is ongoing to quantify this. These pressures have prompted work to rationalise surgical services, maximise the use of Ambulatory Care Hospitals and optimise referral and triage processes.

Our current position is further challenged by the rising demand for unscheduled care with year on year increasing in Emergency Department attendances and hospital admissions.

There is continuing pressure on both general medical and medicine for the elderly beds across all of the major acute inpatient sites, with occupancy consistently above 90% and it is the norm for medical beds to be full at various points every day. An exercise using Staffnet Bed Occupancy reports was carried out to calculate additional beds required across the NHSGGC system to achieve 85% occupancy. Based on 2018/19 figures and assuming no changes to activity, an additional net 57 beds would be required to achieve 85% occupancy. To achieve this throughput, there would have to be significant redesignation of existing beds across the sites. This highlights the challenge to our system as we strive to shift the balance of care.

The level of delayed discharges in the system adds to pressure on beds. In the last 12 months, 140-150 beds at any one time are occupied by patients deemed fit for discharge. It is therefore essential to focus on preventing unnecessary hospital admission and facilitating timely discharge.

The increasing demand for services is mirrored in Health and Social Care Partnerships where addressing increasing demand for care at home services and care home places is made even more challenging by difficulties in recruiting and retaining appropriate care staff and by sourcing specialist care home places to meet the needs of local populations. In mental health, most inpatient sites run at high capacity, with occupancy figures averaging at 96% last year.

Transformation across the whole system requires a positive culture of enabling and supporting change at all levels. The MFT programme has embedded staff engagement from the early

planning stages. This will continue as we move into implementation, and we have developed a 'Leading Change' toolkit to support staff who are facilitating change.

5. Future Challenges and demands

There are also a number of service developments on the horizon which will impact on service configuration and how we use our resources. These include:-

- Development of the Major Trauma Centre in QEUH and the requirement to create capacity to provide an additional 42 beds. (24 major trauma ward, 6 critical care, 12 hyper acute).
- Re-design of trauma services in Clyde and the requirement for capacity at the RAH to be established as a Trauma Unit. This requires an additional 12 beds.
- The need for improved hyperacute stroke pathways/and in the medium term capacity, to deliver a WoS thrombectomy service on the QEUH.
- Space for the Forth Valley vascular work currently located at an interim facility in QEUH.
- Implications of The West of Scotland urology and ophthalmology work which recommends the establishment of a tiered model of care.
- Implementing the Gynaecology service review rationalising the number of inpatient sites.
- Review of complex cancer surgery across the Board area and the region.
- Development of SACT/Chemotherapy services at the RAH and expansion in other areas.
- Implement the Best Start model of maternity care.

6. Opportunities to work differently

Focusing major and moderate trauma on three sites provides an opportunity to develop elective work on other sites where operating capacity will not be impacted by fluctuating demands for emergency care. Our aim is to develop centres of excellence, addressing waiting list challenges and delivering high quality and high value activity.

There are opportunities to work differently by maximising use of technology. eHealth is key to this, and through MFT, we are exploring how to use many systems and technologies which are already available. This includes Active Clinical Referral Triage (ACRT), virtual consultations, remote monitoring and sharing information.

There may be opportunities to work with other Health Boards, many of whom are undergoing their own transformational programmes and developing their estate and considering capital investment opportunities.

The planning landscape is complex, and needs cross system solutions. The priorities and demands impact on each other and we need to align the transformational with the operational. Importantly, we need to plan to achieve financial balance.

The original MFT Blueprint identified a number of areas where services currently provided in secondary care, could be provided in Primary Care or in local communities. The Board's MFT Workstreams are led by HSCP Chief Officers, Acute Directors and all have senior clinical leadership embedded. This Cross System working has facilitated the opportunity to consider and develop different solutions to long standing challenges by creating an opportunity for collaborative leadership and building relationships.

In the early planning stages of MFT, a core team was established to take the programme

forward. As we move into implementation, we need to embed the change process in a much wider staff group. During the next month we will recruit a second Programme Manager to work with the dedicated admin, engagement and workforce teams. Resource will also be allocated to ensuring we have strong clinical leadership.
The wider planning team (corporate, HSCP and mental health) will take a more active role in leading the programme, and our Managed Clinical Networks will bring experienced clinical input. Capital planning experts are also being aligned to MFT work. This approach of wider ownership of the change programme is important to working across the health and care system.

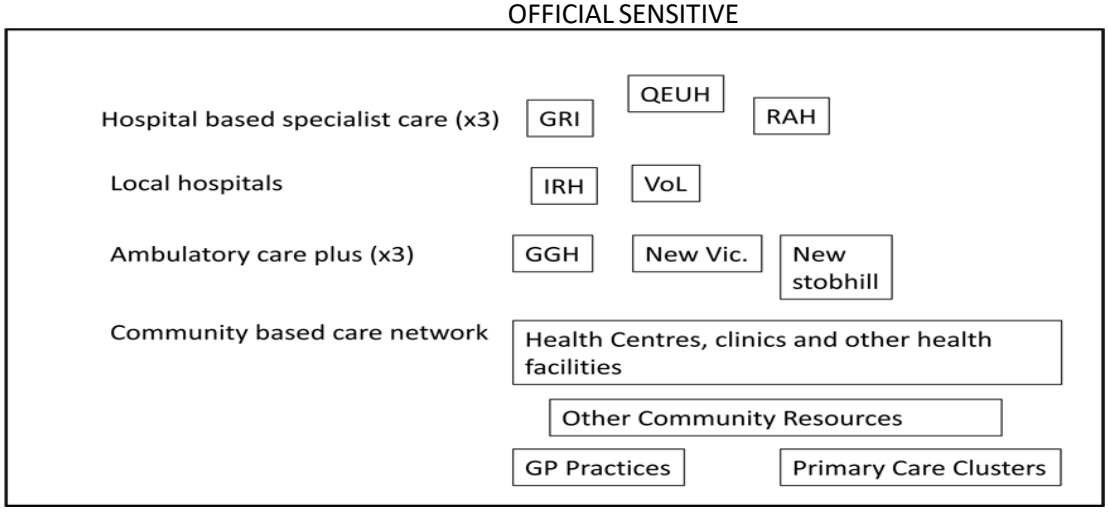
7. Moving Forward Together

The six MFT Workstreams have identified the following priority areas and are developing cases for change. These priorities have to be cognisant of our current demands and pressures to ensure that an immediate response to these demands fits with the vision we are aiming to achieve.

1.	Planned Care	a) Outpatient transformation.
		b) Maximisation of Community Health Centres.
		c) Diagnostic one stop shop model.
2.	Unscheduled Care	a) ED redirection and alternatives to ED attendance.
		b) Support to and interface with care homes.
		c) Out of hours provision.
		d) Management of frequent ED attendees.
3.	Local Care	a) Long Term condition management.
		b) Palliative and end of life care.
		c) Health literacy and technology.
		d) Anticipatory Care Planning.
4.	Mental Health	a) Unscheduled Mental Health Care.
		b) Mental Health in Primary Care.
5.	Older People	a) Community intensive supports.
		b) Early identification and management of frailty.
		c) Dementia Framework.
6.	GGC Regional	a) Comprehensive West of Scotland Cancer Strategy.
		b) Neuroscience Services.
		c) Best Start.

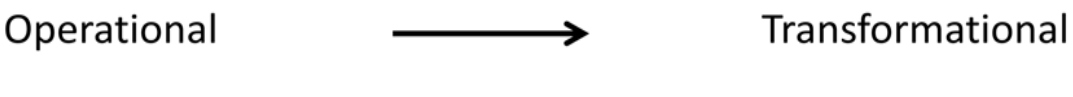
During 2018/19, an internal audit of strategic planning alignment was carried out. It concluded that through MFT, strong foundations have been put in place that were appropriate for the scale of change. The auditors identified some key areas for the MFT team to consider around communication, involvement and monitoring/repairing. The Project Management Office will review these areas and report progress to the Programme Board.

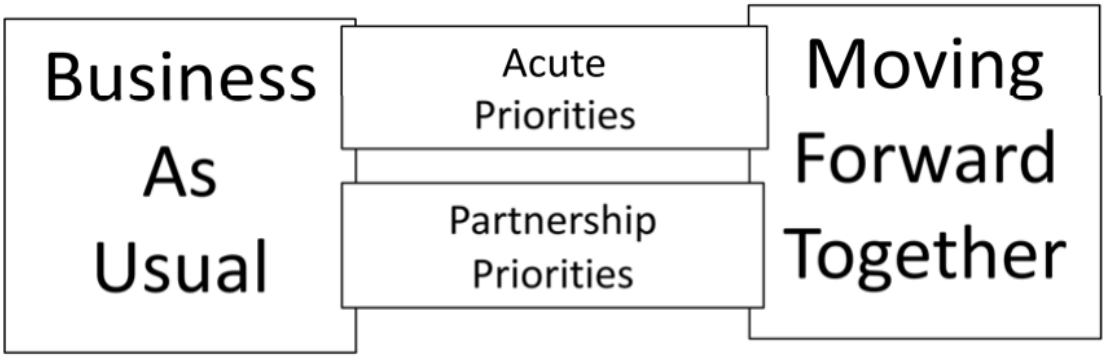
8. What will the tiered service look like in 2030?



9. Aligning the Transformational with the Operational

As we drive forward transformational change, whilst managing a large organisation with complex interdependencies we need to recognise that the planning landscape is complex.





Integration Joint Boards have produced three year strategic plans which describe the transformational work which is being led locally to support the MFT programme. These plans focus on preventing ill health and supporting people and communities to manage and improve their health. Local HSCPs have developed multi-disciplinary teams to improve access to advice, help and support. These teams work with local hospital teams to help people avoid unnecessary admission to and support effective discharge from hospital.

HSCPs support local service users to live in their own homes and communities wherever possible, promoting independence and social connections and activities – this approach is underpinned by the work of the community rehabilitation and re-ablement services, care at home services and the work of District Nurses.

HSCPs work to ensure services are available wherever a need arises, prioritising and supporting people who need or require to move back into the community from hospital – minimising delays in discharge and optimising support to get home first and to remain supported where required so readmission is avoided and independent living promoted.

Primary Care

The new Scottish General Medical Services contract was agreed in January 2018. It aims to improve access for patients, address health inequalities and improve population health

including mental health, provide financial stability for GPs and reduce GP workload through the expansion of the multi-disciplinary team. This has established a substantial programme of change across the 6 HSCPs, 236 GP practices and 39 practice clusters in NHSGGC. IJBs have approved Primary Care Improvement Plans (PCIPs) which describe how contracted commitments will be delivered. Commitments include:

- Transfer of responsibility for vaccination and immunisation delivery to the HSCPs.
- Provision of a comprehensive range of pharmacotherapy services.
- Treatment rooms available to every practice.
- Development of urgent care roles.
- Recruitment of Link Workers.
- Other professional roles such as Musculoskeletal (MSK) physiotherapy services and mental health.

Funding of £10.2m was allocated to NHSGGC in 2018/19. This is expected to rise in line with national funding which has the following indicative figures:

National Funding	2018/19	£47.5m
	2019/20	£50.0m
	2020/21	£105m
	2021/22	£155m

PCIPs and MFT are progressing in parallel and are mutually reinforcing. MFT envisages the development of an enhanced community network of services and staff and PCIPs are an opportunity to build an infrastructure and base for this. In particular, the drive to extend community treatment and care services complements the work of the Planned Care MFT workstream around maximising the use of community health centres / hubs.

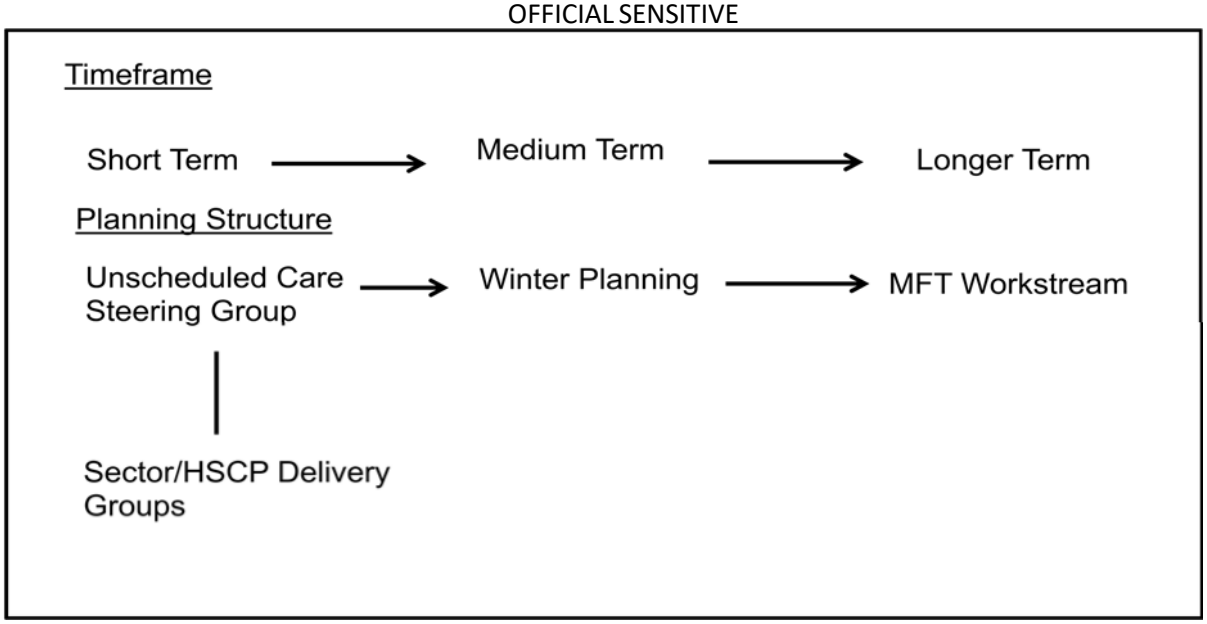
10. Unscheduled Care (MFT Workstream)

Unscheduled Care is complex, and issues are multi-factorial. As people live longer the demands on urgent care increase. Long term conditions, managing complex co morbidities alongside the underlying increased demand generated through deprivation across GG&C creates a significant challenge to resources. Alongside this we have a population culture where the A and E department is often the default first choice and therefore demand continues to outstrip capacity in our hospitals.

Annual ED attendances with NHSGGC over the last 10 years (the 2008/09 baseline planning year for the QEUH) have increased by 14.1% or 64,073. Demand at the QEUH and the GRI has already exceeded planning assumptions.

NHSGGC delivered 90.3% compliance for 4 hour Emergency Department waits for 2018/19 and has been on a downward trajectory with 2011/12 being the last year the Board achieved 95.4% compliance overall.

Planning structures have been established to focus on short, medium and longer term timeframes.



The HSCPs are developing a Strategic Commissioning Plan across GGC that reflects a consistent approach in the following three areas:

- Early intervention and prevention to better support people to receive the care and treatment they need at home or as close to home avoiding hospital admission where possible.
- Improve the interface between primary and secondary care services to better manage patient care in the most appropriate setting in line with IJBs' and the NHS Board's strategic direction as set out in Moving Forward Together.
- To improve hospital discharge and better support people to transfer from acute care to appropriate support in the community.

We will work collaboratively across the healthcare system to develop service improvements to target both the short term issues and longer term redesign. The following detail provides an overview of the specific priorities being progressed, many of which are incremental building blocks providing operational improvement whilst working towards the MFT tiered model of care.

The combined impact of the activity noted below will positively impact on the increasing demand for unscheduled care. The MFT workstream is currently assessing the individual and collective impact of each action.

Alternative Pathways to Admission

We continue to support the development and implementation of improved pathways and new models of care for high volume conditions. Focusing on condition specific pathway alternatives for long term conditions such as COPD and heart failure alongside targeting high volume conditions presenting to ambulatory emergency care that result in short stay admissions (e.g.cellulitis and abdominal pain) is a key priority for both short and longer term work. This enables us to identify current pathways through acute hospital services and to consider where suitable local service alternatives or planned urgent care could be more appropriately delivered.

Collectively the top 6 target ambulatory care areas account for 19% (25,463) of the total admissions for 2018/19.

Work also continues on the frailty pathway through the MFT Older People's workstream and we continue to drive improvements within acute services for the pathway towards comprehensive geriatric assessment.

This includes enhancements to the TrakCare system to ensure that Frailty Screening is recorded electronically so patients can be easily signposted to the appropriate resources. Further work is in progress to develop alternatives to admission and is described below:

1. Consultant Connect - we are extending initiatives employing 'Consultant Connect'. Last year, this was introduced in the South Sector to provide GPs with a more responsive contact number to obtain consultant advice across a number of specialities. This year, we intend to broaden the range of specialties involved and consider a test of change for one of the Sectors by delivering professional-to-professional advice for paramedics. Paramedics attending patients who have suffered a fall or have a chronic long term condition such as COPD may be able to refer those who are clinically appropriate to community based teams. This would therefore avoid emergency attendance and possible short admission to hospital.

2. Anticipatory Care Planning - actions are in progress to provide enhanced information or access to community services, where the aim is to prevent escalation and therefore maintain and manage the care of individuals at home or in a community setting.

   A clinical handover template has been developed to standardise the current information and to ensure that the key components of the patient's current medical status are consistently recorded.

   This is being integrated within the IT systems to ensure that there is visibility and transference of this information as patients move from primary care into acute with the objective of avoiding unnecessary interventions when a patient moves across the services. Development of pathways offering alternatives to admission, ambulatory care and hospital processes that rapidly identify patients with existing care plans are all part of the developing strategy for managing these patient in a more clinically appropriate setting. This work is being led by the MFT Local Care workstream.

3. Care Homes – significant effort was made in 2018/19 to introduce the 'Red Bag' system that ensures all relevant clinical information and personal belongings are conveyed with a patient who needs urgent assessment or admission. Current focus has extended to understand the needs of Care Homes residents and the resources that they currently have available to respond to their needs. The aim in the short term is to develop a workplan in collaboration with Care Home providers to ensure that the most appropriate pathways and access to a range of community and primary care services are available. In the longer term through MFT the ability to ensure wherever possible Care Homes have access to clinical teams within the home or in the community will be pursued. This could result in alternatives such Treatment Rooms/Clinics for long term condition management, frailty and geriatric assessment in the home or community setting avoiding the need to attend a hospital or GP Practice.

4. Falls – work continues on the National pathway in collaboration with the Ambulance Service and the Falls Team to reduce conveyance rates and refer to the community falls teams across the Board.

Alternative Pathways to Emergency Department or Assessment Unit (AU) Attendance

There are a number of initiatives underway to respond to the increase in both ED and AU attendances. Whilst these may stem from immediate demand and capacity challenges, they form the basis for progressive service redesign through the MFT programme.

Having previously identified a number of target areas we continue to focus on pathway/service

redesign alternatives. This includes reviewing the available existing services and ensuring appropriate public messaging, with the development of a more planned approach to urgent care, enabling access to clinical teams in primary care and the community to provide services closer to home. The priority areas are described below:

5. GP Referrals to Assessment Units - A significant cohort of patients who are referred by their GP to the Acute Assessment Units are discharged on the same day of attendance. Aligned to the ambulatory emergency care pathway work, the acute hospitals have significantly reduced the need for admission with GRI, QEUH and RAH discharging 45% (28,637) of the total attendances to AU for 2018/19 without the need for an overnight stay. This year Clinical Directors from HSCPs have been retrospectively analysing the reason for attendance with the aim of developing options that would remove the need to attend in an unplanned way. Early insight suggests that there are some common themes such as urgent access to diagnostics, IV antibiotics and falls/frailty related concerns. A test of change will be developed to offer a range of alternatives over the peak winter period to reduce attendance rates in particular for patients with lower complexity and National Early Warning Scores of zero or one.

   To support this we are establishing an electronic method of referral using SCI Gateway that will enable standardised recording of reasons for attendance and include the core clinical information available to the GP including current medications.
   In the medium term GPs will be given consistent rapid access to diagnostic or 'hot clinic' specialist advice.

6. Minor Injury Activity - All Emergency Departments (ED) across GGC deliver a Minor Injury Unit (MIU) service and in total this accounts for 49% of all 2018/19 ED activity. GGC's dedicated MIU's at Victoria, Stobhill and the Vale of Leven received 15% of the activity with the remaining 34% attending an MIU located within one of the main Emergency Departments. MIU compliance across GGC was 97% for 2018/19 however overall compliance remains challenged with limited availability of physical space in main ED's contributing to department overcrowding. Our understanding of demand also indicates that there may be further potential to utilise existing MIUs at Stobhill and the Victoria Hospitals and this will be considered alongside winter planning. In addition, options to expand the clinical space available at both the GRI and the QEUH to establish a dedicated area for minor injuries outwith the main ED is underway.

7. Effective Management of Frequent Attendance - the aim of the work is to better understand the needs of the in dividuals who have been attending hospital frequently (move than 5 times) over a 12 month period, and to respond more appropriately to their needs. Often this group includes individuals with complex health and social care needs and joint working through multi-disciplinary teams is key to developing alternatives to ED attendance. We have reviewed UK research literature and will continue to work in collaboration with primary, secondary, community and third sector organisations to develop more suitable alternatives for this patient group.

8. Direction and Redirection – all GGC hospitals participated in the delivery of the redirection policy introduced for winter 2019. This has had limited success thus far however we continue to promote the process and are looking at more robust ways of establishing this as close to the point of patient registration as possible. This will feature in the winter plan initiatives and further work to improve the process will be explored.

Management of Current Inpatient Capacity

Our ability to embed efficient inpatient management processes as embodied in the 'Exemplar Ward' concept across GGC has been a core area of focus for the acute sector. Significant progress has been made in this area with the QEUH identified as a National area of good practice and used to develop the guidance document on Daily Dynamic Discharge process.

Having introduced 'hospital flow hubs' and new senior management roles to provide seven

day leadership and direction of demand and capacity, our aim is to optimise local escalation processes to drive further improvement in a number of areas.

9. Estimated Date of Discharge - the introduction of mandatory Estimated Date of Discharge processes in May 2019 will provide a new baseline to promote further process improvement within the hospitals to generate timely capacity and flow.

10. 'Day of Care' Survey – all major acute sites participate twice a year in the national survey to provide a snap shot of bed utilisation and inform the development of both in and out of hospital solutions to minimise in-patient delays. Follow up work includes a focus on AHP resource provision and the introduction of a new ward length of stay review process designed to reduce delay and ensure timely management plans are in place for every inpatient on the war.

11. Delayed Discharge – use of the current in-patient dashboard is to be developed across all HSCPs to support an in-reach or targeted approach to avoid delays. The plan is to develop a more integrated and proactive process with social work professionals to ensure that patients are known to local teams in advance of referrals.

Public Messaging

Public education is key to managing the immediate increasing demands on our services and to achieving the longer term vision of Moving Forward Together. In the short term we need to support patients to make the right decisions when accessing services with unscheduled care needs. Longer term, education is required to support a change in public expectations about the role of the NHS and the responsibility of individuals for maintaining their own health. Building on evidence from across the country and local experience, the MFT Executive Group has proposed a segmented approach to developing a campaign aimed at specific groups. The proposed target groups (based on ED usage) are Musculoskeletal patients, and parents of children with low acuity conditions.

It is also proposed to target patients who attend ED, who could instead be directed to pharmacy. Finally, a specific campaign directed at supporting GP surgeries with high numbers of ED attendances will be developed. This will be progressed between now and March 2020.

Urgent Care Resource Hubs

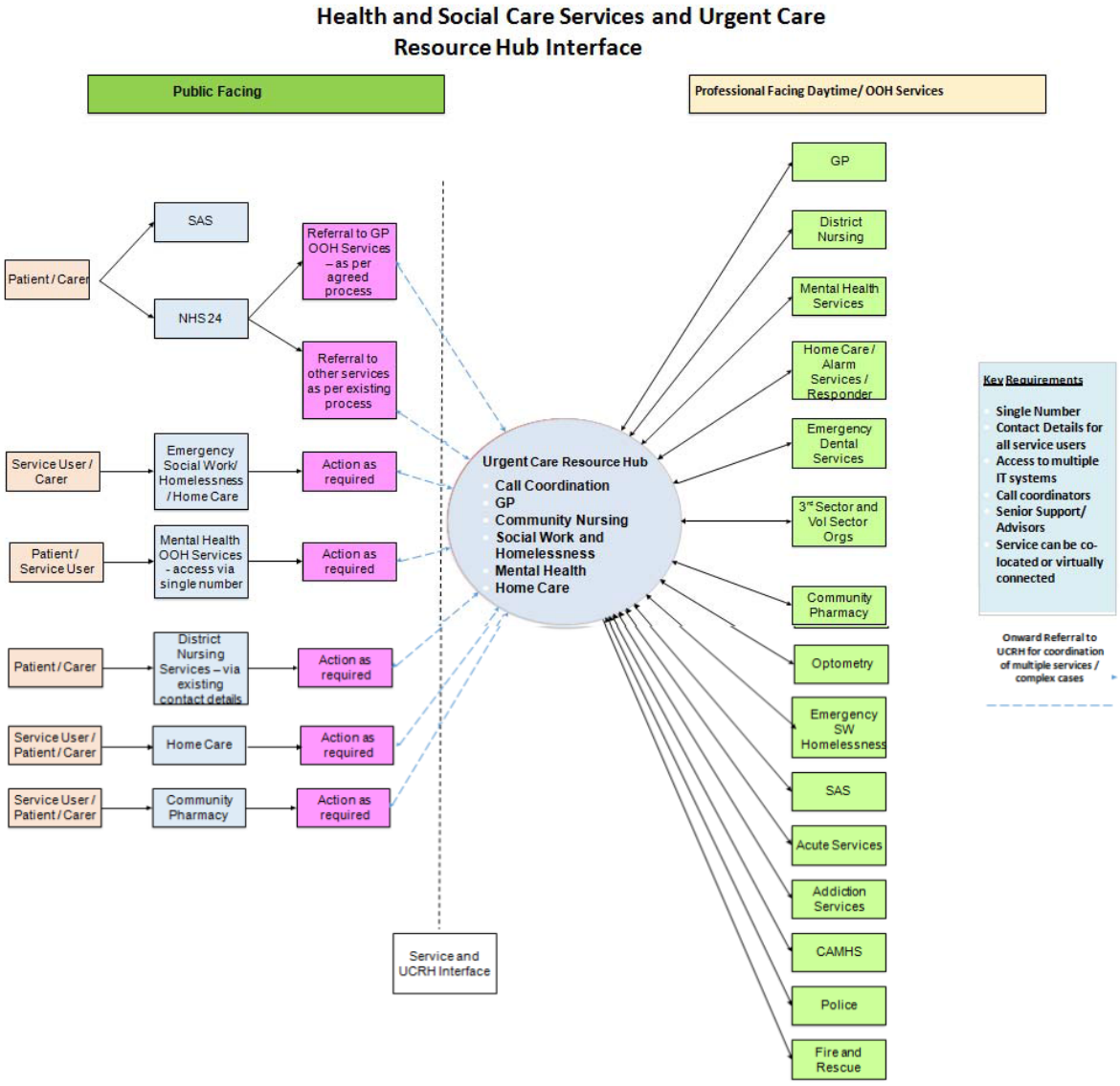
Following publication of Sir Lewis Ritchie's Review of Primary Care Out of Hours Services in January 2015, a local review of Health and Social Care Out of Hours provision was commissioned in GGC. The scope of the review included: GPs, District Nursing, Community Rehabilitation, Children's Social Work Residential Services, Emergency Social Work Services, Emergency Dental services, Homelessness, Home Care, Mental Health, Community Pharmacy, Optometry. The review identified a number of challenges around communication, sustainability and meeting the needs and expectations of increasingly complex patients at home. Following an options appraisal and extensive engagement, it has been agreed that a hub and satellite model, with a phased approach, should be implemented.

An Urgent Care Resource Hub (UCRH) will be established in Glasgow City to co-ordinate local and Board wide service provision during the OOH period with virtual connections to and from local HSCP existing hubs and services.

The professional facing hub will be able to mobilise and co-ordinate the most appropriate out of hours health and social care response during times of crisis or escalation. The hub will be aligned to and connected with NHS24, district nursing and mental health services.

The model is critically dependent on eHealth solutions to support sharing of information to

support decision making across the system. Good connections and relationships with HSCP local services are essential. The key components are set out in the diagram below.



The GP Out of Hours review was carried out to address the challenges currently facing the service and to develop a sustainable service model. Early phases saw enhancements to the workforce with additional GPs, ANPs, nurses and pharmacists. Professional to professional support (district nurses and GPs) is being rolled out and frequent attenders to OOH services are being targeted to determine alternative pathways. Work is now underway to encourage patients to call NHS 24 in advance of attending, and a final phase of the work will review the impact of early phases with the development of the Urgent Care Resource Hub to determine the shape and location of future services.

11. Planned Care (MFT Workstream)

The Access Collaborative and other access planning structures focus on addressing the immediate concerns around waiting times and improving patient pathways.

Addressing those operational issues has to be aligned to our transformational work through MFT and should direct our prioritisation. For example, implementing Active Clinical Referral Triage (ACRT) is an operational issue, but agreeing the long term outcomes resulting from ACRT and setting trajectories and milestones is part of the transformation programme. The priorities currently being progressed are:

1. Active Clinical Referral Triage (ACRT)
   Most commonly consultant referrals currently received from Primary Care are vetted electronically within a few days of receipt and patients are typically added to the waiting list for a face-to-face consultant appointment.

   ACRT takes an alternative approach by establishing a variety of appropriate pathways to which a patient can be directed following referral, with the aim that patients are triaged to the optimal, evidence-based, locally agreed pathway. Face-to-face consultant attendance would only occur if there is a clear clinical need. The range of pathways will be many and varied depending on the individual circumstance but will include the provision of advice, opt-in' options to treatment, direct to investigations or treatment, or direct to other members of the multi-disciplinary team.

   For patients this approach ensures patients have timely access to information without waiting for a face to face consultant appointment, and ensure people are informed promptly about the available options for investigation and initial management to facilitate shared decision-making.

   A number of services across NHSGGC have implemented, or begun to implement, ACRT. However this is not yet systematic and will require time and resource for clinical teams to establish the redesigned pathways necessary for successful implementation.
   Early indications from limited areas where this has been implemented show this can reduce patient appointments by up to 30% enabling the consultant sessions released from this redesign to be directed towards areas where waiting times are longest.

2. Effective and Quality Interventions and Pathways (EQUIP).
   NHSGGC is one of two Health Boards working with the Scottish Government to test a systematic approach to identify appropriate alternative pathways to procedures that are less effective in the general population. Four conditions have been selected initially; benign skin lesions, varicose veins, haemorrhoids and inguinal hernia.

   These are common conditions for which surgery is often not indicated or appropriate, and importantly where clinical consensus for change exists across Scotland.

By November 2019 NHSGGC will have implemented changes across all four of the referral pathways that will see treatment no longer offered routinely in NHSGGC. There will be a greater emphasis on providing patients with high quality advice. In appropriate, defined circumstances patients will still have the opportunity to 'opt-in' to treatment options.

The impact of this programme will be evaluated over the coming months but it is clear already this change is enabling the release of consultant outpatient sessions from minor surgery clinics into other specialty areas where there are significant waiting times pressures. In addition it is expected there will be a small decrease in the numbers of patients being added to inpatient waiting lists in these specialties.

3. Maximising Community Health Centres/Hubs.
Emerging work within the MFT programme is beginning to outline an integrated community network across NHSGGC.

It is proposed that each HSCP and/or locality would bring services together in a virtual network or in some places a single physical hub from which services would provide outreach. There is an opportunity to develop this model in the new North East Hub which is currently being planned.

The North East Hub will bring together a significant number services including for example : all the existing Parkhead Health Centre services and, in addition to this, Specialist Children's Services, Rehabilitation and Enablement services, District Nursing, Health visiting and school nursing, Social Work, children and family teams, Sandyford East sexual health services, Primary care mental health services and psychotherapy services, Health and social work addiction services, Criminal justice social work services, Acute hospital services, such as chronic pain clinics, older people services, speech and language therapy, physiotherapy and many more.

The preferred site for the North East Hub is the former Parkhead Hospital. The design of the new hub is in development with stakeholder input and it is anticipated that the Outline Business Case will be submitted to the Board in January 2020. The Full Business Case is anticipated to be completed in March 2021 with a start on site in summer 2021. Capital costs are expected to be circa £47m.

There has been significant investment in community health resources in recent years:

Project	Date Opened	Capex	HSCP
		£'000	
West Centre - Drumchapel Family & Child centre	Aug-10	4,170	Glasgow City
Renfrew Health & Care Centre	Mar-10	18,000	Renfrewshire
Vale Health Centre	Aug-13	21,000	West Dunbartonshire
Barrhead Health & Care Centre	Apr-11	18,000	East Renfrewshire
Possilpark Health & Care Centre	Feb-14	10,000	Glasgow City
Shields Centre - East Pollokshields	Jan-15	2,700	Glasgow City
Eastwood Health & Care Centre	Jun-16	14,850	East Renfrewshire
Maryhill Health & Care Centre	Sep-16	12,395	Glasgow City
Orchard View Mental Health Wards	Aug-17	8,385	Inverclyde
Gorbals Health & Care Centre	Jan-19	17,198	Glasgow City
Woodside Health & Care Centre	Jul-19	20,234	Glasgow City
Stobhill Mental Health Wards	Jun-20	10,600	Glasgow City
Greenock Health & Care Centre	Sept 20	20,815	Inverclyde
Clydebank Health & Care Centre	July 21	19,625	West Dunbartonshire
		197.972	

Community hubs could include a range of services provided at home, in Primary Care, in the wider community and, where necessary, in or by specialist or hospital teams and facilities. This would provide opportunity to include services previously provided in hospitals.
An example of this would be routine bloods and monitoring, which is currently provided by individual acute specialties within hospitals but could potentially be delivered by a generic service in a community setting. This would complement the current work to redesign patient pathways and ensure the most efficient service for patients; for example following the local test/monitoring a follow up 'hospital' appointment is provided via telephone rather than a face to face appointment. This work is still at a very early stage of discussion and will require detailed discussion to scope and quantify the optimum service delivery model and any resource for staffing and facilities.

Within the planned care workstream, further work has to be done to match demand and capacity. This work will be directed by our drive to meet national waiting times targets. Options to be explored include:

- Focussing elective care in local hospitals, as well as the Trauma Centre and Units.
- Reviewing cancer surgery to support wider cancer services.
- Maximising the use of Ambulatory Care Hospitals, extending opening times and days.
- Implementing regional plans for ophthalmology and urology, which deliver on the tiered model of care.
- Maximising the opportunities for using day surgery rather than overnight stay in hospital.
- Identifying opportunities for 'one stop shop' approaches to create a more efficient patient pathway.

12. Older People (MFT Workstream)

The Older People's MFT workstream works closely with the MFT workstreams for unscheduled care and local care. It has identified priorities around frailty, dementia and intensive community support.

The frailty priority aims to identify people with frailty early in the community and use a risk stratification approach to prevent avoidable admissions to hospital and maximise independence for people. All 6 HSCPs are working with the iHub and have established a living and dying well with frailty collaborative. HSCPs are working with local GP practices (23 already signed up) to identify mildly frail patients and to signpost them to evidence based exercise programmes and other community activities. The collaborative outcomes are expected to be:-

1) People spend more time living in the community with fewer moments of crisis (measure: reduce hospital bed days for people aged 65+ by 10%, per 1000 population).

2) People experience fewer incidents of unplanned service use and GP practices reduce their unplanned workload
(measure: reduce unscheduled GP visits for people aged 65+ by 10% per 1000 population).

3) People living with frailty are involved in decisions about their own care.
(measure: Increase in percentage of Anticipatory Care Plans in the Key Information Summary for people living with frailty by 20% per 1000 population)

The dementia work aims to bring together a wide range of existing dementia good practice from across the health and care system. Inverclyde HSCP has been successful in a bid for iHub support over 2 years to redesign the dementia pathway in the community. This will complement the work of the acute dementia steering group.

In addition, this workstream will work with mental health colleagues to focus on Older People's mental health teams and inpatient provision. With investment in community services and redesign of dementia pathways, there is potential to significantly reduce reliance on beds in GGC.

Intensive community support for older people is still at the scoping stage. The group is reviewing the Hospital at Home model, and comparing this to different models across GGC. They are also exploring models of delivering rehabilitation at home rather than in hospital.

13. Local Care (MFT Workstream)

The Local Care workstream is taking forward three priorities:

- Long term condition management.
- End of life care.
- Anticipatory care planning.

For long term conditions, the group is testing the principles of self-care, supported self-care and remote self-management with diabetes. It will include a comprehensive cross system education and self management programme, using self monitoring technology. The model will be tested with diabetes, then rolled out to other long term conditions.

The end of life care work is now being scoped out, with a stakeholder workshop being set up in the next few months.

The final priority is to expand the use of anticipatory care planning access to health and care systems in primary and secondary care. eHealth is supporting this work to ensure the ACP can be electronically updated and shared.

14. Mental Health (MFT Workstream)

The two priorities identified by The Mental Health Moving Forward Together workstream are Unscheduled Care and Mental Health in Primary Care. These priorities form an integral part of the Adult Mental Health Strategy which centres around prevention/early intervention, providing effective services and recovery. This workstream has made significant progress and is underpinned by "Action 15" national funding.

By working across the health and care system and by blurring organisational boundaries this funding has been effectively used to support mental health and wellbeing and to address challenges in other areas of the system e.g. Emergency Departments.

Key activity has included:

i) Unscheduled Care – The liaison psychiatry service is being strengthened to improve response times with the appointment of additional nursing and psychiatry posts. A consultant led crisis and home treatment model is being tested in one locality. A Safe Haven Cafe is being developed in Glasgow City. These initiatives aim to have a positive impact on ED patient attendance rates for mental health issues.

ii) Mental Health and Primary Care – This work is being progressed in partnership with GPs, HSCPs and mental health services. Mental health training and support for partnership staff continues and family nurture strategies are being progressed in individual HSCP areas including exploring implementation of routine enquiry of Adverse Childhood Experience. A perinatal peer worker pilot has been tested in Glasgow city and is now being extended to all HSCPs.

iii) Experienced Peer Workers – These workers will be located in Community Mental Health Teams to support recovery oriented model of care.

iv) Efficient and effective Community Mental Health Teams (CMHTs) – Service managers for all 19 CMHTs across GGC have come together to identify high impact tests of change. Referral guidance for GPs has been developed. A rapid access pathway for individuals discharged from services is being tested in Autumn 2019 and the development of nursing and occupational therapy evidence based groups is being explored.

v) Borderline Personality Disorder – A clinical lead for this function has been established to progress the service.

In 2019/20, Action 15 funding of £2.23m has been made available to support these changes to mental health services. This funds Board-wide initiatives and local HSCP developments across the areas of prevention, productivity and recovery. As these initiatives progress, it is hoped that there will be a lower reliance on hospital beds. Currently occupancy in GGC adult mental health beds is around 96%, but by reducing lengths of stay and variation, by improving throughput and processes and by avoiding delays and optimising standard practice, this should reduce. There may be scope for reviewing the older people's mental health bed model.

15. Regional (MFT Workstream)

The three priorities for the GGC Regional workstream are:

1. Development of a comprehensive West of Scotland Cancer Strategy.
2. Neuroscience services.
3. Specialist neonatal and maternity services.

In addition, the implementation of the Trauma Network in GGC is linked to MFT. Because of the existing governance structure, Trauma reports directly to the MFT Programme Board rather than through the regional workstream. The regional priorities are at varying stages of planning and implementation.

Development of Comprehensive Cancer Strategy

The future planning for Beatson services is covered in Section 18.

A short life working group has been established to take forward the planning for surgical oncology, and this is at the early scoping stage. The group is exploring the option of a single Tier A complex cancer surgery service, supported by increased ACH day case procedures at the New Stobhill and New Victoria Hospitals.

The draft Systemic Anti-Cancer Therapy (SACT) strategy is detailed in this document.

Systemic Anti-Cancer Therapy (SACT).docx

At a high level it sees the establishment of a single Tier 1 Cancer Centre at BWOSCC, three Tier 2 cancer units at the RAH, the New Victoria and BWOSCC and outreach units at the local hospitals.

The model has capital costs at the RAH of between £1m and £3m, depending on the location used, and revenue costs of £1.9m across all the sites to recruit treatment delivery staff, non-medical prescribers and pharmacy staff.

Neuroscience Services

In terms of neurosciences, the QEUH is the preferred site for delivering stroke thrombectomy services for the West of Scotland, and a small group is working to progress a high level implementation plan. Early scoping work in neurology services has also commenced. The national pathway, and care group are about to publish pathways of care in relation to neurosciences.

Best Start Maternity

Early Implementer work is progressing in Clyde. Further planning work is underway to determine the optimum network of midwifery hubs in the community to provide comprehensive local outpatient care that is often currently based within GP premises. Engagement of service users and stakeholders will play a key role in this. The Community Maternity Units at IRH and VoL will continue to provide maternity services to local mothers and their babies.

From the 19th August NHS Ayrshire and Arran (NHS A&A) and NHSGGC are implementing the Neonatal pathway recommendations in 'Best Start: The 5 Year Forward Plan for Maternity and Neonatal Care in Scotland'. One of the Best Start recommendations is to concentrate expertise in the care of the most premature and unwell infants in fewer specialist centres. Women at high risk of extreme premature delivery will be transferred antenatally to QEUH for initial management, delivery, postnatal care and neonatal intensive care for their new born baby. Where a safe antenatal transfer is not possible, extremely premature infants will be transferred to QEUH as soon as safely possible after initial stabilisation at Ayrshire Maternity Unit. Currently women and babies less than 26 weeks gestation are transferred from Ayrshire to the Royal Hospital for Children's Neonatal Unit and Maternity Unit on the Queen Elizabeth University Hospital site, these figures are expected to be very low (in the initial 4 week period there were no transfers). From the 7th October mothers and babies less than 27 weeks gestation are also being transferred. The neonatal work will be supported by the introduction of Transitional Care at the QEUH to enable babies who require some medical or midwifery support (but not intensive care) to be looked after beside their mother. This will improve quality of care whilst releasing capacity in Neonatal care.

16. Trauma

Background and Governance

In August 2019 a paper was presented to NHS Greater Glasgow & Clyde Board which outlined the plans for both the National and West of Scotland Major Trauma Network and described how services would be reconfigured within Greater Glasgow & Clyde to deliver the model. The model outlined described:

- Major Trauma Centre at Queen Elizabeth University Hospital for adult and paediatrics.
- 6 Trauma Units, 3 of these based within Greater Glasgow & Clyde at Glasgow Royal Infirmary, Royal Alexandra Hospital and QEUH.
- Local Emergency Hospitals, one of which would be at Inverclyde Royal Infirmary which would also become an elective centre of excellence.
- Specialist Rehabilitation Service, including a 12 bed Hyper Acute facility, to support both the major trauma centre and the West of Scotland network.

The paper also outlined the significant financial investment by Scottish Government in the West of Scotland to support creating the network i.e. £17m of which £10m is dedicated to the development of the major trauma centre and £7m to support Trauma Units and the specialist rehabilitation service. The finance section below will describe in more detail the financial release for NHS GGC over the next 5 years.

During 2019/20 there will continue to be a key focus on both the development of the MTC in QEUH, but also on the significant re-design required to deliver the single Trauma Unit within Clyde. This will include the development of a capital plan to support the re-design and upgrade work required.

Major Trauma Centre

For the Major Trauma Centre, the key focus in 19/20 will be:

- Developing the operational policy for the major trauma centre at Queen Elizabeth University Hospital which includes creating a 24 bed major trauma ward.
- Agreeing service reconfiguration within/outwith Queen Elizabeth University Hospital to create the theatre and bed capacity required for major trauma. This is linked to the capital planning work ongoing to upgrade wards in Gartnavel General Hospital which will deliver the required bed capacity in QEUH.
- Pathways/Protocols – work is progressing with key stakeholders to develop robust pathways both into and out of the major trauma centre.
- Workforce – a number of key clinical nursing, AHP and diagnostic roles will be appointed.
- Clinical Governance – a local Morbidity and Mortality Group has now been established within Queen Elizabeth University Hospital and Royal Hospital for
  Children.
- Performance – activity reporting templates have been developed to support the above, monitoring of activity and providing detailed analysis to support pathway redesign.
- Rehabilitation – options appraisal on location of Hyper Acute Unit will be completed.

Trauma Units

Glasgow Royal Infirmary and Clyde have both established local groups to develop their own operational policies and to manage the redesign of services. The GRI is currently a Trauma Unit for the North Glasgow population the changes will have only a minimal impact on the site. The GRI Trauma Group are therefore focusing on the operational aspects of the new model. The most significant areas of redesign associated with the trauma units will be in delivering a single trauma site for the Clyde population.

Clyde Trauma Model

In June 2019 the Board agreed the new model for Clyde which will see the RAH becoming the Trauma Unit for the sector. The Clyde orthopaedic trauma workload is significant accounting for 32% of all trauma admissions within the Board. The redesign of services will see the concentration of this activity in the RAH, which presents a number of capacity and implementation challenges.

Based on admissions in previous years, it is anticipated that the total trauma inpatient activity on the site will increase by more than a third, with early capacity planning indicating that an additional 12 beds and 7 theatre sessions will be required in the RAH to support the new pathways.

Inverclyde Royal will operate as a Local Emergency Hospital and will continue to receive medical and general surgery patients. Trauma activity accounts for 8% of all emergency admissions within IRH and 92% of all activity will be unaffected by these changes. Emergency inpatient episodes will reduce by 1.8% overall, and it is anticipated that this will be offset by the redirection of some of the Sector's elective orthopaedic workload.
The site will therefore continue to be a vibrant and busy DGH with capacity released to further develop the elective orthopaedic programme in the hospital with an aim of establishing the site as an elective centre of excellence. Investment to expand consultant workforce numbers to support emergency flow in IRH has been secured and a recruitment processes is underway.

The key areas of focus throughout 2019/20 to facilitate a smooth transition in Clyde are noted as follows:

- Agree clinical pathways into and out of the Trauma Unit and LEH including Rehabilitation pathways.
- Develop the workforce and recruitment plan to deliver a sustainable workforce across the professions and specialties that supports the new model that meets the National Minimum Requirements for a Trauma Unit.
- Re-design of theatre templates and identify option/displacement of activity to deliver 2 full time trauma theatres.
- Create bed capacity – 12 additional orthopaedic trauma beds required.
- Develop plans to establish an elective Joint Replacement service - centre of excellence in IRH (5 Sessions of capacity will be released (M-F).
- Review of capacity in Larkfield required to accommodate repatriated patients. This includes the establishment of a Geriatric Orthopaedic Rehabilitation Unit pathway.
- Development of a Capital plan. Project request documentation currently being populated. Initial areas of upgrade identified as follows:
    - Upgrade of existing theatres to deliver 2 Laminar Flow theatres – 1 in RAH, 1 in Inverclyde.
    - Upgrade of RAH Trauma Theatres to improve flow and efficiency.
    - Redesign of Level 4 ward to re-provide Elective Area to accommodate the additional trauma bed capacity.
    - Orthopaedic Assessment capacity in RAH to support flow associated with the additional ED workload.
- Diagnostic colleagues to develop capacity and reporting requirements associated with the new model.

- Delivery of an Engagement and communications strategy for both the local communities and staff working across the service.
    - Staff Engagement plan being developed and agreed with Staff Side.
    - Broad clinical representation from across specialties engaged as part of Clyde's Trauma Group.
    - Patient user engagement plan to be enacted.

Education, Training and Learning

Developing and delivering training plan for staff across all aspects of the major trauma network is an essential area of work underway. A number of staff have attended a range of training courses including: Damage Control Surgery; Nurse Practitioner courses; seminars and events across England and shadowing in hospitals where major trauma centres are currently operational. The learning from this is shared across the wider staff groups.

The first West of Scotland Stakeholder event was held on Friday 6th September 2019 which provided the opportunity for 170 staff from across the network to come along and hear from colleagues in England how they had established their networks; what was planned for West of Scotland both in terms of major trauma centre, trauma units and rehabilitation and through workshops to input to the further development of the network.

The aspiration is for trauma units and major trauma centre to be operational during 2021. For Greater Glasgow & Clyde this will require a significant amount of redesign and recruitment to all posts associated with both the major trauma centre and the trauma units.

- The full revenue funding will be available from April 2020 and a robust recruitment programme will begin from January 2020.
- Services will begin to move out of the Queen Elizabeth University Hospital to free up the theatre and bed capacity required.
- By middle 2020 it is planned the major trauma ward will be operational to allow the ward staff and new model of care to become established prior to all major trauma from across West of Scotland coming in.
- Enabling capital works to be carried out in RAH.
- Staff and public engagement programme.
- Pathways and protocols will be finalised.
- Paperwork will be standardised.
- Training and development of staff ongoing.
- Clinical Governance for major trauma will be embedded
- Information Technology
  - Trauma App will become operational.
  - Trakcare will be updated with the relevant documents including : Rehabilitation Prescription and Major Trauma Workbench
- Agree date for official opening of major trauma centre and finalise arrangements with First Minister.

Rehabilitation – work will continue in developing the operational policy for the specialist rehabilitation service, identifying training and development requirements and specialist workforce. Trauma Units will develop services to ensure that they work to meet the BSRM Level 2 standards which the funding allocated supports.

Financial Timeline

Scottish Government have provided a 5 year funding plan to release funding at which time all aspects of the national Scottish Network will be in place. There is a detailed plan of what will be provided within each of the years.

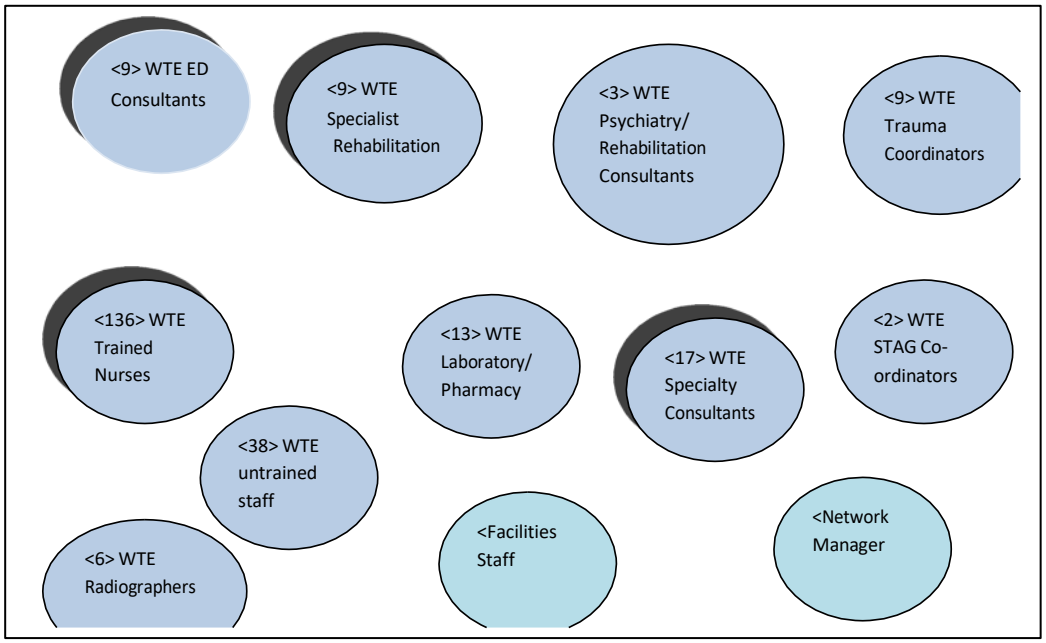
There will be £17m investment in West of Scotland to establish the major trauma network. This will see the creation of in excess of 330 new clinical posts across the system. For Greater Glasgow & Clyde the following table describes the release of funding in each of the years and the table below provides a summary of the new roles that this funding will support. *Note: Scottish Government have indicated that any slippage in each of the year's must be handed back and cannot be managed internally.*

There are aspects of the re-design of trauma receiving in Clyde which will incur capital and revenue costs that are not included as part of the funding allocation the Board will receive and therefore not included in the detail noted below. These costs are not currently known.

Major Trauma Network Funding	£				
	2019/20	2020/21	2021/22	2022/23	2023/24
Major Trauma Centre - QEUH/RHC					
Major Trauma Co-ordinators	198,240	247,410	247,410	247,410	247,410
STAG Coordinators	46,306	81,309	81,309	81,309	81,309
Clinical Lead MTC	12,500	12,500	12,500	12,500	12,500
Emergency Department	505,216	925,212	925,212	925,212	925,212
Paediatrics RHC	0	784,008	784,008	784,008	1,124,948
Critical Care	630,832	1,739,739	1,739,739	1,739,739	1,739,739
Theatres	526,495	1,144,765	1,144,765	1,144,765	1,144,765
MTC Consultant Specialists/admin	0	1,269,260	1,269,260	1,269,260	1,269,260
MT Ward	231419	1,500,264	1,500,264	1,500,264	1,500,264
Other specialty services (e.g. Plastics)	97914	649827	649827	649827	649827
Laboratories	0	330260	330260	330260	330260
Radiology	246484	406,170	406,170	406,170	406,170
Pharmacy	0	126265	126265	126265	126265
Facilities	0	286127	286127	286127	286127
Rehabilitation - acute and specialist	83467	505648	505648	2983520	3346450
Capital Revenue Cost Equipment	*55687*	*104538*	*107903*	*107903*	*107903*
Maintenance costs	*27681*	*73177*	*73177*	*73177*	*73177*
Major Trauma Centre Total	**2,662,241**	**10,186,479**	**10,189,844**	**12,667,716**	**13,371,586**
Trauma Units					
Glasgow Royal Infirmary	38073	51146	51146	51146	51146
Clyde RAH	38073	393710	393710	393710	393710
Rehabilitation Trauma Units		537999	537999	537999	537999
Total GGC Trauma Units	**76146**	**982855**	**982855**	**982855**	**982855**
Total GGC	**2,738,387**	**11,169,334**	**11,172,699**	**13,650,571**	**14,354,441**

Staffing

The funding above will create in excess of 258 WTE clinical roles within Greater Glasgow & Clyde along with a number of support services roles. The following provides a brief breakdown of the clinical roles.



17. Infrastructure and Estate

Significant infrastructure impacts on acute sites have been achieved in the last decade. These have included the development of the Beatson Oncology Service, new ambulatory care hospitals at Stobhill and Victoria, the transformation of the QEUH campus and the partnership developments with the university. The age profile of the estate has improved, with a reduction of 12%. (since 2011) in buildings which are more than 30 years old. The service changes which affect Inverclyde Royal Hospital and the Royal Alexandra Hospital, coupled with significant backlog maintenance liability, have driven the need for a focused piece of work to maximise the opportunities to develop services in the Clyde area. This will be done in partnership with local HSCPs and the communities they serve. The MFT blueprint provides the opportunity to develop a future model of healthcare that is sustainable and high quality.

The GRI is the other hospital with significant infrastructure challenges in the medium term and older buildings on the site. Approximately 50% (448) of the total beds on the GRI site are within the 30 wards in the Castle Street buildings which date back 125 years and are now the oldest hospital buildings in Scotland. 22 of these 30 wards have just one single room available on the ward. This can lead to limitations in the ability to effectively manage infection control and prevention, specialist treatment and the provision of compassionate end of life care. In addition many of the wards are 'nightingale' style which cause single sex challenges when aiming to maximise bed capacity for flow.

The main theatre suite in GRI (20 theatres) is within the QEB/Jubilee Building with theatres dating between 19-35 years. There are indications that we will need to upgrade these theatres in future years.

The ED department footprint was extended in 2001/2 and some further adjustments were made when Stobhill Hospital closed in 2011. The numbers of patients going through the department each day has risen over this time.For the assessment and treatment of 'major' patients there are just 19 cubicles; local analysis would indicate on any given day the service requires up to 38 cubicles to effectively manage patient flow.

Cubicles throughout the department have restricted space for today's equipment and treatment requirements, impacting on patient privacy.

Whilst options for future reconfiguration on the GRI site are limited, the recent demolition of the Mortuary and the old Lister Building provides opportunity to modernise accommodation whilst retaining an important NHS presence close to the city centre and in a locality with significant levels of deprivation in the local population. This could also provide opportunity to further develop the provision of complex cancer surgery on the GRI site.

18. Beatson West of Scotland Cancer Centre (BWOSCC)

BWOSCC is located on the Gartnavel Campus. In December 2016 the GGC Board noted the recommendations of the Beatson West of Scotland Cancer Centre Steering Group Review. This review recommended that the co-location of non-surgical oncology services with acute services including Critical Care, medical and surgical specialties should be pursued at the earliest opportunity.

The MFT Blueprint (June 2018) identified four options which should be subject to formal option appraisal:

1. (Status Quo) Tier α Cancer Centre on the GGH site with enhanced high acuity facilities and transfer arrangements to support maximisation of cancer treatment.
2. Tier α Cancer Centre on the GGH site and co-locate Tier β complex surgical services at GGH which generate the requirement for an onsite critical care facility, emergency theatre and OOH medical cover.

3. Co-locate Tier α Cancer Centre and Tier β surgical services at QEUH.
4. Co-locate Tier α Cancer Centre and Tier β surgical services at another acute site.

In the last five years additional support and investment has been made in services to support the Beatson. This support includes the establishment of a High Acuity Unit, development of referral pathways for Critical Care and deteriorating patients, investment in the acute physician model, respiratory services, cardiology and acute oncology at the QEUH. In addition, a more local model for delivering chemotherapy (through the SACT) strategy is being developed and cancer units will receive investment.

These changes and developments have driven a refreshed piece of work to revisit the original options to ascertain if they remain valid and what other possible solution or options are available to support the BWOBCC. This will lead to an option appraisal.

19. Institute of Neurological Sciences (INS)

The INS service is provided across a number of blocks at the QEUH: Neurosurgery, Neurology, Spinal Injuries Unit and Physical Disabilities Rehabilitation Unit (PDRU). Over the last 10 years GGC has invested significantly to address a range of replacement and development work to support the Institute. This includes the development of 4 theatres in the ICE Building, a new entrance, recladding and window upgrade, replacement of the link bridge, redevelopment of existing theatres and an infrastructure support programme. In spite of this, there remain infrastructure challenges, particularly in the Neurosurgical building.

Development plans for significant refurbishment works have begun, but it is clear that the scale and scope of works required to address backlog and infrastructure issues would necessitate a lengthy and substantive decant programme.

This would require a location to be found on the QEUH campus as most of the services provided at the INS require to be co-located with trauma and spinal services.
A business case for capital investment is required to look at options for providing this regional service. An option for inclusion in the appraisal is a rebuild of an agreed schedule of accommodation that achieves the necessary adjacencies. The costs and timescales for delivery of any options will be variable depending on finalising the INS services to be included, the availability of decant provisions and the consequent phasing.

20. Gartnavel General Hospital

Gartnavel General Hospital will play a key role in the shape of health and care service in GGC in the next five years. It is co-located with the Beatson West of Scotland Cancer Centre, and currently has both clinical and non-clinical vacant space.

This could facilitate a number of other priorities, but needs to be done in a way that develops the hospital as a high quality facility which will attract clinical staff and serve the GGC population as a key part of our secondary Care Services.

Gartnavel General currently has the following services:

Inpatients	- older people's medicine
	- older people's orthopaedic rehabilitation
	- medical
	- surgical (including ophthalmology)
Day Wards	- older people's day hospital
	- rheumatology
	- hepatitis
Outpatients	- diagnostics
	- dental
	- therapies

- clinics
- day surgery

The site also has vacant wards, theatres and non-clinical areas.

Given the demands on estate across our Board area, there is a need to plan how to make the most effective use of the vacant areas. Current demands include:

- Beds to help address the elective programme challenges.
- Additional space requirements at QEUH for unscheduled care, trauma and stroke thrombectomy.
- Need for space for outpatient services currently at West Glasgow ACH site – orthopaedics, cardiology.

Gartnavel General could provide ambulatory clinical services, enhanced and complemented by a number of other services e.g. rehabilitation and older people's medicine and elective surgery to make effective use of vacant theatres. Development of the site in this way will positively impact on the Beatson WoSCC, with acute physicians being available on site.

Changes to Gartnavel General should address both accommodation challenges across GGC and also develop the hospital as rehabilitation, elective and ambulatory care site. It is proposed that two large clinical outpatient services from West Glasgow ACH are re-located to the site, moving existing general outpatients, orthopaedics and cardiology, to accommodate this. Capital investment associated with this programme of works will be in the region of £9m, and the work could be carried out in phases over 21 months.
Work is ongoing to identify the inpatient areas in the QEUH which do not need to be co-located with Trauma and ITU services. It is proposed that work commences now to upgrade a vacant ward floor in GGH in preparation for the completion of this work. Capital costs are expected to be circa £5m and this will make 52 beds available.

21. West Glasgow ACH (Yorkhill)

Following the move of children's services from Yorkhill to the new Royal Hospital for Children in 2015, the Board agreed that the site would be closed and decommissioned.

As a temporary position to support the completion of the ASR for adult services, a number of outpatients services from the Western Infirmary were located on the Yorkhill site, creating West Glasgow ACH, which also accommodates a high number of non-clinical services and offices. The cost of retaining this site adds a pressure of £3 million per annum to the acute budget, so vacating West Glasgow ACH has become a planning priority. A project group has been established to progress the programme.

Currently there are 22 outpatient services based on the WGACH site. It is proposed that 2 of the 3 large clinical services move to Gartnavel General as described in the Gartnavel section of this paper.

Work is currently underway to review the existing Board real-estate to determine if it is suitable for the remaining services. As part of this review the group has developed plans that would rehouse several of the services that remain on site;

- Orthopaedics – relocation site Gartnavel General Hospital.
- Cardiology – relocation site Gartnavel General Hospital.
- Diagnostics (imaging) – Gartnavel as part of Orthopaedic relocation.
- Dexa service (west catchment area) – Gartnavel General Hospital adjoining imaging.
- Pre Op service – relocation site Gartnavel General Hospital.
- Glasgow Weight Management service – relocation site Lightburn Hospital.
- Occupational Health Service – relocation site (old) Woodside Health Centre.
- Children's Mental Health Service (CAMHS) – relocation site (old) Woodside Health Centre.
- Douglas Inch Centre – relocation site Closeburn Street Clinic.

Plans to relocate the remaining clinical services are ongoing. The relocation of office staff and non-clinical support services is also part of the remit of the project group. The number of office based (non-clinical) staff that required rehousing was 596 and consisted of 22 teams. To date 277 staff have either been relocated or have a relocation site identified. The group are reviewing options to rehouse the remaining 319 staff. From the initial 6 non-clinical support services that required to be relocated, 2 have been allocated a new site with options for the remaining 4 being explored.

22. Financial Implications

The known financial implications of these priorities are noted in the preceding sections, and summarised in the table below. Many of the priorities have yet to be costed, and will go through national, regional and local business case processes.

	Funded		Unfunded	
	Revenue	**Capital**	**Revenue**	**Capital**
Costed Proposals				
Primary Care Improvement Programme	√ £10.2m)			
Mental health (Action 15 funding)	√(£2.2m)			
Trauma (rising to £14.3m by 23/24)	√			√
Vacating West Glasgow ACH				√(£9m)
Gartnavel ward areas (52 beds)				√(£5m)
SACT			√ (1.9m)	√(£1m)
Dedicated MIU space at GRI and QEUH				√ (£1m)
North East Hub		√ (47m)		
In Development				
INS Infrastructure				√
Urgent Care Resource Hub		√	√	
Public messaging			√	
Scoping				
Infrastructure – Clyde and GRI				√
Other hubs				√
Meeting unscheduled care demands			√	√
Addressing the elective challenge			√	√
Beatson				√

23. Conclusion

This paper describes the complex planning landscape within which health and care services are delivered. Moving Forward Together provides direction and a framework for our services, but this will be influenced and shaped by some of the immediate demands and pressures facing us. Given the constraints on both capital and revenue funding, we need to establish a phased approach.

Our three immediate priorities are:

1. To address the increasing demand for unscheduled care services.
2. To meet our elective waiting time commitments.
3. To implement the GGC elements of the West of Scotland trauma network.

These priorities drive us to identify ward and associated theatre and staff capacity.

Simultaneously, we need to develop the business case for the replacement/upgrade of the INS and to map out the further work required to develop the other priorities. Following that, further prioritisation will be required to ensure that our limited resources are best utilised.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 5

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	HSCP: Draft Communications Strategy (2019 - 2022) and Action Plan and HSCP Participation and Engagement Strategy (2019 - 2022)
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
Contact Officer	David Radford, Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk Tel : 0141 355 2391

Purpose of Report	The purpose of this report is to seek IJB approval on the content of the: • HSCP Communication Strategy (See Appendix 1) and Action Plan • HSCP Participation and Engagement Strategy (See Appendix 2) and, • To support the implementation for the Health and Social Care Partnership to begin the consultation process with stakeholders.

Recommendations	That the IJB approves the; • HSCP Communication Strategy and Action Plan • HSCP Participation Engagement Strategy and, • Agrees that the next stage is to consult and engage with Stakeholders on its contents.

Relevance to HSCP Board Strategic Plan	The report supports the ongoing commitment to engage with our Stakeholders in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	An EqIA will be undertaken as part of the process.

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 Main Report

1.1 The purpose of this report is to seek IJB approval for the:

- HSCP Communication Strategy and Action Plan (Appendix 1)
- HSCP Participation and Engagement Strategy (Appendix 2),and,
- Consultation with stakeholders.

2.0 SUMMARY

Background Information

2.1 Good communication is essential to the work of the East Dunbartonshire Health and Social Care Partnership (HSCP). The HSCP has a wide range of stakeholders who contribute to the planning and delivery of services for the people of East Dunbartonshire and who, in turn, as service users support the HSCP and its Senior Management Team to continuously improve the support work that is undertaken on their behalf.

2.2 This Communications Strategy and Action Plan and HSCP Participation and Engagement Strategy will support the HSCP's approach to communication engagement and participation.

2.3 The proposed Communications Strategy (2019-22):

- sets out a framework for effective communication
- identifies Partnership stakeholders and who communication will be with – both internally and externally
- identifies the ways in which communication will be undertaken
- sets out how the effectiveness of communication activities will be further improved; and
- contains an Action Plan to progress the development and roll-out of improved and effective communications activity.

2.4 The proposed Participation and Engagement Strategy (2019-22):

- sets out a strategy which will support our commitment to meet the seven community engagement standards
- sets out our approach to align our activity to national strategies, including the Community Empowerment Act (2015) which supports enhanced public involvement in the delivery and distribution of health and social care services
- provide the link between this document and our Communications Strategy (2019-2022), Strategic Plan (2018-21) and the eight HSCP strategic priorities
- delivers a clear and effective approach to participation and engagement

3.1 The IJB is requested to consider the attached draft Communications Strategy (2019-22) an Action Plan and Participation and Engagement Strategy (2019-22) to approve the documents for consultation with stakeholders.

4.1 It is recommended that the HSCP Board: considers and approves the Communication Strategy and Action Plan and Participation and Engagement Strategy (2019-22) for the Health and Social Care Partnership and agrees that the next stage is to consult with Stakeholders on its contents.

Appendix 1: Draft Communication Strategy (2019-22)

Appendix 2: Participation and Engagement Strategy (2019-22)

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health and Social Care Partnership (HSCP)

Communications Strategy (2019-22)

HSCP Chief Officer	Susan Manion
HSCP Head of Service:	Caroline Sinclair
Lead HSCP Officer:	David Radford
Contact HSCP Officer:	Anthony Craig
Approved by:	[e.g. Head of Service]
Date approved:	TBC
Date for Review:	TBC
Version:	Draft 5 (25092019)

CONTENTS

1. FOREWORD

We are pleased to present the East Dunbartonshire Health and Social Care Partnership (HSCP) Communication Strategy (2019-22). The East Dunbartonshire HSCP has a long standing and well established approach to communication with carers, patients, service users, staff, partners and stakeholders.

Providing effective support for people is a priority for the East Dunbartonshire HSCP. Whenever possible, we will work to support people to live healthily and well within their local communities with their families and friends. To achieve this, we need to engage fully with all of our residents who are supported by our services. This requires effective channels of communication, which are designed to ensure that our information is clear, easily available to all and gets the right message to the right people in the best possible way and for this reason, we have developed this Communication Strategy (CS).

The CS provides the framework for our overall approach to communication- who we communicate with and how we do it; and largely focuses on reaching wide audience groups. It also sets out a defined programme of communication activity with our HSCP colleagues and stakeholders.

This strategy will also compliment the accompanying HSCP Participation and Engagement Strategy (2019-22), which is for individuals, groups and communities engaging in service planning and development. A significant amount of engagement activity already takes place in and across East Dunbartonshire. This strategy is designed to support our existing and future activity - ensuring we communicate effectively with all our stakeholders.

I hope you find it a valuable and useful framework that supports both individual and collective efforts across the HSCP.

Susan Murray (Chair)
East Dunbartonshire Health and Social Care Partnership (HSCP)
Integrated Joint Board (IJB)

2. INTRODUCTION

Effective communication is vital to the success of the East Dunbartonshire Health and Social Care Partnership (HSCP) ensuring that stakeholders are aware of, understand and are engaged in all relevant aspects of our work.

We know that the better informed and engaged people are about the services we provide the more satisfied they are likely to feel. Having good communications that are clear, honest and transparent and that seek to involve stakeholders early on in the process helps to build trust. We know that effective communications supports the planning, delivery and transformation of health and social care services, promoting effective professional practice and helping to increase stakeholder satisfaction.

It can therefore lead to better services, an improved reputation and stronger, more positive relationships with stakeholders, the people we serve and our partners in the public, voluntary and private sectors.

This Communications Strategy sets out how the HSCP will:

- provide the link between this document and our Strategic Plan (2018-21)[1] and the (eight) HSCP strategic priorities
- have a clear and effective approach to communication and engagement
- meet our vision and values
- identify our stakeholders and who we will communicate with (internally and externally) (see Appendix 1)
- describe how this document will support our commitment to meet the nine national health and wellbeing outcomes[2]
- identify the ways in which we will communicate, and;
- sets out how we will further improve the effectiveness of our communication activities

This Strategy also applies to all staff within the HSCP, regardless of whether they are employed by NHS Greater Glasgow and Clyde (GGC) or East Dunbartonshire Council (EDC).

[1] East Dunbartonshire HSCP Strategic Plan (2018 - 2021)
[2] Scottish Government National Health and Wellbeing Outcomes

3. KEY POLICY DRIVERS

The Public Bodies (Joint Working) (Scotland) Act 2014[3], is the legislative underpinning 'Integration' and sets out key planning and delivery principles of which communication and engagement are key components. Locally, the newly established East Dunbartonshire Integration Joint Board (IJB) will ensure that health and social care provision across East Dunbartonshire is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

There are several other drivers including local and national policies, guidance and legislation which place a duty on East Dunbartonshire HSCP to communicate and engage with the public. (See Appendix 2)

As a component part of the 'Integration' legislation, this Communication Strategy will strive to assist the HSCP in meeting our commitment to achieving the nine National Health and Wellbeing Outcomes as set out in **Table 1.** Only the outcomes which are directly relevant to this strategy are set out here for use. (See Appendix 3 for full list):

Table 1 - National Health and Wellbeing Outcomes

Number	National Health and Wellbeing Outcomes
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
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
9	Resources are used effectively and efficiently in the provision of health and social care services

[3] Public Bodies (Scotland) Act 2014

4. STRATEGIC APPROACH

The East Dunbartonshire HSCP is made up of EDC and NHS Greater Glasgow and Clyde (GGC) and is referred to as 'the Partnership' throughout this Communications Strategy (CS). As highlighted in section 3, the HSCP was set up in response to the Public Bodies (Joint Working) (Scotland) Act 2014. This created a requirement, in law, for Health Boards and Councils to work together in the planning, delivery and review of adult health and social care services, including services for children and older people. This is often referred to as 'Integration'.

Within East Dunbartonshire, all community and primary health and care services, including services for children, adults, older people, and criminal justice services, have been integrated. This means that those who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care and support.

East Dunbartonshire Integration Joint Board (IJB) is the governance body that has the oversight for the strategic planning, funding and service delivery as outlined within the HSCP Strategic Plan (2018-2021). The HSCPs' aim is to work with partners, people and communities to deliver local health and social care services, improve health, deliver support, tackle health inequality, and improve community wellbeing.

The policy priorities of the HSCP as outlined in our Strategic Plan (2018 - 2021) are to:

Table 2 - East Dunbartonshire HSCP - Strategic Plan Priorities

Number	HSCP Strategic Plan (2018-21 Priorities)
1	**Promote positive health and wellbeing, preventing ill health, and building strong communities**
2	**Enhance the quality of life and supporting independence for people, particularly those with long-term conditions**
3	**Keep people out of hospital when care can be delivered closer to home**
4	**Address inequalities and support people to have more choice and control**
5	**People have a positive experience of health and social care services**
6	**Promote independent living through the provision of suitable housing accommodation and support**
7	**Improve support for Carers enabling them to continue in their caring role**
8	**Optimise efficiency, effectiveness and flexibility**

5. VISION AND VALUES

Effective communication will be fundamental to the attainment of the vision of the East Dunbartonshire HSCP, which is:

‘Caring together to make a positive difference’.

East Dunbartonshire HSCP has agreed vision and values; these were developed in association with staff, patients, carers, service users and stakeholders. The values which are listed below in which everyone in a governance role, employed by, or contracted by, the HSCP is expected to adhere to are:

Table 3 - East Dunbartonshire HSCP- Values

East Dunbartonshire Health and Social Care Partnership (HSCP) Organisational Values	
Respect	Show kindness and courtesy and consider other people's feelings: • we will treat each other, our partners and people who access our services, fairly, as individuals and as equals with humanity and respect • we will be polite and courteous when dealing with each other • we will respect each other's diversity and differences • we will respect and maintain colleague's and the people who use our services need for privacy and confidentiality
Integrity	Live our values with our colleagues, partners and people who access our services: • we will take ownership of our actions and apologise when needed in a sincere way • we will be willing to learn from mistakes and make changes for improvement • we will take responsibility for and be accountable for our decisions and actions • we will support each other and demonstrate care and compassion in all our actions and communications • we will be open to feedback on our performance and acknowledge what is working well and what areas require further development
Professionalism	Behaving in a way that benefits the people who access our services: • we will never forget that everything we do is for our patients/service users • behave in a way consistent to the values of the HSCP in and out of our work • through integration learn about other professions and how this can support us in our service delivery • share best professional practice across the HSCP • make time as teams and individuals to reflect on what we have done and what needs to change when moving forward with integration
Empathy and Compassion	Understanding and caring for the wellbeing of others: • we will listen and hear what you have to say • we will acknowledge when we can't deal with a situation and sign post you in the right direction • we will take time to find out your personal preferences and needs • we will be sensitive and kind • we will never be too busy to care
Honesty	Be kind, honest, sincere, genuine, truthful and consistent: • in all our dealings with our colleagues and people who use our services we will promote an open and transparent environment

6. COMMUNICATIONS OBJECTIVES

The HSCP is committed to effective communication with all our stakeholders so that they are aware of, understand and are engaged with our services as appropriate. Taking a positive and proactive approach to communication ensures that information about what we do, why we do it and how we do it is provided in a clear and effective way.

This commitment supports the familiarisation of the services and activities available to people and communities and can help build trust and confidence in the HSCP, which in turn, helps build positive relationships and improves reputation.

Through this Communications Strategy and the Participation and Engagement Strategy, we will:

1. align our approach to national strategies, including the Community Empowerment act (see Appendix 2), which supports enhanced public involvement in the delivery and distribution of health and social care services
2. confirm our own branding and corporate identity - for use on all digital and printed materials (ensure branding is distinctive and recognised as a separate legal entity from our parent organisations)
3. utilise our branding to promote our identity and priorities
4. deliver a co-ordinated, managed and consistent approach to communications
5. create awareness and understanding of, and engagement in, our vision for health and social care services
6. promote the HSCP and build a positive reputation and image
7. increase awareness of the services provided by the HSCP
8. support the development and promotion of our shared culture, vision, values and behaviours
9. provide information about our services and activities
10. provide stakeholders with opportunities to share their views and ideas and to contribute to the planning and delivery of health and social care services
11. support people and service users to make better informed decisions about their health and social care needs
12. assist in developing, sharing and promoting best practice
13. raise awareness of, acknowledge, promote and celebrate successes of the HSCP, and;

14. uphold, promote and embed approaches, standards and governance for effective communications by the HSCP as set out within the Communications Strategy

The Communications Strategy is underpinned by key standards, policies and guidelines from both East Dunbartonshire Council and NHS Greater Glasgow and Clyde on:

- accessible and equalities sensitive communications - tailored to the specific audience, as appropriate
- media relations protocols - setting out how we manage reactive enquiries and proactive communication with the media
- acceptable use of social media - applies to both corporate and personal use of social media
- data protection - compliance with the Data Protection Act 1998, and;
- General Data Protection Act (GDPR) (2018)

7. COMMUNICATION STANDARDS

Here we will describe how our Communications and Engagement activities will be delivered:

• **Open and honest**	• **In good time**
• **Clear**	• **Accessible**
• **Timely and accurate**	• **Relevant**
• **Three way**	

For full list and definitions, please see Appendix 4.

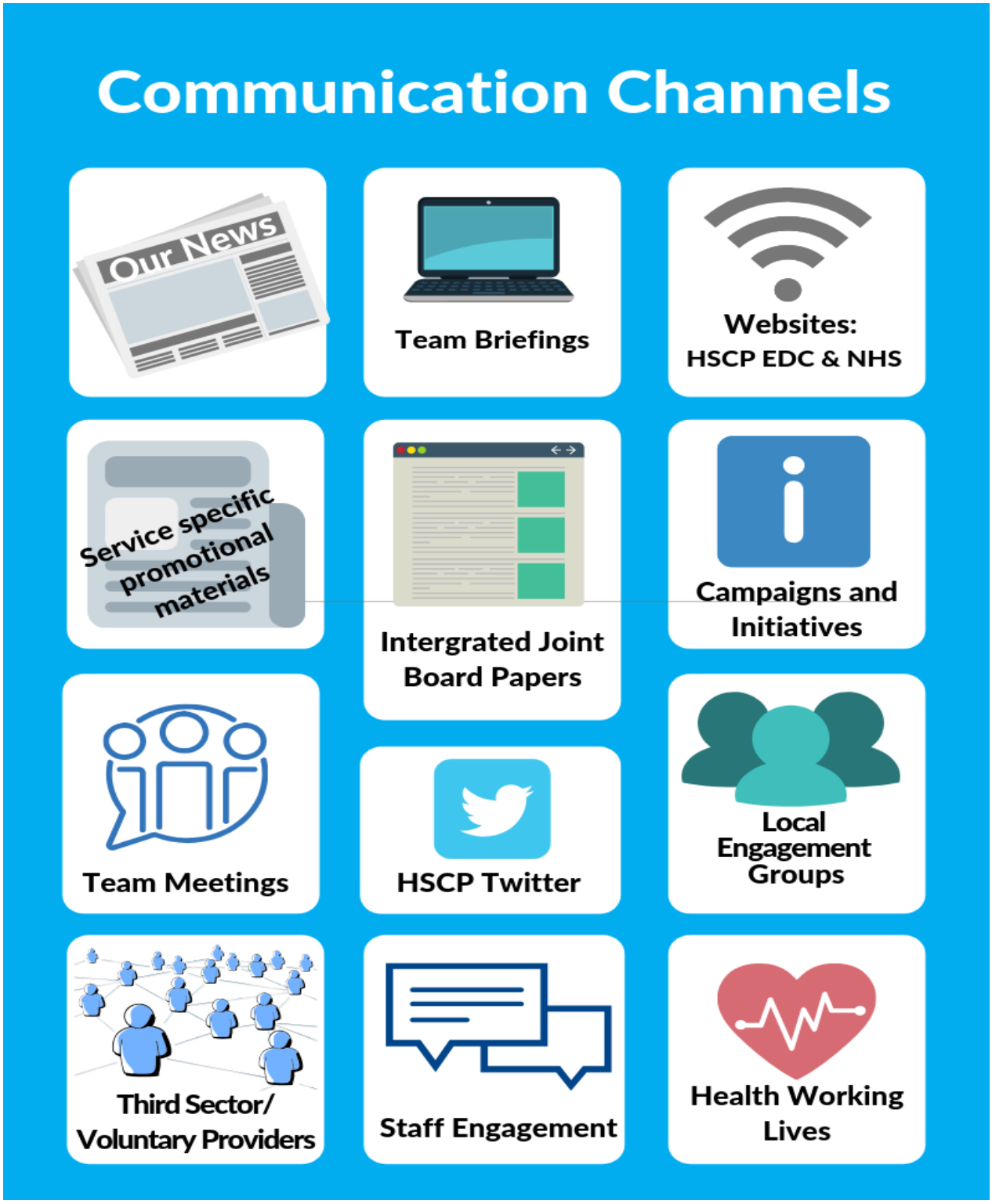
Evidence based research, statistics, proof of concepts, and case studies will also provide real-life examples of how we are making a difference and tell the HSCP's story in an effective and compelling way.

8. WHO IS OUR AUDIENCE?

Our key audience is anyone who has an interest or who has engaged with services or those who have a strategic and/or operational role in health and social care.
Our key audience groups and stakeholders may include: (See Appendix 5 for full list)

9. COMMUNICATION CHANNELS

The following key channels will be used by the HSCP to communicate with its audience. NHS GGC and East Dunbartonshire Council also have various channels to communicate with key stakeholders. (See Appendix 6 for full list)



10. ROLES AND RESPONSIBILITIES

HSCP Integrated Joint Board Members

It is the role of Board members to be the 'face' of the HSCP and to actively promote and drive forward the delivery of the strategic priorities. Board members may be required to provide quotes or to participate in media responses and can expect to receive advice and support from the EDC and NHSGGC communication teams when undertaking this role. Board members are responsible for being transparent about decisions taken and the strategic thinking behind them so that stakeholders can understand why decisions have been made.

Senior Management Team

The HSCP Senior Management Team (SMT) is responsible for driving the Communications Strategy, by clearly communicating their decisions (and the decisions of the HSCP Board). It is the role of SMT to identify potential communication opportunities for services and potential issues which the communications teams within EDC and NHS GGC can proactively promote and address.

Corporate Communication Teams

EDC and NHS GGC Communications Teams will support the HSCP in implementing and driving forward the Communications Strategy and its actions as well as supporting day-to-day functions. These teams are the first port of call for media, elected representatives and other queries and for staff in relation to advice on communications issues. The communications teams are responsible for ensuring the methods of communication adopted are appropriate and relevant. A Media Relations Protocol is in place to define the approach taken to media relations activity, roles and responsibilities within the HSCP and the respective communications teams.

Health & Social Care Staff

All staff have a responsibility to understand and promote the priorities of the HSCP through the work they undertake and to comply with the various internal communications channels and processes outlined in the staff Communication Strategy. All staff/employees are ambassadors for the HSCP and have a role to play in upholding its

reputation. They should be aware of this in both their personal and professional interactions.

11. GOVERNANCE

To ensure the consistency and accuracy of our information and communications, all HSCP branding and communications will be approved by the HSCP's Senior Management Team (SMT) or by the relevant delegated Service Manager for the service area it relates. Where a communication crosses service areas, a member of the SMT (or his/her nominee) will give final approval.

12. COMMUNICATION AMBITIONS

The following proposals for effective communications are detailed below;

- develop a corporate policy and a staff training plan that will further embed the HSCP vision, values and corporate identity on their working environment (HSCP internal)
- develop a HSCP-wide specific engagement and participation strategy (internal/external)
- identify and deliver bespoke HSCP website (internal/external)
- embed our branding and corporate identity throughout the HSCP - for use on all digital and printed materials
- engage and support comment and considerations from staff and from members of the East Dunbartonshire Public, Service User and Carer (PSUC) group to shape future communications both directly, involving both face to face and capitalising on the increase uptake and use of technology

13. COMMUNICATIONS ADVICE, GUIDANCE AND SUPPORT

Advice, guidance and support on the full range of communications channels and activities across the HSCP, EDC and NHS GGC have been made available. Both EDC and NHS GGC corporate communications teams also support external HSCP communications with the media and external organisations. (see policies below):

- East Dunbartonshire HSCP - Media Protocol (Oct 2017)
- East Dunbartonshire HSCP - Internal Communications Protocol (Oct 2017)
- East Dunbartonshire HSCP - Website/Webpages Protocol (Oct 2017)

14. MEASUREMENT AND EVALUATION

It is vital to assess how effective or not our communications activities are and whether they meet the objectives and outcomes we want to achieve. To do this, we will undertake to regular monitoring and evaluation to understand our baseline (starting point), and then to assess the levels of awareness and understanding of our messages and information, and the impact these are having on our people and communities (See Action Plan - action 3). Other measurement methods, which can help provide an indication of whether we're getting things right or not include:

- media coverage (local and national)
- webpage hits/visitors (EDC website)
- social media reach/engagement (HSCP Twitter and EDC Twitter / Facebook health and wellbeing specific messages), and;
- service user/client enquiries/compliments/complaints

There will be bi-annual reporting regarding communication activities to the Senior Management Team and Integrated Joint Board and/or its planning groups and committees. All communications activities will be evaluated continually to ensure they meet the needs of the target audiences. The Strategy will be reviewed on an annual basis and any improvements identified will be incorporated into subsequent versions of both this Strategy and related action plans.

15. USEFUL CONTACTS

The communications teams within East Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board provide a communications function to support the HSCP in the delivery of the overall Communications Framework. This support includes taking care of media and stakeholder relations and can extend to creating content to make customers and stakeholders aware of the HSCP business and upholding the good reputation of the organisation.

Health and social care staff are required to follow the policies of their employing organisations and to refer to the relevant HSCP protocols that provide staff guidance.

Advice and support should be sought from the following contacts.

- **NHSGGC Communication Service:**

Tel: 0141 201 4429, press.office@ggc.scot.nhs.uk

- **EDC Communication Service:**

Tel: 0300 123 4510,corpcommunications@eastdunbarton.gov.uk

- **HSCP Contact:**

Tel: TBC

16. ACTION PLAN

In order to improve the effectiveness of our communication activities and evaluate the progress we make in the development and roll-out of improved and effective communications activity, the following high-level action plan is required:

Number	Action	Owner	Timescale
1.	a) Development of a corporate policy (staff code of conduct / staff charter) to strictly ensure that HSCP publicity or information (both printed and digital) will not be released that does not fit our branding and/or HSCP corporate identity - This must be adhered to (internal) b) Create corporate templates that fit our values identity and will be the ONLY items used for all communications / publicity (posters, leaflets, surveys) by the HSCP and its teams **(see Appendix 7)** c) Corporate policy to also include and to further embed our corporate identity to enhance our communications both internal and external. (For defined values to be taken seriously, employees must understand the consequences of non-compliance. Values and vision should be a prominent feature and SMT should offer guidance and support in meeting the requirements of this policy)	Senior Management Team	Immediate (November 2019)
2.	The HSCP and its teams will use established mechanisms to regularly communicate with the HSCPs internal and external audiences through the channels outlined (**see Appendix 6**) in this Communications Strategy	Senior Management Team and Senior Managers /	October / November 2019 on-going
3.	Develop and conduct a communications survey with both internal and external audiences who the HSCP communicates with to understand: • the channels used for communications • the effectiveness of the HSCPs existing communications channels • preferred communications channels and internal and external stakeholders' awareness and understanding of the HSCP and IJB and their work.	Senior Management Team	By December 2019 (baseline) December 2020 (mid-point)

	To track changes and implement opportunities for improvement and conduct the survey three times over the course of the Communications Strategy, which will further inform its review in 2021		December 2021 (end - point)
4.	A feasibility study will be undertaken to scope out the possibility of developing and implementing an external website for the HSCP and IJB to communicate with internal and external stakeholders including patients, service users, carers and their representatives and the public	Senior Management Team	by December 2021
5.	The HSCP will examine different and better ways of communicating with patients, service users, carers and their representatives, particularly hard-to-reach and vulnerable groups	Senior Management Team	by May / June 2020
6.	Establish, develop and implement a programme of external engagement opportunities (HSCP events x 2 per annum) for carers, patients, and public and service users to meet staff and managers, by using the PSUC group as a vehicle for participation	Senior Management Team	by May / June 2020
7.	Create and deliver a HSCP-wide specific engagement and participation strategy, (linking in with this Communications Strategy) including all HSCP teams covering all engagement, participation and involvement, including service change/redesign framework	Senior Management Team	by December 2019

APPENDIX 1. COMMUNICATIONS MATRIX

The following tables sets out the channels that will be used by the HSCP to communicate with its stakeholders at both corporate and partnership levels.

East Dunbartonshire Health and Social Care Partnership Communication Matrix
East Dunbartonshire Council / NHS Greater Glasgow and Clyde Corporate Level

Communications Channel	Corporate / ED HSCP	Internal / External	Frequency	Communications audience									
				Patients, service users, carers and their reps	The Public	ED HSCP staff	EDC and NHS staff	ED HSCP IJB, Elected members, NHS Non-Exec Directors	Trade Union / Staff side	Contractors/ Providers of health and social care	East Dun CPP members	Scot Gov and/or MPs / MSPs	The media
'Our News' HSCP staff newsletter	ED HSCP	Internal	Monthly			x	x	x	x				
Team Brief - Susan Manion (Chief officer)	ED HSCP	Internal	As and when required			x	x	x	x		x		
Managers briefings and Core Brief (NHS GGC)	Corporate	Internal	As and when required			x	x	x	x		x		
HSCP webpages on EDC website	Both	External	On-going	x	x	x	x	x	x	x	x	x	x
NHS GGC and EDC Intranet inc health and social care related web-pages (inc Staffnet and The Hub)	Both	Internal	On-going			x	x	x	x		x		
All HSCP staff emails (all NHS GGC and all EDC)	Both	Internal	On-going			x	x	x	x		x		
HSCP IJB and its committees approved agendas, minutes and reports	ED HSCP	External	On-going	x	x	x	x	x	x	x	x	x	x

Communications Channel	Corporate / ED HSCP	Internal / External	Frequency	Communications audience									
				Patients, service users, carers and their reps	The Public	ED HSCP staff	EDC and NHS staff	ED HSCP IJB, Elected members, NHS Non-Exec Directors	Trade Union / Staff side	Contractors/ Providers of health and social care	East Dun CPP members	Scot Gov and/or MPs / MSPs	The media
HSCP Twitter	ED HSCP	External	On-going	x	x	x	x	x	x	x	x	x	x
NHS GGC / EDC and its committees approved agendas, minutes and reports	Corporate	External	On-going	x	x	x	x	x	x	x	x	x	x
HSCP Service-specific channels: newsletters, websites, social media, leaflets, surveys, posters and projects/initiatives/ campaigns	ED HSCP	External	On-going	x	x	x	x	x	x	x	x	x	x
Public, Service User and Carer group participation / involvement	ED HSCP	External	On-going	x	x		x	x					
Public, Service User and Carer (PSUC) group - newsletter	ED HSCP	External	Quarterly	x	x		x	x	x	x	x	x	x
Public, Service User and Carer (PSUC) group - Posters and leaflets	ED HSCP	External	On-going	x	x		x	x	x	x	x	x	x

Communications Channel	Corporate / ED HSCP	Internal / External	Frequency	Communications audience									
				Patients, service users, carers and their reps	The Public	ED HSCP staff	EDC and NHS staff	ED HSCP IJB, Elected members, NHS Non-Exec Directors	Trade Union / Staff side	Contractors/ Providers of health and social care	East Dun CPP members	Scot Gov and/or MPs / MSPs	The media
Local third sector interface (TSI) / voluntary	ED HSCP	External	On-going	x	x								
Independent providers	ED HSCP	External	On-going							x			
Events	ED HSCP	External	As and when required	x	x		x	x	x	x	x	x	x
Solus screens in KHCC / health centres	ED HSCP	External	On-going	x	x								
'Health Working Lives' briefings, emails and posters	ED HSCP	Internal	On-going			x			x				
HSCP partnership briefings	ED HSCP	Internal	On-going			x			x				
Chief Officer and Heads of Service sessions, HSCP-wide Leadership sessions, Head of Service sessions with locality groups, iMatters and staff awards	ED HSCP	Internal	On-going			x			x				
All-staff emails (all HSCP, all health and all social work and all NHS GGC)	Corporate and ED HSCP	Internal	On-going		x			x					

APPENDIX 2. KEY POLICY DRIVERS

Community Empowerment (Scotland) Act 2015

Part 10 of the Act focuses on participation in public decision making. 'A new regulation-making power, enabling Ministers to require Scottish public authorities to promote and facilitate the participation of members of the public in the decisions and activities of the authority, including in the allocation of its resources. Involving people and communities in making decisions helps build community capacity and also helps the public sector identify local needs and priorities and target budgets more effectively'. www.gov.scot/publications/community-empowerment-scotland-act

The Scottish Government National Health and Wellbeing Outcomes (2014)

Outcome 8 concentrates on engagement: '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'. www2.gov.scot/National-Health-WellbeingOutcomes

Patient Focus Public Involvement (2006)

In 2006, Patient Focus Public Involvement was launched nationally. Patient focus, public involvement, often referred to as PFPI, emphasises two different ways in which people can participate in healthcare. Patient Focus: means the provision of treatments and services which put the needs of the person at the centre to improve their experiences and outcomes of care and treatment. Public Involvement: means involving people in decisions about how their health service is designed and provided. Public involvement should be part of the planning approach of an organisation. www.webarchive.org.uk/Resource/Doc/158744/0043087.pdf

Carers (Scotland) Act 2016

The Carers Act 2016 places a duty on local authorities and health boards to involve carers in planning the carer services they provide. must 'take such steps as they consider appropriate' to involve carers and carer representatives in the planning and evaluation of services that support carers. www.gov.scot/Unpaid-Carers/Implementation/Carers-scotland-act-2016

APPENDIX 3. NATIONAL HEALTH AND WELLBEING OUTCOMES

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
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
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
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
7	People using health and social care services are safe from harm
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
9	Resources are used effectively and efficiently in the provision of health and social care services

APPENDIX 4. COMMUNICATION STANDARDS

COMMUNICATION STANDARDS	
Open and honest	taking a person centred approach; sharing information which is truthful and accurate
In good time	providing up to date information as soon as possible, consistently and quickly
Clear	easy to understand; avoiding the use of jargon and in plain English
Accessible	meeting the standards of the Equality Act (2010). Use styles, formats, fonts and materials that are accessible and appropriate to the needs of the audience (Ariel 12 minimum)
Timely and accurate	support transparency, accountability and fairness
Relevant	informative with a focus on the needs of the intended audience
Three way	Work as a conversation - not a broadcast - with means for people to actively contribute at all levels and across the organisation

APPENDIX 5. KEY AUDIENCES AND STAKEHOLDERS

OUR KEY AUDIENCE GROUPS AND STAKEHOLDERS

- carers, patients, service users and their representatives
- the public and local residents
- staff working within East Dunbartonshire Health and Social Care Partnership
- East Dunbartonshire Council and NHS Greater Glasgow and Clyde employees
- East Dunbartonshire Integration Joint Board (IJB) Members
- East Dunbartonshire Council Elected Members
- HSCP Strategic planning group
- HSCP Locality planning groups (East and West)
- NHS Greater Glasgow and Clyde Executive & Non-Executive Director Board Members
- East Dunbartonshire Public, Service User and Carer (PSUC) group
- neighbouring HSCP Boards, NHS 24 and Scottish Ambulance Service (SAS)
- Trade Unions/staff representatives
- Contractors/providers of health and social care services and their representative groups (including third and independent sector and General Practitioners)
- Housing associations
- East Dunbartonshire Community Planning Partners (inc Scottish Fire & Rescue Service, Police Scotland, local colleges, Strathclyde Passenger Transport (SPT) Scottish Enterprise)
- MPs/MSPs within East Dunbartonshire and those who's constituency borders / overlaps and those with a health and social care remit
- Community councils / residents associations
- Relevant external organisations (e.g. Scottish Government & Scottish Health and Social Care Regulators), and;
- the media (local and national)

APPENDIX 6. COMMUNICATION CHANNELS

East Dunbartonshire Health and Social Care Partnership (HSCP)

- HSCP 'Our News' e-newsletter (staff newsletter with the Chief Officer's message)
- Team Brief (corporate briefing for staff from Susan Manion - Chief Officer)
- East Dunbartonshire HSCP webpages (EDC website)
- East Dunbartonshire Council and NHS Greater Glasgow and Clyde health and social care specific web pages (Internet web pages for the public)
- Twitter - @EastDunHSCP
- East Dunbartonshire HSCP Integration Joint Board and its committees approved agendas, minutes and reports
- health and social care service(s) specific newsletters
- service specific leaflets and posters displayed in GP offices, social work offices, health centres, hospitals, libraries, schools and community centres
- service specific projects/initiatives/campaigns
- local engagement groups (for example, PSUC group, Carers Group)
- third sector/voluntary and independent providers
- engagement events
- other channels (for example, service directories, EDC corporate comms/media stories and marketing campaigns)
- Healthy Working Lives briefings (internal letter / briefings to inform staff within the HSCP about health and wellbeing issues and promotions/campaigns)
- HSCP Briefing (briefing for staff within the Partnership on specific topics affecting them - as and when required)
- Team Meeting Communications Briefing (communications as part of staff team meetings)
- staff engagement opportunities including Chief Officers and Heads of Service sessions, annual staff awards, Head of Service sessions with locality planning groups, service-led sessions with Core Leadership Leads and iMatters
- all-staff emails (internal / external)
- word of mouth, one to one discussion with stakeholders

NHS GGC and East Dunbartonshire Council also have various channels to communicate with key stakeholders.

NHS Greater Glasgow and Clyde (GGC) (corporate communications):

- Health News (public newspaper)
- Staff News (staff magazine)
- NHS Greater Glasgow and Clyde Internet website
- Staffnet (Intranet website for staff and authorised users)
- Twitter - @NHSGGC
- Facebook - NHS Greater Glasgow and Clyde
- Team Brief (corporate briefing for staff from NHS GGC Chief Executive)
- Core Brief (corporate briefing for staff on specific topics affecting them)
- all-staff emails
- Health Board approved Board/Committee agendas, minutes and reports

East Dunbartonshire Council (EDC) (corporate communications):

- Edit (staff magazine)
- East Dunbartonshire Council website
- The Hub (Intranet website for staff and authorised users)
- Twitter - @EDCouncil
- Facebook - East Dunbartonshire Council
- Executive Message and Corporate Briefing (corporate briefing for staff from the Chief Executive)
- Managers' Briefing (corporate briefing for staff on specific topics affecting them)
- Corporate Announcements (all-staff emails)
- East Dunbartonshire Council approved Committee agendas, minutes and reports

APPENDIX 7. CORPORATE IDENTITY

(TEMPLATE CREATION)

Stationery and written communications

- Letterheads
- Compliment slips
- Fax header sheets
- Emails
- Business cards

Digital and online communications

- Webpages (EDC website)
- Intranet (NHS GGC / EDC)
- Social media channels (Twitter)
- E-bulletins and newsletters (Our news / patient/public newsletters)

Patient information

- Leaflets
- Posters
- Surveys

Presentations

- PowerPoint presentations

Marketing and promotional and organisational development materials

- Displays
- Exhibition/event stands
- Pull-up banners

Uniform and identification

- Lanyards (reminder to all staff this must be adhered to)

Media Relations

- All templates form part of the Identity

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health and Social Care Partnership (HSCP)

Participation and Engagement Strategy (2019-22)

HSCP Chief Officer	Susan Manion
HSCP Head of Service:	Caroline Sinclair
Lead HSCP Officer:	David Radford
Contact HSCP Officer:	Anthony Craig
Approved by:	[e.g. Head of Service]
Date approved:	TBC
Date for Review:	TBC
Version:	Draft 5 (21102019)

CONTENTS

1. FOREWORD

We are pleased to present the East Dunbartonshire Health and Social Care Partnership (HSCP) Participation and Engagement Strategy (2019 - 2022). This Strategy is supported by the East Dunbartonshire HSCP Communications Strategy (2019 - 22).

East Dunbartonshire HSCP has a long standing and well established approach to communication with our communities, the public, carers, patients, service users, staff, partners and stakeholders.

East Dunbartonshire HSCP is continually looking for ways to make our services the best they can be for all of our communities, public, carers, patients, service users, staff, partners and stakeholders and your feedback on how we are doing will help us to achieve this. By listening carefully to you, the HSCP can better understand what our communities want and need and how we can best support them. By working together, we can bring about real and lasting improvements.

We know from experience that the people who use our services have the lived experiences and are the true experts on how those services should be planned, developed and delivered and your views and experiences will help us to improve services for everyone who uses them.

Throughout the life of this Participation and Engagement Strategy (2019-2022) our stakeholders will have the opportunity to provide feedback on all aspects of our services via the Public, Service User and Carer group, local stakeholder groups, consultations, events and local and national surveys. We will use this feedback to make continuous improvements to the way we deliver health and social care services.

Susan Murray (Chair)
East Dunbartonshire Health and Social Care Partnership (HSCP)
Integrated Joint Board (IJB)

2. INTRODUCTION

This document sets out the East Dunbartonshire Health and Social Care Partnership (HSCP) Participation and Engagement Strategy (2019-2022). Effective participation and engagement is vital to the success of the HSCP, ensuring that all stakeholders are aware of, understand, participate and are engaged in all relevant aspects of our work.

Scottish Government guidance on strategic planning states services should be 'planned and led locally in a way which is engaged with the community' (including those who look after service users and those who are involved in the provision of health and social care)[1]. Locally, this means that patients, service users, carers and their families, the Third and Independent sectors and HSCP staff will be embedded in the process as key stakeholders in the shaping and the redesign of health and social care services.

The HSCP conducts its business in an open and transparent way and will encourage all staff working with the HSCP to do likewise. Effectively this means putting the needs and aspirations of patients, service users, carers, and their families at the heart of their work. The HSCP will also encourage Third and Independent sector organisations who are commissioned by the HSCP to operate in a similar way.

This Participation and Engagement Strategy sets out how the HSCP will:

- describe how this document will support our commitment to meet the seven community engagement standards (Appendix 1)
- align our approach to national strategies, including the Community Empowerment Act (2015) (Appendix 2), which supports enhanced public involvement in the delivery and distribution of health and social care services
- provide the link between this document and our Communications Strategy (2019-2022), Strategic Plan (2018-21) and the eight HSCP strategic priorities
- deliver a clear and effective approach to participation and engagement
- meet our vision and values
- identify the ways in which we will involve communities and stakeholders, and;

[1] Public Bodies (Scotland) Act 2014

- establish the procedure to further enhance participation and engagement activities, through our planning, designing and reviewing of health and social care services

The consultation process, began in May 2019 and will run until December 2019, this has been achieved (thus far), through a range of engagement events; (Moving Forward Together events), stakeholder groups (PSUC group/Carers forum) and both the Strategic Planning Group (SPG) and the two Locality Planning Groups and their respective networks. The next stage will be to further engage with the public, carers, service users and with Third sector and Independent sector colleagues to widely share the document.

The HSCP will ensure that community participation and engagement is a cornerstone of the Partnership.

3. KEY POLICY DRIVERS

The Public Bodies (Joint Working) (Scotland) Act 2014[2], is the legislative underpinning to 'Integration' and sets out key planning and delivery principles of which communication and engagement are key components. Locally, East Dunbartonshire Health and Social Care Partnership Integration Joint Board (IJB) will ensure that health and social care provision across East Dunbartonshire is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

Other legislation passed by the Scottish Parliament including the Self Directed Support Act, 2013 and the Children and Young People Act, 2014, which empowers and supports individuals, families and carers to have greater choice and control over how they receive social care services.

The Community Empowerment (Scotland) Act, 2015[3] empowers local communities and individuals in a number of different ways, but particularly by strengthening their voices in the decision making process. New participation requests will allow local communities with an identified need to request that action is taken or to request

[2] Public Bodies (Scotland) Act 2014
[3] Community Empowerment (Scotland) Act 2015

involvement in improving a service. In addition, through the Community Planning Partnership (CPP), partners are required to engage with local communities, identified as living with deprivation to produce an action plan to address inequalities in the area.

In 2006, Patient Focus Public Involvement was launched nationally. Patient focus, public involvement, often referred to as PFPI, emphasises two different ways in which people can participate in healthcare. Patient Focus means the provision of treatments and services which put the needs of the person at the centre to improve their experiences and outcomes of care and treatment. Public Involvement means involving people in decisions about how their health service is designed and provided. (See Appendix 2)

4. VISION AND VALUES

Effective participation and engagement will be fundamental to the attainment of the vision of the HSCP, which is:

‘Caring together to make a positive difference’.

The HSCP has agreed vision (above) and values (see page 7); these were developed in association with staff, patients, carers, service users and stakeholders. The values which are listed below in which everyone in a governance role, employed by, or contracted by, the HSCP is expected to adhere to are:

Table 1 - East Dunbartonshire HSCP- Values

East Dunbartonshire Health and Social Care Partnership (HSCP) Organisational Values	
Respect	Show kindness and courtesy and consider other people's feelings: • we will treat each other, our partners and people who access our services, fairly, as individuals and as equals with humanity and respect • we will be polite and courteous when dealing with each other • we will respect each other's diversity and differences • we will respect and maintain colleague's and the people who use our services need for privacy and confidentiality
Integrity	Live our values with our colleagues, partners and people who access our services: • we will take ownership of our actions and apologise when needed in a sincere way • we will be willing to learn from mistakes and make changes for improvement • we will take responsibility for and be accountable for our decisions and actions • we will support each other and demonstrate care and compassion in all our actions and communications • we will be open to feedback on our performance and acknowledge what is working well and what areas require further development
Professionalism	Behaving in a way that benefits the people who access our services: • we will never forget that everything we do is for our patients/service users • behave in a way consistent to the values of the HSCP in and out of our work • through integration learn about other professions and how this can support us in our service delivery • share best professional practice across the HSCP • make time as teams and individuals to reflect on what we have done and what needs to change when moving forward with integration
Empathy and Compassion	Understanding and caring for the wellbeing of others: • we will listen and hear what you have to say • we will acknowledge when we can't deal with a situation and sign post you in the right direction • we will take time to find out your personal preferences and needs • we will be sensitive and kind • we will never be too busy to care
Honesty	Be kind, honest, sincere, genuine, truthful and consistent: • in all our dealings with our colleagues and people who use our services we will promote an open and transparent environment

5. GOOD PRACTICE

The HSCP will adopt the National Standard for Community Engagement as part of its Participation and Engagement Strategy (2019-22). These were first launched in May, 2005 and further updated in 2015/16 and have been widely adopted. The 7 standards detailed (see Appendix 1) set out best practice principles for the way in which public bodies engage with communities.

6. MEASUREMENT AND EVALUATION

The implementation and efficacy of the Participation and Engagement Strategy (2019-2022) and the Communications Strategy (2019-2022), will be reported on each year in the HSCP Business Development Plan. This will include examples of participation and engagement that has taken place throughout the preceding year.

The strategy will be reviewed after it has been in operation for 12 months and if it requires amendment an updated document will be prepared and submitted to the Integration Joint Board for approval. Following this initial 12 month period, the strategy will be routinely reviewed every three years, in line with the full rewriting of the Communications Strategy (2019 - 2022).

7. NATIONAL OUTCOMES

The work of the HSCP, as directed by the IJB, will primarily be to plan, deliver, commission and co-produce health and social care services locally in a way that demonstrates effective progress against the National Outcomes for Adults and Older Peoples, Children and Families and Criminal Justice. Participation and engagement activity undertaken by the HSCP will be in pursuit of work connected with the achievement of these National Outcomes. (See here and Appendix 3)

8. PRINCIPLES AND POLICY PRIORITIES

The following principles will form the basis of our Participation and Engagement Strategy (2019-22), and are informed by findings of the review of existing engagement networks, comments from key stakeholders and the legislative context:

1. we will take an inclusive approach to participation and engagement, and promote opportunities for individuals and groups from all walks of life to engage with the East Dunbartonshire HSCP

2. we are responsible for the delivery of health and social care services in East Dunbartonshire to people of all ages and from all backgrounds, and we want to give all of our service users and patients the opportunity to influence those services

3. we will further develop our participation and engagement activity with young people, recognising our existing engagement networks with young people are evolving, but less developed than with other groups

4. we will be approachable, with information made available through a variety of accessible means on how to engage with East Dunbartonshire HSCP

5. we will be transparent in all of our engagement activity. We will share information, and will answer questions fully and frankly. The HSCP will regularly review and consider feedback from our participation and engagement networks

6. we are committed to two-way communication (see Communications Strategy 2019 - 2022), and we will listen to what individuals, groups and networks have to say. We will value and respect people's opinions. We understand that a small number of people cannot fully reflect the views of an entire community, but are entitled to make representations on behalf of their wider community

7. we will be co-ordinated across East Dunbartonshire, Public, Service User and Carers (PSU&C) Group Representatives, Strategic Planning Group (SPG) and Locality Planning Groups (LPGs). We recognise the significant links, dependencies and overlaps between every group and how they relate to each other

8. we will have a strong local focus to our participation and engagement activity, recognising that the needs of localities are best represented by the people who live and work in those areas, and;

9. we will be flexible to the needs of our localities, recognising that one approach does not fit all

The policy priorities of the HSCP as outlined in our Strategic Plan (2018 - 2021) are to:

Table 2 - East Dunbartonshire HSCP - Strategic Plan Priorities

Number	HSCP Strategic Plan (2018-21 Priorities)
1	**Promote positive health and wellbeing, preventing ill health, and building strong communities**
2	**Enhance the quality of life and supporting independence for people, particularly those with long-term conditions**
3	**Keep people out of hospital when care can be delivered closer to home**
4	**Address inequalities and support people to have more choice and control**
5	**People have a positive experience of health and social care services**
6	**Promote independent living through the provision of suitable housing accommodation and support**
7	**Improve support for Carers enabling them to continue in their caring role**
8	**Optimise efficiency, effectiveness and flexibility**

9. A CONSISTENT APPROACH

By offering a common understanding and consistent approach to the participation and engagement process, the participation and engagement framework enables the HSCP to be better able to undertake participation and engagement as part of an integrated service delivery. The Framework (Page 12) provides a clear definition of participation and engagement and sets specific standards to assist in planning, and conducting effective community participation processes. It assists to develop and maintain an organisational culture that respects and values participation and engagement with our service users and communities.

The HSCP acknowledges the importance of building relationships with the community and embraces ongoing dialogue to improve decision making processes through timely, transparent, honest, inclusive, accessible and responsive community participation and engagement. By receiving diverse perspectives and potential solutions enables the HSCP to make more informed decisions. It does not replace

the decision making functions of the HSCP but informs it. Furthermore it is not always practical or appropriate to engage the community in all HSCP decisions.

It is crucial that the community members of East Dunbartonshire are sufficiently informed of major issues, plans, projects and all matters that are likely to affect them and have opportunities to participate meaningfully in community engagement to enhance the HSCPs decision making process. This will thereby reduce potential misinformation and miscommunication.

10. PARTICIPATION AND ENGAGEMENT FRAMEWORK

The framework (Table 3) does not prescribe exactly how the communities of East Dunbartonshire should be engaged with for every project or issue. Rather, HSCP staff should determine the most appropriate participation and engagement approach, deciding on the level of participation and engagement based on the nature of the issue, project, plan or decision to be made. Moving to the right of the framework responds to an increase in expectation for public and community participation and impact. The framework has five levels describing the goal and promise for each.

In many cases, more than one level of participation will be required to achieve the HSCPs engagement objectives (e.g. inform and consult). Movement between engagement activities may occur as the engagement proposal is implemented and/or before the HSCP makes a final decision. Please refer to the service user engagement framework (page 14) for the table of service user engagement tools and techniques.

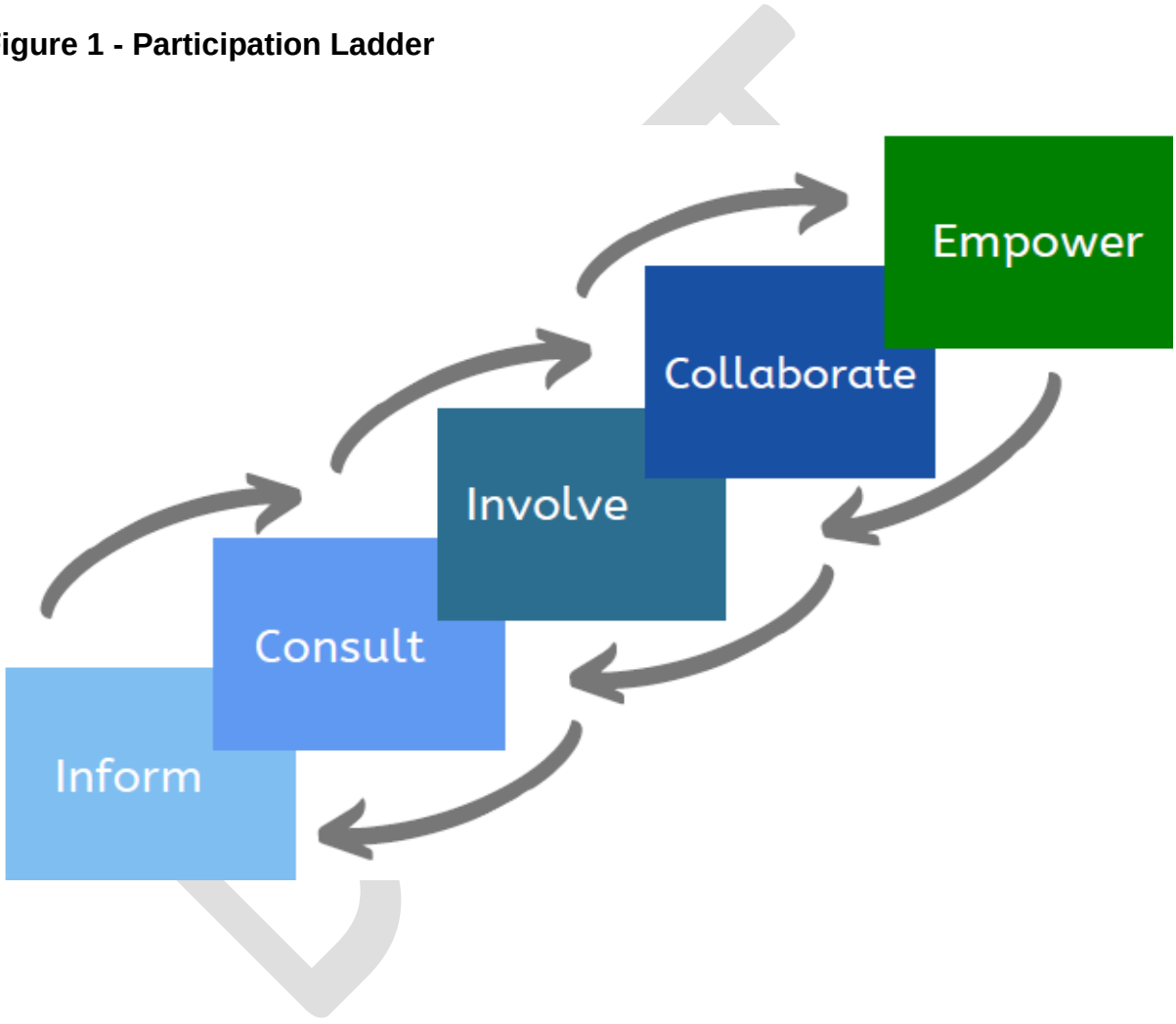
Table 3 - Participation and Engagement Framework

	INCREASING IMPACT ON THE DECISION MAKING PROCESS >>>>>				
	Inform	**Consult**	**Involve**	**Collaborate**	**Empower**
PUBLIC PARTICIPATION GOAL	To provide local service users with relevant health and social care information to assist them in understanding the challenges, alternatives, opportunities and/or the solutions	To obtain local service users feedback on analysis, alternatives and/or health and social care decisions	To work directly with local service users throughout any processes to ensure that residents health and social care concerns and aspirations are consistently understood and considered	To partner with local service users in each aspect of health and social care service re-design and/or service change including the development of alternatives and the identification of the preferred solution	To place the final decision making in the hands of service users and communities
PROMISE TO LOCAL COMMUNITIES	We will keep you informed of any development within local health and social care services	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how your input influenced the decision and we will seek your feedback on proposals	We will work with communities to ensure that their concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how their feedback influenced the decision	We will work with communities to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what you decide

11. PARTICIPATION AND ENGAGEMENT LADDER

In pursuit of our Vision, Values, Principles and Policy Priorities, the HSCP will actively seek the involvement of the community and all of its stakeholders in its decision making. It will do this in line with the community engagement standards outlined in Appendix 1 and by the deployment of the following participation and engagement ladder which is used in conjunction with the participation and engagement frameworks.

Figure 1 - Participation Ladder



12. ENGAGEMENT APPROACHES, TOOLS AND TECHNIQUES

We engage with our communities, service users and carers for a variety of reasons. Sometimes we may want to provide people with information or consult on something and get feedback, whilst at other times we may want people to participate more actively, so they can directly influence and get involved in our work.

Table 4 - Service User Engagement Framework

	Community Engagement and Participation Framework		
	Meaning	**Impact**	**Examples**
Inform	To provide good quality information to assist local people in understanding key issues	Local people are well informed about our work, services, visions and goals	Newsletters Leaflets, Posters Social media Website
Consult	To inform local people about what we would like to do to improve services and receive their feedback	Local people are listened to and their feedback is used to help us with our decisions	Patient and carer forums Surveys Feedback forms
Involve	To work directly with service users, carers and others to ensure their views are used to design or redesign a service or process	Local people's advice and ideas are used to improve services and outcomes for themselves and others	Workshops, Focus groups, Locality groups and Strategic planning groups
Collaborate	To work together in partnership with service user, carers, and/or other agencies to design, create or run services	People will work with us as equal partners to improve services and outcomes	Co-deliver or are involved in a pilot or new programme participatory decision making user panels / reference groups
Empower	The decision making in the hands of local communities	Local people lead on the planning and development of local services	Participatory budgeting Co-production

The remainder of this strategy document will set out the ways in which the HSCP will encourage participation and engagement, and the mechanisms that it will establish to ensure that this is effective, efficient, and equal and is done in a way that will assist it to deliver best value for the people of East Dunbartonshire.

13. THE INTEGRATION JOINT BOARD (IJB)

The Integration Joint Board (IJB) encourages participation in its decision making by having a number of representative members and others in addition to the voting members appointed by the NHS Greater Glasgow and Clyde (GGC) and East Dunbartonshire Council (EDC) to be an integral part of it and to contribute to debate and discussion. There will be a representative member appointed from each of the following: trade union representative, service users, carers, the third sector, council staff, NHS Board staff and General Medical Practitioners (GP's). These members will be entitled to attend and to participate in all formal decision making meetings of the board. More information can be found here.

14. STRATEGIC PLANNING GROUP

The Integration Joint Board established a Strategic Planning Group (SPG) for the HSCP as required through regulation. This is the principal stakeholder group of the HSCP. Its membership, which is wide ranging and representative, is set out in Appendix 5. The remit of the SPG is to:

- express its views on drafts of the Partnership's Strategic Plan (2018-22)
- comment on the implementation of actions outlined in the Plan
- work with the Senior Management Team (SMT) to update the Plan each year to reflect new needs and priorities and the changing environment, and;
- contribute to the development of HSCPs policies and strategies and to be consulted on these

More information can be found here.

15. LOCALITY PLANNING GROUPS

The HSCP has established two Locality Planning Groups (East and West) to provide a voice for local people, organisations and professionals working together to

communicate local needs and how these should be prioritised in future versions of the HSCPs Strategic Plan (2018-21). Performance information will in future be provided to both Locality Planning Groups and will be reported on in the HSCPs annual reports. This will enable groups to hold the HSCP to account for the delivery of services and the support provided in their areas. Delegation to Locality Planning Groups is an empowerment issue that will be further considered by the IJB.

16. ENGAGEMENT WITH STAFF

Staff working directly within the HSCP and who are employed by EDC and NHS GGC are recognised by the IJB as one of the most important resources that it has, in its drive to deliver on its Strategic Plan objectives and policy priorities. Representatives of the integrated workforce sit on the IJB and SPG. The HSCP has also established the East Dunbartonshire Staff Partnership Forum (SPF) which is the principal consultation body for engagement with staff and through which participation will be sought. This body meets regularly throughout the year.

17. PUBLIC, SERVICE USER AND CARER GROUP

The Public, Service User and Carer (PSUC) representatives group in East Dunbartonshire was formed in 2016 and is a network of local people with an interest in improving the services provided by the HSCP. Involving carers, service users, the public and local communities is an important part of improving the quality of services provided by the HSCP. The PSUC group help the HSCP to improve services and ensure they are person centred; they also assist the HSCP to change or redesign local health and social care services and to strengthen local knowledge and confidence in the HSCP. The PSUC group also:

- assist the HSCP in developing new services which meet the needs of the local population
- assist in creating an improved service and the overall experience people receive; and,
- assist the HSCP in developing and promoting better communication techniques to inform and engage local residents

Representatives from the PSUC group sit on the Integration Joint Board, Strategic Planning Group and both Locality Planning Groups. For more information please email ED.PSUC@ggc.scot.nhs.uk

18. THE THIRD SECTOR

The Integration Joint Board recognises the key role that the Third Sector plays locally and how central it is to the development of a co-produced model of service delivery and to the development of capacity in local communities. This essentially describes the relationship between service providers, service users and wider community that utilises their knowledge, ability and resources to develop services, so that they become more efficient, effective and productive.

In addition to being members of the IJB and the Strategic Planning Group, East Dunbartonshire Voluntary Action (EDVA), the local Third Sector Interface (TSI), is represented on the Commissioning Group that is overseeing the development of the HSCP Commissioning Strategy and both Locality Planning Groups. EDVA jointly participates in community engagement activities with the HSCP and has facilitated a number of consultation events with third sector and independent sector organisations, for example, on the development of the HSCPs Strategic Plan and Commissioning Strategy. More information can be found here.

19. THE INDEPENDENT SECTOR

The Independent Sector is represented on the Strategic Planning Group through a chosen representative, who has a seat on the group. In addition, the HSCP has established a number of provider's forums, with representatives from both independent sector and voluntary sector organisations. These groups participate in the development of new strategies and commissioning arrangements for a range of activity areas and will be instrumental in the modernisation of services and in the development of new and innovative approaches. These forums will also provide effective mechanisms for the discussion of issues, both opportunities and difficulties between providers and the HSCP's management and staff. To date such groups have been established in the following areas:

- Care Homes

- Learning Disability
- Physical Disability
- Mental Health and
- Older People

20. PROFESSIONAL GROUPS AND NETWORKS

The HSCP is the lead partnership in East Dunbartonshire for Allied Health Professionals (AHP's). Staff from a range of health, social care, and other professions, comprise a significant element of the workforce within the HSCP. Engagement with professional groups is another key element of the HSCPs Participation and Engagement Strategy. In addition, engagement with these groups that takes place through established mechanisms in NHS GGC and East Dunbartonshire Council. The HSCP, in accordance with the provisions of the Integration Scheme (Partnership Agreement), has established a Health and Care Governance Group, to engage with professionals and to seek their participation. The Health and Care Governance Group will consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. The Health and Care Governance Group will provide advice to the Integration Joint Board, Strategic Planning Group, and locality groups.

21. GENERAL PRACTIONERS AND CLUSTERS

General Medical Practitioners (GP's), or family doctors, have a significant role to play in the delivery of Integration Principles as set out in the Public Bodies (Joint Working) (Scotland) Act, 2014, by working in partnership to improve the wellbeing of service users. In addition, fundamental to the HSCP's Strategic Plan is the desire to achieve a shift in the balance of care from hospitals and other institutions to local communities and people's homes. GP's will be at the heart of the HSCP's efforts locally to achieve this objective and the 2018 Scottish General Medical Services Contract sets out the distinctive new direction for General Practice in Scotland which will improve access for patients, address health inequalities and improve population health. East Dunbartonshire HSCP, through the new Primary Care Improvement Plan, has three distinctive locality based General Practice (GP) Clusters:

- Bearsden and Milngavie
- Bishopbriggs, and;
- Kirkintilloch, Lennoxtown, Lenzie, Torrance and Twechar

The purpose of these Clusters is to share resources, use data and health intelligence at a local level, be cognisant of local priorities, to facilitate assurance and to drive improvement in the quality of care provided by different parts of the health and social care system, while knowing local priorities. This aims to drive improvement in the quality of care provided by different parts of the health and social care system[4].

22. COMMUNITY PHARMACY / OPTOMETRY / DENTISTRY

The role of Community Pharmacists, Optometrists and Dentists is changing, with a much greater range of healthcare services and advice now available from pharmacies located in communities throughout East Dunbartonshire. Pharmacists have a key role to play in assisting the HSCP to achieve many of its priorities. The HSCP is committed to a process of regular consultation and engagement with pharmacists via their Stakeholder Group and a representative from this sits on the HSCP Strategic Planning Group.

23. PUBLIC ENGAGEMENT AND PARTICIPATION

There will be occasions on which it will be appropriate for the HSCP to engage generally with the people of East Dunbartonshire and seek their participation. The HSCP will do this through a variety of means including events, public meetings, questionnaires, and written and on-line surveys. Some of the survey information used will be obtained through national exercises such as the Health and Wellbeing Survey.

Specific examples of exercises that will be conducted in this way will include the development and updating of the HSCP's Strategic Plan, the development of policy priorities and proposals to address health inequalities, particularly within the two localities. The HSCP will also actively participate in appropriate consultation and engagement activity being undertaken by others in fulfilment of its wider Community Planning Partnership (CPP) responsibilities.

[4] Improving Together - National framework Quality - GP Clusters (Scotland) 2017

24. CARERS

From 1 April 2018, the Carers (Scotland) Act 2016 extends and enhances the rights of Carers in Scotland to help improve their health and wellbeing, so that they can continue to care, if they so wish, and have a life alongside caring. The Scottish Government have also prepared a Carers Charter setting out the rights of carers in Scotland. The HSCP has just published our local Carers Strategy. In East Dunbartonshire 11,347[5] individuals identified themselves as unpaid carers. The HSCP also facilitates a Carers Working Group for carers and young carers in East Dunbartonshire. The local Carers organisation is called Carers Link and coordinates and supports the Carers Working Group.

The PSUC group also has Carer representatives who sit on the Integration Joint Board, the Strategic Planning Group and both Locality Planning Groups. Issues arising from these groups are considered at the Carers Working Group. With the enactment of this new legislation, engagement with Carers of all ages and the support provided to Carers will be subject to change. All of this has been addressed in the new Carers Strategy referred to above, and this was developed with Carer Representatives. There was full engagement with Carers before its subsequent approval by the Integration Joint Board. The Board recognises the significant role played by Carers in the support of many people living in East Dunbartonshire and is committed to a process of on-going participation and engagement.

25. COMMUNITIES OF EAST DUNBARTONSHIRE

The HSCP is committed to engaging with groups and individuals who face a range of social care and health inequalities and when encouraging participation will actively consider how to seek involvement from the following:

- those with/recovering from addictions
- homeless people
- ethnic minorities
- LGBT community, and;
- travellers / travelling community

[5] 2011 Census, East Dunbartonshire

26. ADVOCACY SERVICES

The HSCP recognises that a number of people in East Dunbartonshire across all age ranges will not necessarily be able on their own to make their views known or to actively take part in decision making. To facilitate this and to ensure that all voices are heard, the HSCP will signpost residents to independent advocacy services that operate and provide support and assistance across East Dunbartonshire to ensure, in so far as is practicably possible, that participation and engagement by the HSCP is inclusive and equal. More information can be found here.

27. CARE OPINION / PATIENT OPINION

Care Opinion is an external website which allows patients to give their opinion of their care. Through the website patients, service users, or people acting on their behalf are encouraged to write stories of their experience of health and care across all sectors. Stories are responded to by the relevant organisation concerned. Stories can be both positive and negative and are regarded by East Dunbartonshire HSCP as a useful way of assisting us to improve the services we are responsible for.

28. FREEDOM OF INFORMATION

The HSCP is subject to the provisions of Freedom of Information legislation and participates in the provision of information requested under the provisions of the Act. More information can be found here under documents.

29. COMMENTS, COMPLAINTS AND COMPLIMENTS

East Dunbartonshire IJB welcomes both positive and constructive feedback on the full range of its activities to inform future organisational learning and development. When a complaint is received, the Chief Officer, NHS GGC and Chief Executive, East Dunbartonshire Council will work together to achieve where possible a joint response identifying the lead party in the process.

For complaints regarding the business of the Health and Social Care Partnership information can be found here.

For complaints regarding services delivered by NHS Greater Glasgow and Clyde please visit www.nhsggc.org.uk/get-in-touch

With effect from 1 April, 2017 legislation and guidance in relation to Social Work complaints changed. Social Work complaints will now be handled through a two stage process. The full Social Work Complaints Handling Procedure can be viewed here.

30. SERVICE CHANGE AND / OR SEVICE RE-DESIGN

Patients, service users, carers, their families, staff and members of our wider communities must increasingly feel they are being treated as vital and equal partners in the design, assessment and delivery of their local health and care services. They should be confident that their feedback is being listened to and see how this is impacting on their own experience of care and the care of others and how it is used to shape local services in the future.

Health and Social Care Partnership's are required to work with people when they are considering changes to health and care services. The Statutory Guidance (CEL 4) (2010) outlines the process that HSCP's should follow to involve people in decisions about local services. East Dunbartonshire HSCP endorses the need for the whole partnership approach to engagement activities in line with Statutory Guidance (CEL 4) (2010). The flowchart (Appendix 4) describes the service change process and summaries the key elements and steps of the guidance. This should be viewed as supplementary to the full guidance.

The full guidance for NHS services can be found here. For social care services the HSCP will follow the guide as set out by East Dunbartonshire Council (Appendix 5).

APPENDIX 1. COMMUNICATION STANDARDS

Each of the seven National Standards for Community Engagement includes a short headline statement alongside a set of indicators to show progress towards meeting each standard. The following terms are used throughout the National Standards for Community Engagement:

('We' refers to the leaders or organisers of the community engagement process.)

• 'Partners' are any organisation or group who is involved in planning or delivering the community engagement process
• 'Participants' are all of the people or groups who are actively involved at any level throughout the community engagement process
• 'Community' is a group of people united by at least one common characteristic, including geography, identity or shared interests

For more detailed information about the community engagement standards click here

APPENDIX 2. KEY POLICY DRIVERS

Community Empowerment (Scotland) Act 2015

Part 10 of the Act focuses on participation in public decision making. 'A new regulation-making power, enabling Ministers to require Scottish public authorities to promote and facilitate the participation of members of the public in the decisions and activities of the authority, including in the allocation of its resources. Involving people and communities in making decisions helps build community capacity and also helps the public sector identify local needs and priorities and target budgets more effectively'. For more detailed information click here.

The Scottish Government National Health and Wellbeing Outcomes (2014)

Outcome 8 concentrates on engagement: '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'. For more detailed information click here. (See Appendix 3)

Patient Focus Public Involvement (2006)

In 2006, Patient Focus Public Involvement was launched nationally. Patient Focus, Public Involvement, often referred to as PFPI, emphasises two different ways in which people can participate in healthcare. Patient Focus means the provision of treatments and services which put the needs of the person at the centre to improve their experiences and outcomes of care and treatment. Public Involvement means involving people in decisions about how their health service is designed and provided. Public involvement should be part of the planning approach of an organisation. For more detailed information click here.

Carers (Scotland) Act 2016

The Carers Act 2016 places a duty on local authorities and health boards to involve carers in planning the carer services they provide. The HSCP, Local Authorities and Health Boards must 'take such steps as they consider appropriate' to involve carers and carer representatives in the planning and evaluation of services that support carers. For more detailed information click here.

APPENDIX 3. NATIONAL HEALTH AND WELLBEING OUTCOMES

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
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
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
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
7	People using health and social care services are safe from harm
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
9	Resources are used effectively and efficiently in the provision of health and social care services

APPENDIX 4. SERVICE CHANGE / RE-DESIGN FLOWCHART

East Dunbartonshire Health and Social Care Partnership (HSCP) Informing, Engaging and Consulting with People in Developing and/or re-provisioning HSCP Health and Social Care Services	
Planning	Identifying need for change • Develop a background paper detailing the rationale for change • Identify stakeholders and establish a project group to oversee process • Equality Impact Assessment (EQIA)/ Health Inequality Impact Assessment (HIIA) of process (if applicable) • Develop an Involvement and Communication Plan including evaluation of activity / Involve PSUC at this stage to consider wider participation • Consider work with NHS GGC / EDC and other NHS Boards / Councils who may be affected by change • Consider initial discussion with Scottish Government (if appropriate)
Informing	Inform potentially affected people of the planned timetable for engagement, reasons for change and share any other background information • Carry out communication and engagement activities that can be used to inform the engagement work and development of options and benefits that are expected to flow from proposed change • Consider evaluation of engagement
Engaging	Development of model(s) with key stakeholders and Option Appraisal process • Develop options with key stakeholders including PSUC group / carers working group / service specific service users / their families • An option development process should be used to seek consensus, even when there are limited number of options in line with requirements of paragraph 29 of Scot Gov - CEL 4 (2010) guidance • Agree criteria and weightings, option appraisal and scoring process, sensitivity analysis (if required) • Agree preferred option(s) for consultation and feedback to those involved • EQIA assessment on preferred option(s) (if applicable) • Seek Scottish Government view (if applicable) If considered Major Service Change: IJB / HSCP should not move to consultation until public involvement has been in accordance with guidance Follow guidance for independent scrutiny if relevant
Consulting	A proportionate approach may include a form of consultation for proposals not considered to be major. Seek advice from planning / participation team on methods and process.

	If considered Major Service Change • Plan for minimum 3 month consultation period, timescales for analysis of results and reporting to relevant Board meetings • A consultation paper needs to be produced which incorporates requirements of paragraph 33 of CEL 4 (2010) guidance • Agree how information will be shared (methodology)
Feedback and decision making	Provide feedback to stakeholders and interested parties on outcome • Explain results of the consultation process, final proposals and next steps • Evidence how views were taken into account in developing final proposals • Provide reasons for not accepting any widely expressed views • Outline plans for implementation and further opportunities for engagement • Evaluation of engagement, and consider undertaking an after action review.

APPENDIX 5. SERVICE CHANGE / RE-DESIGN / RE-PROVISION CHECKLIST (DRAFT)

1. Title of HSCP service proposal / re-design / re-provision[6]
2. Accountable Senior Management Team (SMT) Officer
3. Designated Staff Officer(s) (Names and Job Titles) for developing proposal
4. What is the nature of the proposal?
☐ Update or introduction of a new HSCP policy, plan, strategy etc. ☐ Review existing or introduction of new HSCP service or function ☐ Re-design or re-provision of an existing HSCP service or function ☐ Financial / budget proposal ☐ Other (e.g. technical note, decision). Please provide details: Click or tap here to enter text.
5. What are the main implications from this proposal? Select all that apply
☐ Re-design of a health and / or social care service ☐ Increase or addition of a health and / or social care service ☐ Re-provision of a health and / or social care service ☐ New ways of working or updates to procedures of a health and / or social care service ☐ Different location, format or time of a health and / or social care service ☐ New/changed priorities or criteria of a health and / or social care service ☐ Other. Please provide details: Click or tap here to enter text.
6. What is the purpose of the proposal?
7. What are the proposed vision, aims and objectives, if applicable?
8. What prompted the development of the proposal? (e.g. new legislation, administrative)
9. What is the subject of the proposal (e.g. health, social care)?
10. What are the intended outcomes and functions of the proposal?
11. Will the proposal be driven by, influence or be influenced by any other existing or emerging proposals? (strategic plan etc)
12. Has a previous version, or parts (e.g. objectives, actions) of this proposal been considered by any assessment before this?

☐Equality Impact Assessment (EqIA) ☐Risk Assessment	**If yes for 1 or more assessment, please provide details:** Click or tap here to enter text.

[6] This includes policies, business plans, procedures, programmes, frameworks, strategies, strategic decisions, service changes, masterplans etc.

13. What is the period covered by the proposal and/or implementation date	
14. What is the frequency of updates/reviews (e.g. annual)? Please include dates if possible	
15. Identify how the proposal supports the National Health and Wellbeing Outcomes[7] (select all that apply)	☐ **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 using 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
16. Identify how the proposal supports the policy priorities of the HSCP as outlined in our Strategic Plan (2018 - 2021)	☐ **Priority 1:** Promote positive health and wellbeing, preventing ill health, and building strong communities ☐ **Priority 2:** Enhance the quality of life and supporting independence for people, particularly those with long-term conditions ☐ **Priority 3:** Keep people out of hospital when care can be delivered closer to home ☐ **Priority 4: A**ddress inequalities and support people to have more choice and control ☐ **Priority 5:** People have a positive experience of

[7] The HSCP > Strategic Plan 2018 - 2021 > Health and Wellbeing Outcomes / Local Outcomes Improvement Plan 2017-2027

	health and social care services ☐ **Priority 6:** Promote independent living through the provision of suitable housing accommodation and support ☐ **Priority 7:** Improve support for carers enabling them to continue in their caring role ☐ **Priority 8:** Optimise efficiency, effectiveness and flexibility
17. Identify how the proposal supports the Local Outcomes Improvement Plan (LOIP)[8] select all that apply (if applicable)	☐ **Outcome 1:** East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place in which to visit and invest ☐ **Outcome 2:** Our people are equipped with knowledge and skills for learning, life and work ☐ **Outcome 3:** Our children and young people are safe, healthy and ready to learn ☐ **Outcome 4:** East Dunbartonshire is a safe place in which to live, work and visit ☐ **Outcome 5:** Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles ☐ **Outcome 6:** Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from effect care and support services ☐ **Guiding Principle 1:** Coproduction and engagement ☐ **Guiding Principle 2:** Best Value ☐ **Guiding Principle 3:** Evidence based planning ☐ **Guiding Principle 4:** Fair and equitable services ☐ **Guiding Principle 5:** Planning for place ☐ **Guiding Principle 6:** Prevention and early intervention ☐ **Guiding Principle 7:** Sustainability
18. Who is this proposals main audience? Select all that apply	☐ East Dunbartonshire HSCP employees ☐ East Dunbartonshire HSCP patients / service users ☐ Independent sector contractors or organisations / individuals carrying out a service on behalf of the HSCP ☐ Voluntary sector groups/organisations ☐ People living in a specific locality area of East Dunbartonshire. (SIMD area) Please detail: Click or tap here to enter text. ☐ Everyone living in East Dunbartonshire ☐ Specific users of a HSCP service Click or tap here to

[8] The HSCP > Strategic Plan 2018 - 2021 > Health and Wellbeing Outcomes / Local Outcomes Improvement Plan 2017-2027

	enter text. ☐ People with a long term limiting health condition or disability / their carers / families ☐ Older people ☐ People with Dementia / their carers / families ☐ Carers ☐ Specific group(s) of people with a shared interest. ☐ Experiencing socioeconomic disadvantage (this includes low/no wealth, low income, area deprivation, material deprivation) ☐ Being in a particular age category ☐ Being from a black or ethnic minority group e.g. Gypsy/Travellers ☐ Speaking a language other than English ☐ Identifying as Lesbian, Gay Bisexual or Transgender ☐ Belonging to a particular religion or faith ☐ Pregnant women or those on maternity / paternity leave ☐ Another marginalised and / or hard to reach group e.g. those experiencing homelessness, offenders/ex-offenders. Please detail: Click or tap here to enter text. ☐ None of the above
19. Risk Management	Please tick boxes to confirm completion of each stage. ☐ Equality Impact Assessment ☐ Risks Assessment document reviewed by SMT ☐Risks Assessment document attached to SMT papers along with Impact Assessment Checklist
Signed:	**Date:** Click or tap to enter a date.

APPENDIX 6. STRATEGIC PLANNING GROUP

GROUP MEMBERSHIP / THE GROUP IS CHAIRED BY THE CHIEF OFFICER OF THE HSCP.

Stakeholder group	Number of representatives
Chief Officer of the HSCP (Chair)	1
HSCP Head of Service and Interim Chief Social Worker (Vice Chair)	1
HSCP Head of Service and Locality Lead	1
HSCP Health Improvement and Inequalities Lead	1
HSCP Planning Manager	1
GP Reps (Localities)	2
Voluntary Sector Rep	1
Independent Sector Rep	1
Health Professional Rep - Nursing	1
Health Professional Rep - AHPs	1
Health Professional Rep - Dentistry	1
Health Professional Rep - Optometry	1
Health Professional Rep - Community Pharmacy	1
Social Work Professional Rep (Justice) – social work	1
Social Care Professional Rep (adults) – social work	1
Social Work Professional Rep (adults) – social care	1
Social Work Professional Rep (Children and Families)	1
Acute Services Rep	1
Service User Rep	2
Carer Rep	2
Social Housing Rep	1
Strategic Housing Rep	1
Total	**26**

To see the East Dunbartonshire HSCP Strategic Plan (2018 - 2021) please click here. (Under documents)

APPENDIX 7. GLOSSARY OF TERMS

Advocacy Services
Organisations or groups that ensure that people are able to have their voice heard on issues that are important to them.

Allied Health Professionals

Staff who include podiatrists, dieticians, physiotherapists, speech and language therapists and radiographers.

Best Value
The most valuable combination of cost, quality and sustainability to meet customer requirements.

Carers
People who look after, unpaid, a friend or family member who due to illness or disability cannot cope without their support.

Children and Young People Act, 2014
A law that strengthens children's rights and helps improve the services that support children and families.

Community Based Support Networks
A range of organisations and people in a community that can provide support.

Community Capacity Building
Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.

Community Engagement
A working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.

Community Empowerment (Scotland) Act, 2015
A law which helps communities having greater influence or control over things that matter to them. Including the extension of the community right to buy or otherwise have greater control over assets.

Community Pharmacy
Businesses that used to be known as chemists.

Community Planning Partnership
Is a group of organisations that work together with local communities to design and deliver better public services, making sure that they meet the needs of local people.

Hard To Reach Groups
Groups of people who use public services and who are less likely to be involved by professionals and decision-makers.

Health and Care Governance Group
A group of people who are Responsible for making sure of the accountability of an organisation and its responsibilities to support staff and provide a good service to the public.

Health Board
A group of people that is responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services.

Health and Social Care Partnership
NHS and the local council care working together to provide health and care services.

Health and Social Care Integration

Is the steps taken to join up the services from NHS and the local council.

Health Inequalities
Means the differences in health status or in the distribution of health determinants between different population groups.

Independent Sector
Organisations which are private companies or social enterprises that are not NHS or local council.

Integrated Budget

A budget which is made up from budgets from NHS GGC and East Dunbartonshire Council.

Integration Joint Board

A committee of people from who have overall responsibility for the planning and delivery of community health and social work / social care services, including those for older people, adults, children and families and people in the Criminal Justice System.

Integration Scheme
A plan of how the services will be joined up.

Legislation
A law or set of laws, such as an Act, suggested by a government and made official by a parliament, e.g. Scottish Parliament, UK Parliament.

Locality and Neighbourhood Planning
Is a way of planning health and social care services with smaller areas within East Dunbartonshire.

Locality Planning Group
A committee of people including local residents, which represents the interests of the local community and staff within an area.

National Outcomes
Are priorities that the Government wants to achieve over the next ten years.

National Standard for Community Engagement
Are good practice principles designed to support and inform community engagement and improve what happens as a result.

Participation and Engagement Strategy
A document that outlines the different ways that an organisation will engage with individuals, groups and communities to help in the planning of services.

Public Bodies (Joint Working) (Scotland) Act, 2014
A law which helps to bring together NHS and local council care services under one partnership.

Scottish Care
An organisation that represents independent sector health and social care providers.

Self Directed Support Act, 2013
A law which helps to give people more control over the range of options on how their social care is delivered, which best meets their needs.

Social Care
Care or support that helps to meet people's social needs and supports people to lead an active life, as independently as possible.

Social Isolation
Is a term used to describe the state of people having minimal contact with other people, such as family, friends or the wider community.

Social Media
Different types of electronic communication, websites for social networking, to share information, ideas and personal messages.

Stakeholder
A person, group or organisation that has interest or concern in something.

Strategic Plan
A planning document that sets out an organisation's needs and priorities. It also contains proposals on how the organisation will use all of its resources, including its budget, staff and other resources.

Strategic Planning Group
A committee that will provide stakeholder advice to the Integration Joint board (IJB) for any plans and programmes related to the delivery of community health and social work/social care services.

Third Sector
The voluntary sector, organisations which are not run for private profit, or by government.

Third Sector Interface
An organisation that represent voluntary sector, organisations which are not run for private profit or by government.

Local Third Sector Partners Mentioned

Ceartas
An independent Advocacy organisation who provide support and assistance across East Dunbartonshire.

Carers Link
An organisation that provides support to carers in East Dunbartonshire.

East Dunbartonshire Voluntary Action
The organisation that represents the voluntary sector in East Dunbartonshire.

APPENDIX 8. USEFUL CONTACTS

The communications teams within East Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board provide a communications function to support the HSCP in the delivery of the overall Communications Framework. This support includes looking after media and stakeholder relations and can extend to creating content to make customers and stakeholders aware of the HSCP business and upholding the good reputation of the organisation.

Health and social care staff are required to follow the policies of their employing organisations and to refer to the relevant HSCP protocols that provide staff guidance.

Advice and support should be sought from the following contacts.

- **NHSGGC Communication Service:**

Tel: 0141 201 4429, press.office@ggc.scot.nhs.uk

- **EDC Communication Service:**

Tel: 0300 123 4510,corpcommunications@eastdunbarton.gov.uk

- **HSCP Contact:**

Tel: TBC

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 6

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Income Maximisation Service – Annual Report 2019
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
Contact Officer	David Radford, Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

Purpose of Report	The purpose of this report is to advise the Board to the progress of the Income Maximisation Service and outline the approach and commitment of the HSCP towards mitigating the impacts of poverty on the health and wellbeing of East Dunbartonshire residents.

Recommendations	It is recommended that the HSCP Board: Note the progress of the Income Maximisation Service outlined within Income Maximisation Annual Report 2018/19 – (Appendix1)

Relevance to HSCP Board Strategic Plan	The report supports the ongoing priority of the HSCP to support East Dunbartonshire residents to take actions that improves their financial and health wellbeing, in so doing aligning this approach to the following priorities: Priority 2. Enhance the quality of life and supporting independence for people, particularly those with long term conditions Priority 4. Address inequalities and support people to have more choice and control Priority 5.

	People have a positive experience of health and social care services

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 Main Report

Context:

1.1 There is growing evidence that a income maximisation service that introduces a referral and information pathway between HSCP staff and money advice/welfare rights services, is effective approach in identifying unmet need and ensuring that key groups of residents can claim their entitlements

1.2 The annual report contextualises the public and social health issues, through its case studies, associated with poverty and the impact that poverty on health and wellbeing outcomes for individuals and for families.

1.3 During 2018-19 the Income Maximisation Service, which offers financial health check and advice to families and/or older people generated over £784,382 worth of financial gain for people living within East Dunbartonshire. This equates to a cost benefit of £58:1 return for this HSCP investment.

1.4 The learning from this report enables the furtherance of a referral pathway across the HSCP and with Partners that offers support to vulnerable individuals, who are at risk of or experiencing poverty.

2.0 SUMMARY

Background Information

2.1 A children's and families income maximisation service (Healthier Wealthier Children) was set up in 2010 by GGC to tackle high levels of child poverty.

2.2 The pilot programme provided limited resource to develop an income maximisation service within partnership areas.

2.3 The funding ceased in 2013, where in East Dunbartonshire CHP undertook to resource the approach through non recurring funding.

2.4 The programme was enhanced through the incorporation of both a children and families and an older peoples service, and continued to be maintained through non recurring funding until the approach was mainstreamed by the HSCP in 2018.

2.5 The service operates through a referral pathway arrangement and is supported through a partnership with East Dunbartonshire Citizen Advice Bureau

2.6 The income maximisation service supports the delivery of the outcomes of the East Dunbartonshire Community Planning Partnership commitment to respond to and report on the actions to reduce child poverty and to maximise the incomes of pregnant women and families with children, following the introduction of the Scottish Governments Child Poverty Act 2017.

2.7 The Income Maximisation annual report was established in 2017/18 and is shared across HSCP teams to highlight and celebrate the outcome, success and impact of the referral pathway

Appendix 1

Income Maximisation Annual Report 2018/19

East Dunbartonshire Health & Social Care Partnership

Income Maximisation

Annual Report 2018/19

August 2019

Contents

Executive Summary

The East Dunbartonshire Health and Social Care Partnership (HSCP) recognises the public and social health issues associated with poverty and the impact that poverty can have on health outcomes for individuals and a families who are impacted.

Since 2013, following the successful pilot of the NHS Greater Glasgow and Clyde Healthier Wealthier Children's Service, the HSCP Public Health Improvement Team has managed and coordinated the East Dunbartonshire Income Maximisation programme, in so doing, has commissioned the East Dunbartonshire Citizens Advice Bureau (ED CAB) to undertake the delivery and information management components of this service.

The Income Maximisation programme provides:

- Front line 1:1 engagement with members of the public,
- Quarterly monitoring data,
- Referral source (department or organisation who utilises the referral tool),
- Financial gain that has been achieved.

The service incorporates the following two key components, both of which are based on a referral pathway:

- The Healthier Wealthier Children (HWC) service,
- The Older Persons Service (OPS)

This is our second annual report; the content provides an overview to:

- The sources of referrals
- The totality of the individual and collective financial gain
- The quarterly and annual referral and financial gain
- The comparison with the data from the previous year's outcomes

During 2018-19 the Income Maximisation Service, which offers financial health check and advice to families and/or older people who are identified as being in receipt of income that is below a set income threshold, generated over £784,382 worth of financial gain for people living within East Dunbartonshire. This equates to a cost benefit of £58:1 return for this HSCP investment.

Introduction / Background

The Healthier Wealthier Children (HWC) scheme was first initiated in October 2010 and piloted across NHS Greater Glasgow and Clyde (GG&C) for a 15 month period. The programme set out to test a new NHS response to reducing child poverty, by working with NHS GG&C staff, and Money Advice Services to identify families at risk and to support them from falling into poverty.

In East Dunbartonshire the local Citizens Advice Bureau (CAB) provides a wide and varied range of advice and support services, offering a holistic approach to mitigating the impact of financial poverty and was identified as the most appropriate partner in which to deliver the HWC programme within East Dunbartonshire.

Following the success of this pilot, the Public Health Improvement Team continued to work with CAB to develop an East Dunbartonshire wide Income Maximisation Service, incorporating both the Children's and a previous Older Persons Income Maximisation programme.

The development of this single point of referral ensures a linear service, extending the referral pathway beyond the NHS, to incorporate all Partners who engage directly with Children and Families and /or Older People.

This approach and programme aligns to the HSCP strategic commitment to address health inequalities and improving health and wellbeing outcomes of East Dunbartonshire residents, notably those who live in Place communities. Further, this programme is one of the core areas for delivery in progressing the HSCP's commitment to The Child Poverty (Scotland) Bill which states that local areas "must, in particular, describe income maximisation measures taken… to provide women and families with children with a) information, advice and assistance about eligibility for financial support and b) assistance to apply for financial support". (Scottish Government 2017)

Approach

The referral process and pathway enables partners from statutory and voluntary agencies to refer clients to a financial health (or an income maximisation) review provided by CAB. The service then supports the client until they have maximised their income, reduced the clients debt or reduced the immediate financial constrains for the client.

Recent developments has seen the service receive direct service user referrals and now incorporates a fuel poverty aspect in widening the stretch and reach if this of the partnership programme.

Review of the data

The following data is highlights the quarterly and annual referrals made to the Income Maximisation Service, over the course of the last financial year, and which is delivered by East Dunbartonshire Citizens Advice Bureau.

The data has have been broken down into the following indicators;

- The source for the referrals
- The frequency (number) of referrals
- The financial gain
- A review and comparison to the previous year's data – 2017/18

Healthier Wealthier Children's Service 2018 - 19

Total Number of Referrals and Source

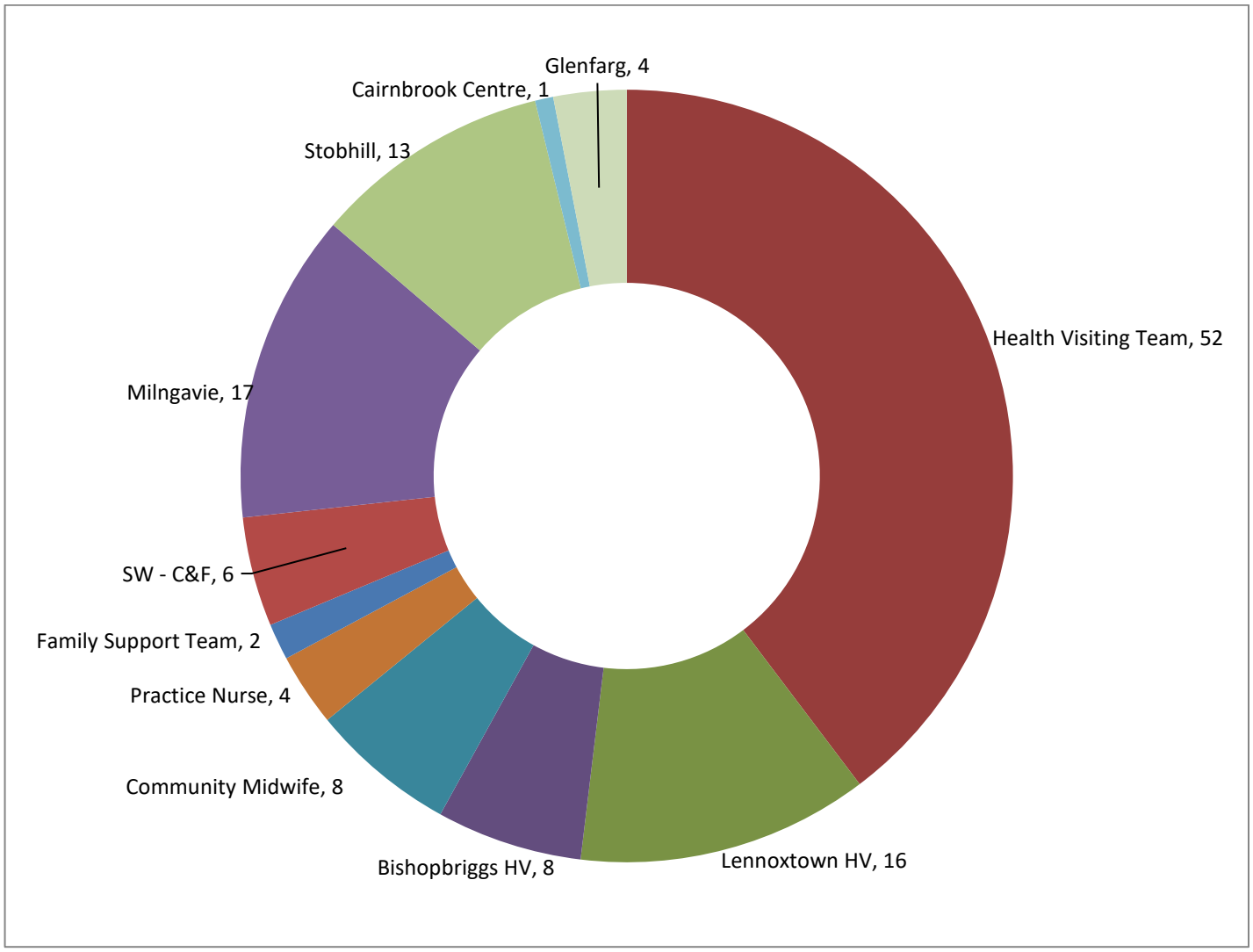
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Annual Referrals
No. of Referrals 2018/19	38	30	25	38	131
No. Of Referrals 2017/18	38	29	19	24	110

Total referrals in each quarter:

- Q1 - 38
- Q2 - 30
- Q3 - 25
- Q4 – 38

Total number of referrals = 131

Source of Referrals



Quarterly and Annual Financial Gain

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Annual Financial Gain
Financial Gains (£) 2018/19	86,511	64,644	73,339	109,821	334,315
Financial Gain (£) 2017/18	84,865	33,104	44,635	66,656	229,260

Total gain in each quarter (£):

- Q1 - 86,511
- Q2 - 64,644
- Q3 - 73,339
- Q4 - 109,821

Total gain = £334,315

The above data identifies:

- Overall increase in the teams referring clients to the Healthier Wealthier Childrens Service.
- Total number of referrals made in 2018-19 were 131, this equates to a 19% increase in the referrals compared to 2017-18.
- HSCP Health Visiting Team was the most prolific in actively referring clients for Income Maximisation support.
- Total Annual Financial Gain for 2018-19 is £334,315, this represents a 31% increase in financial gain compared to from 2017-18.

Older Person Service 2018 - 19

Total Number of Referrals and Source

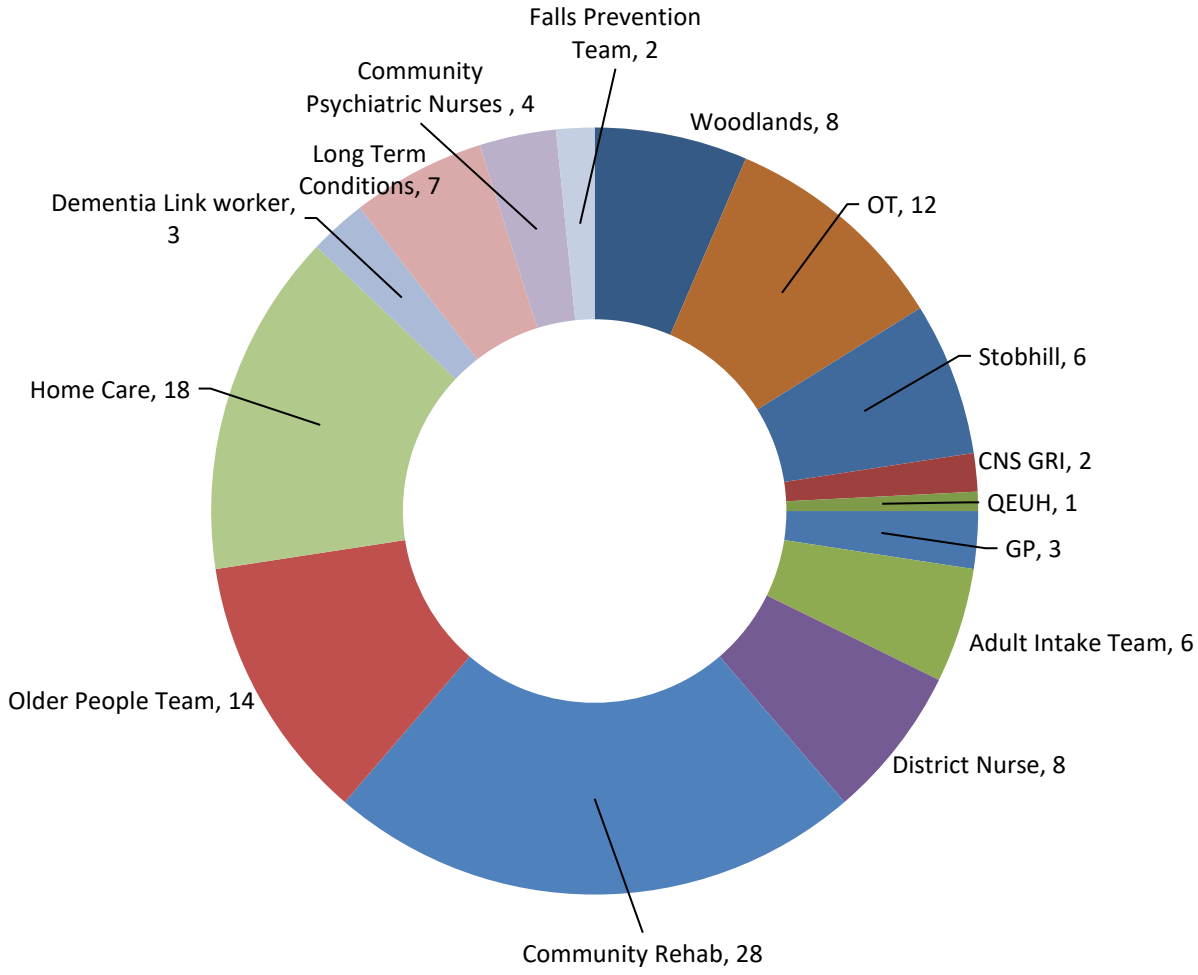
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Annual Referrals
No. of Referrals 2018/19	28	29	20	45	122
No. Of Referrals 2017/18	33	43	49	35	160

Total referrals in each quarter:

- Q1 - 28
- Q2 – 29
- Q3 – 20
- Q4 – 45

Total number of referrals = 122

Source of Referrals



	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Annual Financial Gain
Financial Gains (£) 2018/19	124,723	105,322	68,505	151,517	450,067
Financial Gain (£) 2017/18	113,628	126,983	152,993	134,704	528,308

Total gain in each quarter (£):

- Q1 – 124,723
- Q2 - 105,322
- Q3 - 68,505
- Q4 - 151,517

Total gain = £450,067

The above data identifies:

- Overall decrease in the teams referring clients to the Older Person's Income Maximisation service.
- Total number of referrals made in 2018-19 were 122, this equates to a 24% decrease in the referrals compared to 2017-18.
- HSCP Community Rehabilitation Team was the most prolific in actively referring clients for Income Maximisation support.
- Total Annual Financial Gain for 2018-19 is £450,067, this represents a decrease of 15% in financial gain compared to from 2017-18.

In summary

Total No referrals: 2018 / 19	**253**
Total Financial Gain: 2018/19 (£)	**784,382**

The above identifies:

- Decrease in the total number of referrals by 6% (17 referrals)
- Increase in total Financial Gain by 4% (£26,814)
- Return on investment of £58.10 for every £1 invested by the HSCP for the funding of this programme

APPENDIX 1

Children & Families Referral

Client referred to CAB by the Health Visiting Team:
Client is a 39 year old woman who suffers from extreme anxiety, panic attacks. She is a vulnerable individual who has two children age 5 and 13; her youngest daughter has learning disability and mobility issues. Client gets very anxious and overwhelmed by any mail or correspondence from professional organisations.

Carried out a benefit check and made applications for relevant benefits. Contacted client social worker, spoke to her GP and her housing officer.

Client is now in receipt of Employment and Support Allowance, Carers Allowance, Child Benefit, Child Tax Credit, Child Disability Living Allowance, Housing Benefit, Council Tax Reduction. A Discretionary Housing Benefit application was also submitted and awarded.

Client was very reluctant to have any advice or information from us when we initially met or give any information; however after several meetings we build up a trusting relationship. We recently advised client of Personal Independence Payments and I will assist with completion of this. I negotiated affordable repayments for client with both rent arrears and Council Tax debt which totalled £4100. Applied to Scottish Power for assistance with a grant to reduce client's fuel debt and applied for £140 warm home discount to be applied to account, liaised with the social worker, who is very supportive of client & her children.

Client had stated to social worker and I that she feels she has made positive progress and is now confident enough that she can call me direct if she requires any advice and assistance.

Total amount benefit paid per annum £13,026

APPENDIX 2

Case study – Older Persons Referral

Client and wife referred to CAB looking for assistance to complete an Attendance Allowance form. They had just attended their GP who had advised them to call in at the bureau for advice.

Client had been issued with a DS1500 from his G.P after being diagnosed with Myelodysplastic syndrome which was progressing towards Leukemia. Client was receiving a state pension of £113.65 p/w, his wife received £76.46 state pension and a top of guarantee Pension Credit of £91.65 p/w. His wife was also in receipt of standard rate AA - £57.30 p/w. Client also had underlying entitlement to Carers Allowance meaning that a carers premium was part of their Pension Credit Claim.

Assisted client to claim AA under special rules and advised client that it would take approximately around 2 weeks for this to be processed. I also advised that because he would be awarded AA and his wife was already in receipt of this that they could get premiums added onto their Pension Credit claim which would increase their Pension Credit award by a further £128.60 p/w.

Once the client had been awarded AA his wife would be able to claim Carers Allowance and another Carers Premium would be added onto the claim. Both of these additions would mean that the client would receive a further £164.60 of Pension Credit. Once AA was awarded I assisted client and his wife to claim Carers Allowance and to complete a PC10 form to allow the Severe Disability Premiums to be added onto the claim.

As well as this, assisted client to complete a Macmillan Grant application. Client was facing high costs on gas/electricity and travel costs as he had to attend the hospital for blood transfusions on a daily basis. Client was now unfit to drive because of his poor health and was having to rely on a taxi service there and back. A Macmillan Grant award was granted for £450.

Unfortunately the client passed away and wife has now been assisted to contact DWP to make them aware of the change in circumstances. They had used the Tell Us Once service however due to the Christmas Holidays there was a delay in the DWP being notified which meant that there was overpayments of his benefits. Pension Credit have also been notified so that the claim can now be in wife's name only. Advised wife that she would still be eligible for PC with a severe disability premium because she lived in the house alone and received AA. Assistance was also given to complete a Funeral Expenses Payment as they had been in receipt of PC they qualified for this.

Client had initially came into bureau for assistance in completing AA form, not knowing that this would mean that they would be entitled to an increase in their Pension Credit Claim. Clients were not aware that there was a grant from Macmillan available to help them out with any extra costs that they had because of his diagnosis. Without the support of our service clients would have been unaware of their rights and entitlements. As well as this clients wife was extremely grateful for the assistance after the clients death in stopping the benefits/state pension that he had been receiving.

Agenda Item Number: 7

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	**14th November 2019**
Subject Title	**Commissioning Strategy and Market Facilitation Plan**
Report By	**Jean Campbell, Chief Finance and Resources Officer**
Contact Officer	**Gillian Healey, Team Leader, Planning & Service Development** **0141 777 3074** **gillian.healey@eastdunbarton.gov.uk**

Purpose of Report	To update the Board on the completion of the draft Commissioning Strategy and Market Facilitation Plan and outline plans for implementation.

Recommendations	To note and approve East Dunbartonshire's Health and Social Care Partnership's Commissioning Strategy and Market Facilitation Plan and implementation plans.

Relevance to HSCP Board Strategic Plan	The Commissioning Strategy and Market Facilitation Plan underpins the HSCP's Strategic and Business Plans and aligns the respective priorities

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	An Equalities Impact Assessment (EQIA) has been completed and approved by NHSGGC

Financial:	N/A

Legal:	None

Economic Impact:	None

Sustainability:	N/A

Risk Implications:	N/As.

Implications for East Dunbartonshire Council:	Various Council Officers will help support implementation of the Strategy

Implications for NHS Greater Glasgow & Clyde:	Various NHSGGC Officers will help support implementation of the Strategy

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

MAIN REPORT

1.0 Background

1.1 The HSCP in partnership with the Third and Independent Sector, Healthcare Improvement Scotland's Improvement Hub (ihub) and other key stakeholders, developed the draft Commissioning Strategy and Market Facilitation Plan, which provides a high-level overview on the HSCP's commissioning intentions over the next 3 years.

1.2 The Strategy is geared towards existing and potential future providers of Health and Social Care Services. It represents the beginning of a new chapter across the commissioned landscape – which essentially seeks to find the best ways to maximise available resources against a backdrop of complex financial and policy challenges.

1.3 The Strategy is based around five overarching "Strategic Commissioning Themes" that were agreed following a series of engagement and consultation events. The themes underpin the HSCP's ambition to transform the current commissioned landscape to one which is flexible and responsive to changing needs, outcomes focussed, drives up quality, fosters innovation, delivers best value, promotes well-being and supports independence.

2.0 Implementation

2.1 Following approval, the HSCP in partnership with Ihub and the Third and Independent Sector plan to establish a series of workshops - commencing early 2020, to help

progress identified priorities and support market transformation.

2.2 Progress updates on the outcome of the workshops and wider strategy implementation will be submitted to the Board throughout the course of 2020.

East Dunbartonshire Health & Social Care Partnership

East Dunbartonshire Health and Social Care Partnership (HSCP)

Commissioning Strategy & Market Facilitation Plan (2019-22)

CONTENTS.

FOREWORD

We are pleased to present the East Dunbartonshire Health and Social Care Partnership (HSCP) Commissioning Strategy (CS) and Market Facilitation Statement (MFS) (2019-2022). The Public Bodies (Joint Working) (Scotland) Act 2014[1], is the legislative underpinning to 'Integration' and sets out key planning and delivery principles of which Commissioning is a crucial component. Locally, the East Dunbartonshire Integration Joint Board (IJB) will ensure that health and social care provision across East Dunbartonshire is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.

The CS, which relates to all client groups, describes our commitment to change the way we commission health and social care services going forward, to meet the many challenges facing individuals within our local communities. The HSCP will work 'with' the people and communities of East Dunbartonshire, to support them to regain and retain the skills and motivation needed to achieve independent lives and to help them to direct the support that they may need to achieve this.

You will see we have also placed a lot of emphasis on the need for services and support to intervene early to prevent later, longer term issues arising, and enabling people to manage their own care and support by taking control and being empowered to manage their situation. Importantly, the CS also focuses on the important role our communities, the Third and Independent sector will have in supporting and enabling people to live healthy, independent lives at home or in a homely setting.

Currently, the HSCP currently commissions around £50 million of services to meet health and social care needs – with the level of investment expected to increase year on year to meet existing and new demand and cost pressures. These pressures are happening alongside two conflicting factors: unprecedented fiscal challenges and legislative and policy requirements – which together with the challenges outlined within this strategy, demonstrate the need for a radical approach to transform the commissioned landscape.

Susan Manion
(Chief Officer)
East Dunbartonshire Health and Social Care Partnership (HSCP)

[1] Public Bodies (Scotland) Act 2014

East Dunbartonshire has the highest life expectancy in Scotland at 83.5yrs for females and 80.5yrs for males

16% of East Dunbartonshire's population report to having a limiting condition or illness...

This rises to **27%** for those from a deprived area

9 out of 10 adults in East Dunbartonshire report having a positive perception of mental/ emotional wellbeing

Problematic alcohol and drug use disproportionately impacts deprived communities. In East Dunbartonshire **36%** of adults believe that getting drunk is acceptable

More than 3,000 adults in East Dunbartonshire have identified themselves as having a mental health condition that had lasted, or would last for more than 12 months

11% of adults in East Dunbartonshire identified themselves as unpaid carers, and 22% of these are over 65 years old

The main causes of death in East Dunbartonshire remains heart disease, dementia and lung cancer

Our population includes 494 individuals with a learning disability

12% of adults in East Dunbartonshire smoke. This rises to **31%** in areas of deprivation

Just over half of all adults in East Dunbartonshire eat the recommended 5+ portions of fruit and/or vegetables per day

345 East Dunbartonshire residents are in supported living accomodation (all care groups)

53% of East Dunbartonshire residents are active for **150 minutes** per week

COMMISSIONING

What is Commissioning?

Commissioning is at the very heart of providing effective care and support for children, adults and older people. It is the process by which East Dunbartonshire Health and Social Care Partnership (HSCP) and its partners, decides how to spend its money to get good quality services and wider supports for local people, both now and in the future.

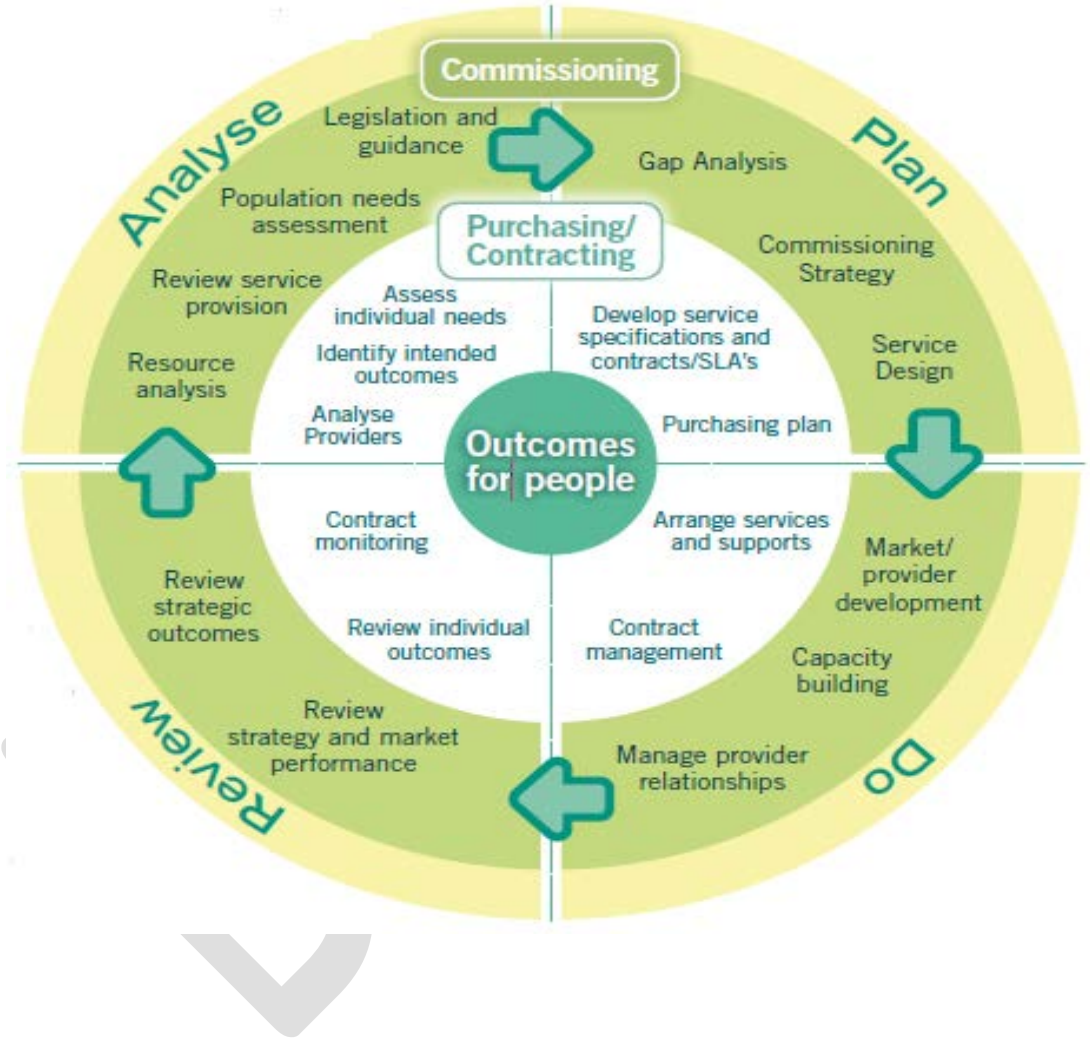
The aim of all commissioning activity is to achieve the best possible outcomes for individuals assessed as requiring care and/or support. Furthermore, commissioning must be personalised, achieve best value and comply with a range of complex and challenging legislation and policy requirements. Commissioning is underpinned by a range of activities referred to as "Strategic Commissioning" which is seen within the context of:

- understanding long term demand and how to manage that demand
- improving and modernising supports and services to achieve better outcomes
- encouraging innovation across all service providers
- achieving best value through better configuration of delivery of services and greater efficiencies
- stimulating and facilitating change across the market thus ensuring there is diverse, appropriate and affordable provision available, and;
- agreeing where we should invest, re-invest or dis-invest

The Commissioning Cycle

The HSCP commission's services in accordance with the Institute of Public Care (IPC) Commissioning Cycle – as illustrated below. A key principle of this model and one that the HSCP supports, is that commissioning should be equitable, transparent and open to influence from all key stake-holders via an on-going dialogue with people who use services, their carer's and providers.

Diagram 1. IPC's commissioning cycle



1. THE CHALLENGE

Introduction

This Commissioning Strategy (CS) and Market Facilitation Plan (MFP) (2019-22) sets out the HSCP's commissioning intentions over the next three years along with its approach to facilitating transformation change across the commissioned landscape.

It is not however, the intention of this or any other related document and, or that of the HSCP in isolation, to provide all of the solutions to the changes needed. Transformational change across a £52.5 million market requires commitment from all stakeholders to embrace, facilitate and execute the changes required.

Inevitably, this will involve everyone from the HSCP, providers, service users, carers and the wider community - we all have a role to play in transforming the health and social care commissioned landscape.

The Case for Change

The case for change is absolute. It is not a critique of current service provision, but a fundamental acceptance that the changing and challenging environment drives a requirement to review and where necessary redesign our health and social care services for the future. Historically, local authorities influenced and steered the markets, however, a shift from control and management to development, stimulation and facilitation is emerging and is largely driven by: Personalisation of public services and increasing demographics, particularly in terms of increasing numbers of older people

A contributing factor is the advances in medical science, which enables more people to live for longer, many with long term conditions - ultimately leading to increased demand for care and support. However, against a backdrop of complex and challenging policy and legislation requirements and financial constraints cuts, more needs to be done to explore alternative ways to deliver services that are outcome focussed, sustainable and viable in the longer term.

Key Drivers for Change

There are a number of key driver's which underpin the direction of this document:

Moving Forward Together (MFT)

Moving Forward Together is a collective "Vision" to transform healthcare and social care services across Greater Glasgow and Clyde. This vision has been developed by a multi-agency team

consisting of clinicians, frontline staff and six Health and Social Care Partnerships – including East Dunbartonshire HSCP, MFT describes new ways of working which provide safe, effective, person centred care to deliver improvements in care and outcomes for all patients service users and carers by maximising available resources and making best use of innovation and new technology and the digital age.

MFT sets the strategic direction of travel for the next 3 to 5 years (and beyond) to meet future needs of the whole population - and underpins government strategy and plans. A core element of MFT is to bring care closer to where people are so that procedures previously only delivered in a hospital setting, can be delivered in health and care centres or, via technology through digital solutions, in people's own homes.

Local Outcome Improvement Plan (LOIP)

The Local Outcome Improvement Plan (LOIP) is a shared plan for the East Dunbartonshire Community Planning Partnership (CPP), of which the HSCP is a member. The LOIP was developed through extensive consultation with partners and communities. It outlines why and how services in East Dunbartonshire will work together with partners to organise and provide services in a way that tackles known inequalities. The LOIP identifies six local outcomes which we seek to deliver with our people and communities.

Through the implementation of the Local Outcome Improvement Plan, the Community Planning Partnership will seek to deliver the vision for East Dunbartonshire, which is:

"**Working together to achieve the best with the people of East Dunbartonshire"**

1. East Dunbartonshire has a sustainable and resilient economy with busy town and village centres, a growing business base, and is an attractive place in which to visit and invest
2. Our people are equipped with knowledge and skills for learning, life and work
3 Our children and young people are safe, healthy and ready to learn
4 East Dunbartonshire is a safe place in which to live, work and visit
5 Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles
6 Our older population and more vulnerable citizens are supported to maintain their independence and enjoy a high quality of life, and they, their families and carers benefit from # effective care and support services

The HSCP is a key delivery partner in a number of these priorities.

Shifting the Balance of Care

Similar to the aspirations of Moving Forward Together, Shifting the Balance of Care has traditionally been about reducing demand on hospital services and increasing community based service provision. Much of the Shifting the Balance of Care agenda still relates to this traditional concept - which East Dunbartonshire HSCP is committed to, but increasingly the term is used in regards to reducing the use of custodial sentences in justice and/or reducing the use of out of area placements for people with learning disabilities or children requiring to be looked after and accommodated.

Modern strategic commissioning in HSPCs is about disinvesting from (decommissioning) expensive, inflexible institutional care and support arrangements to more flexible and potentially better value community alternatives. Locally, the balance of care has been shifting for years – commencing with the Learning Disability hospital closure programme in the 1990's and in relation to older people who are increasingly cared for at home even when they are living with very complex needs.

In relation to the shifting the balance of care away from secondary to primary care and community services, all IJBs have a statutory responsibility for the strategic commissioning of hospital based unscheduled care services. This is set out in partnerships' integration scheme[2] as follows:

"The Integration Joint Board will assume lead responsibility jointly with the five other Health and Social Care Partnerships within the Greater Glasgow and Clyde area for the strategic planning of the following:

- accident and emergency services provided in a hospital, and;
- inpatient hospital services relating to the following branches of medicine:

    i. general medicine
    ii. geriatric medicine
    iii. rehabilitation medicine
    iv. respiratory medicine, and;
    v. palliative care services provided in a hospital

Scottish Government statutory guidance on this strategic planning responsibility issued in 2015 states that:

[2] Note that all GG&C integration schemes will be the subject of review later in 2019, with any changes requiring approval by both NHS GG&C and local authorities before submission to Ministers in 2020.

"Integration Authorities will be expected to set out clearly, in their strategic commissioning plans, how improvement will be delivered against the statutory outcomes and associated indicators. In addition, they should set out how rebalancing care will enable the delivery of key NHS targets in respect of A&E performance, the 18 Week Treatment Time Guarantee, and assuring financial balance."

All of the health and social care partnerships in the NHSGG&C area are working towards two planning horizons in relation to strategic commissioning, namely:

- a medium term plan that matches HSCP strategic planning cycle (i.e. 2019/20-2021/22) and responds to current pressures and demands, and;
- a longer term plan that matches the MFT planning horizon (i.e. up to 2026) and sets out our longer term strategic aspirations recognising that significant change in shifting the balance of care will take time to achieve

Due to the increasing negative trends in relation to demand for secondary care service, however, it has not been possible for any partnership in the NHSGG&C area to reach agreement on the use of set aside budgets. Thus, none have been able to fully deliver their responsibilities in relation to the strategic commissioning aspirations related to the balance of care.

Meantime, and in line with continuing efforts to address the challenges impacting on delivery of the set aside agenda, East Dunbartonshire HSCP is working on three core areas of shifting the balance of care in the short, medium and longer term. These are:

- **early intervention and prevention** of admission to hospital to better support people in the community
- **improving hospital discharge** and better supporting people to transfer from acute care to community supports, and;
- improving the **primary / secondary care interface** jointly with acute to better manage patient care in the most appropriate setting in line with IJBs' and the NHS Board's strategic direction as set out in Moving Forward Together

2020 Vision

The 2020 Vision[3] remains the pinnacle of NHS Scotland Heath and Social Care policy and clearly has relevance beyond 2020. The Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

[3] Scotland - 2020-Vision

- we have integrated health and social care
- there is a focus on prevention, anticipation and supported self management
- when hospital treatment is required & cannot be provided in a community setting, day case treatment will be the norm
- whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions, and;
- there's a focus on ensuring people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

Self Directed Support (SDS)

The Social Care (Self-directed Support) (Scotland) Act 2013[4] was introduced in 2013 and came into force on 01 April 2014. The Act places a duty on local authorities to offer people who are eligible for social care a range of choices over how they receive their social care and support. SDS allows people, their carers and families to be empowered, to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

SDS includes four Options:

- a Direct Payment (a cash payment)
- funding allocated to a provider of your choice (sometimes called an individual service fund, where the HSCP holds the budget but the person is in charge of how it is spent)
- the HSCP can arrange a service for you; or
- you can choose a mix of these options for different types of support

The HSCP will monitor, evaluate and review the barriers and facilitators for each SDS option to ensure that there is proper, valid choice offered to customers and carers

Eligibility Criteria and Fair Access to Community Care (Adults) Policies

The Eligibility and Fair Access to Community Care Policies[5] work together to make sure that we get the balance right between treating people individually and also making sure that we are fair and consistent in our approach overall. Importantly, they also allow the HSCP to manage overall demand with the money it has available.

The Eligibility Criteria for Community Care (Adults) Policy explains how social care services are prioritised for people at the highest levels of risk. These are called "eligible needs". This ensures that people at the greatest need receive the services they require to stay safe in the community.

[4] The Social Care (Self-Directed Support) (Scotland) Act 2013
[5] East Dunbartonshire HSCP - Fair Access To Community Care 2019

The Eligibility Criteria also explains how people can receive services to prevent risks becoming more severe.

The Fair Access to Community Care (Adults) Policy explains how services will be arranged for people, to meet their eligible needs. It ensures that personal budgets are calculated fairly and consistently. It describes how different services types will be used and how people can use Self Directed Support for personal choice.

In short:

- Eligibility Criteria are used to help decide *who* we will provide services to and what those services should be *for,* and;
- The Fair Access Policy is used to help decide *what* types of services are available and *how* they will be arranged. It also explains about choice in terms of service level, service type and service costs.

Housing and Accommodation

East Dunbartonshire has rising levels of need for accommodation with support, particularly for older people and those with disabilities, but also for individuals leaving long-term care to lead independent lives in the community. The traditional approach to support is one involving the intensive use of staff across a dispersed network – this is a very costly model and one not efficiently matched to the needs of the individual.

This shift towards a different locational modelling requires the implementation of assistive technology within new and existing homes. This approach also creates a demand for different types of housing, such as clustered studio-sized homes to be used as transitional accommodation.

As a provider and regulator of housing services East Dunbartonshire Council's Housing department has a key role in supporting this shift. As do other stakeholders such as registered Social Landlords, house builders and landlords within the private market.

Legislation and Policy Drivers

The commissioning of health and social care services in East Dunbartonshire reflects the national agenda for transforming adult health and social care as set out in the "Christie report" (2010), and manifested through the Public Bodies (Scotland) Act (2012), the Community Empowerment

(Scotland) Act 2015[6] and also the route map 20/20 vision for health and social care in Scotland (2011).

Other Key National Policy Drivers include:

- East Dunbartonshire's Health & Social Care Strategic Plan (2018 - 2021)
- Social Care (Self - Directed Support) (Scotland) Act 2013
- Adult Support and Protection (Scotland) Act 2007
- Getting it Right for Every Child (GIRFEC) / East Dunbartonshire Integrated Children's Services Plan (2017-2020)
- The Patient Rights (Scotland) Act 2011
- The Keys to Life - Improving the Quality of Life for People Learning Disabilities 2013 / East Dunbartonshire HSCP Learning Disability Strategy (2018-2023)
- Mental Health Strategy - 2017-27
- East Dunbartonshire Autism Strategy (2014-2024)
- Re-Shaping Care for Older People, A Programme for Change 2011 -21
- The Road to Recovery: Tackling Scotland's Drug Problem (2008)
- See Hear - Strategic Framework for People with Sensory Impairment in Scotland (2014)
- The Carers (Scotland) Act (2016) / East Dunbartonshire Carers Strategy (2018 - 21)
- East Dunbartonshire Assistive Technology Strategy (2018-2023)
- East Dunbartonshire Local Outcomes Improvement Plan (2017-2027)
- East Dunbartonshire HSCP - Assistive Technology Strategy for 2018 – 2023

Importantly, the Community Empowerment (Scotland) Act 2015 provides a legal framework that promotes and encourages community empowerment and participation; and outlines how public bodies will work together and with local communities to plan for, resource and provide services which improve outcomes in the local authority area. In 2018, the HSCP in partnership with Community Planning Partners (CPP) published its Joint Health Improvement Plan (2018-2021)[7]. This Strategy was informed through engagement with our communities, residents, service users, patients, carers and our partners in East Dunbartonshire Council, NHS GGC and the third sector. The Strategy identifies five areas for action in East Dunbartonshire that can develop opportunities for individuals, families and communities to be involved in improving their own health and wellbeing:

- tobacco prevention, cessation and control
- obesity and physical activity
- alcohol drug intervention and awareness

[6] Community Empowerment (Scotland) Act 2015
[7] East Dunbartonshire HSCP - JHIP - 2018

- positive mental health and capacity building, and;
- healthy environment

Population

On 30 June 2017, the estimated population of East Dunbartonshire was 108,130. Scotland's most recent population projections suggest that the population of East Dunbartonshire will increase from 108,130 in 2017 to 118,171 in 2039[8], an increase of 9.9%.

Based on these projections, by 2039:

- 17.3% of the population will be aged 0-15
- 52.5% will be aged 16-64
- 30.2% aged 65 and over (Total), and;
- 18.5% will be aged 75 and over

The Needs of a Rapidly Changing and Ageing Population

East Dunbartonshire has an 'ageing' population, people are living longer, often with long-term health conditions, and we are having fewer children. This means that there is an increase in the number of people in the older age groups and a decrease in the number of people in the younger age groups. By 2039, the population aged 65yrs and over will have increased by 25.1%, with those aged 75yrs and over predicted to increase by 95.5%. Estimates indicate that by 2039, for the first time, there will be more over 65s than those under 16s. This is a greater proportion than the average for Scotland.

Conversely, by 2039, the number of children under the age of 16 years is predicted to fall by 1%, from 18% to 17%. Almost 18% of children aged up to 15 years old are living in our three most deprived datazones. This means a significant percentage of children are living in areas of multiple deprivation, with poor economic activity and lower life expectancy.
It is estimated that 40% of East Dunbartonshire adults are receiving treatment for a condition or illness and 16% of the population has a health condition that limits their daily activity including mental illness and mental impairment issues and this number is rising. The likelihood of developing a Long Term Condition (LTC) increases with age, especially over 75 years, and for those living in areas of deprivation the onset may occur 10 years earlier.

The higher incidence of many health conditions and disabilities amongst older age groups means that East Dunbartonshire's ageing population poses a real challenge in terms of managing demand with increasingly tighter resources.

[8] National Records Scotland (Population Projections)2016

Increased life expectancy implies potentially longer periods where health and social care intervention is required. By any analysis, this is a massive success to which our health and social care services have made a significant contribution, however, it does present a significant pressures across commissioned services.

ED HSCP Financial Landscape

National Context

The publication of the 'Scottish Government Medium Term Health and Social Care Financial Framework' in October 2018 sets the national context for the whole health and social care system in terms of the investment required to meet the demand and cost pressures while acknowledging that this needs to be matched with reform to drive further improvements in our services.

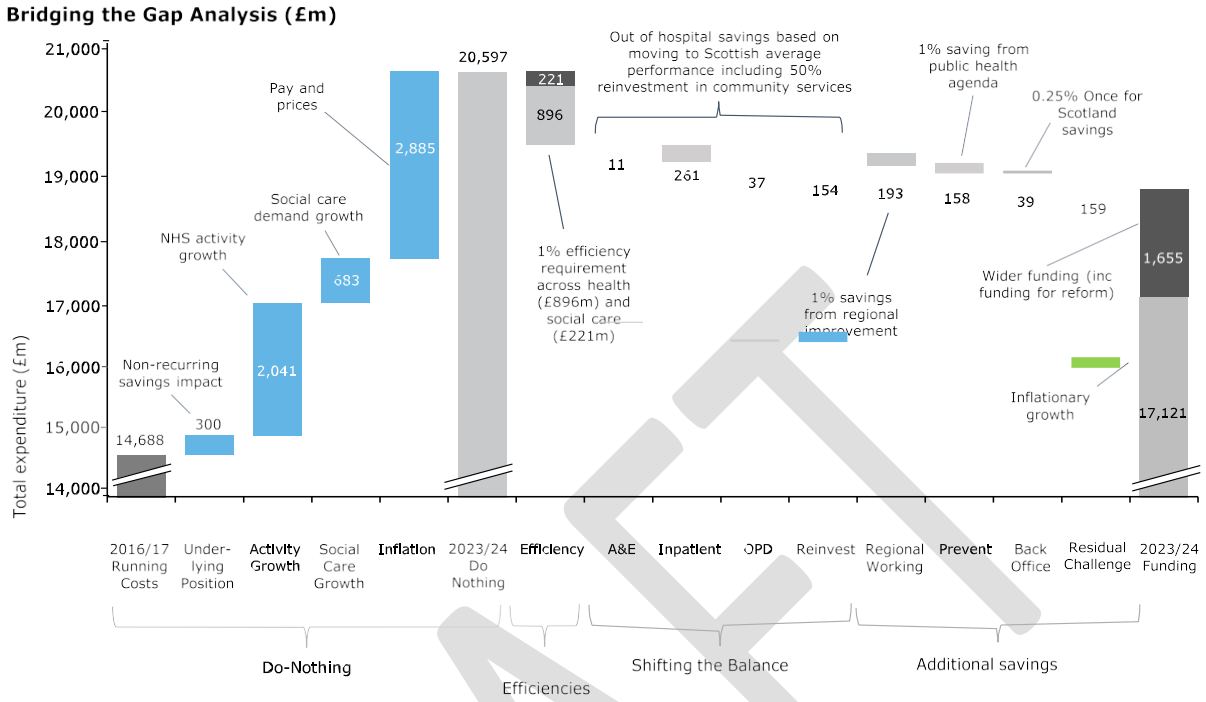
The framework provides an estimate of the future resource requirements across health and social care following analysis of historic expenditure trends, increasing unit costs, drivers of demand growth, government spending policy commitments and the range of activity which will contribute to the reform of health and social care delivery across Scotland. This provides that over the period from 2016/17 – 2023/24, the health and care system would require additional expenditure of £5.9 billion if the system did nothing to change. The Reform programmes detailed have already begun which will help to address this 'do nothing' challenge, however further work is required to address in full the financial challenges and the residual balance remaining of £159 million.

Scottish Government Medium Term Health and Social Care Financial Framework included some key messages:

- The drivers for growth are recognised as price including pay and inflation, activity demand and growth and demographic impacts. The combined impact on each partner area is estimated at an annual growth rate of:
- Health services 3.5%
- Social care 4% which is slightly higher recognising the impact that the very elderly have on demographic pressures
- The framework sets out a number of approaches and initiatives to address this challenge through investment, reform and efficiency. These include shifting the balance of care, regional working, public health and protection, once for Scotland and a continued efficiency agenda.
- The framework will be revised to reflect progress and future iterations will include assessment of local and regional delivery plans.

The extract below from the plan summarises the strategy:

FIGURE 8. SYSTEM REFORM BRIDGING ANALYSIS



There are a number of other policy areas that will impact such as regional planning and local government review.

The Scottish Government has recently confirmed a move to multi-year budget settlements from 2020/21 and whilst this may not be a panacea to funding constraints the degree of certainty this will bring to forward financial planning is a positive development.

The expectation is that partnerships are developing plans within an overall set of financial parameters taking into account workforce and service considerations as well as the local context within which partnerships are operating.

UK and Scottish Government legislation and policies and how they are funded can have implications on the IJB and how and where we use our funding over time. Current examples include:

- Withdrawal from the European Union (Brexit) with issues ranging from a general view that this will impact negatively on the economy to specific concerns around workforce status and staffing gaps, shortage in supply of drugs, healthcare and other consumables and associated cost and sustainability implications to the labour market, care providers and suppliers of other goods and services.

- Free Personal Care to Under 65s commences April 2019 and whilst funding has been provided there remains a risk the new and increased demand may exceed this.
- Carers Act (Scotland) 2016 was effective from April 2018 and is intended to support carers' health and wellbeing and allows carers an assessment of need in their own right. Funding was provided to meet additional costs and to date this is working well.
- Primary Care Improvement Plan funding to support the GP contract and develop sustainable services going forward. Our plans include both local and NHSGGC system wide work.
- Mental Health Action 15 funding is intended to allow improvement to how a wide range of mental health services are delivered and increase the number of workers in this field by 800 nationally at the end of the programme. Our plans include both local and GGC system wide work.
- Fair Work Practices including the Scottish Living Wage (increased to £9.00 per hour in 2019) impacts on the costs of the services we provide and purchase.

Local Context

The demographic pressures for older people present particular challenges within East Dunbartonshire and are directly impacting on demand for health and social care services..

In the period **2008-2018, East Dunbartonshire has continued to experience the largest national increase in the 85+ population;**

From **2016-2026**, **the 85+ population is projected to continue to rise faster than any other HSCP area** (by 52%). Looking ahead to 2041, the 85+ population will continue to rise faster than all HSCP areas (153%), with the exception of West Lothian;

Analysis of the Burden of Disease study indicates that years of life lost to disability and premature mortality in East Dunbartonshire is the second lowest in Scotland. This is understood to be a reflection of relatively low deprivations levels across the authority as a whole;

Care at home demand (hours of service) has increased by 5% per year since 2014, exactly in line with the increase in 85+ population;

Care home placements have risen by 25% between 2013 and 2018, almost exactly in line with the population increase of people aged 85+ over the same period (26%) and equates to 5% additional demand per year;

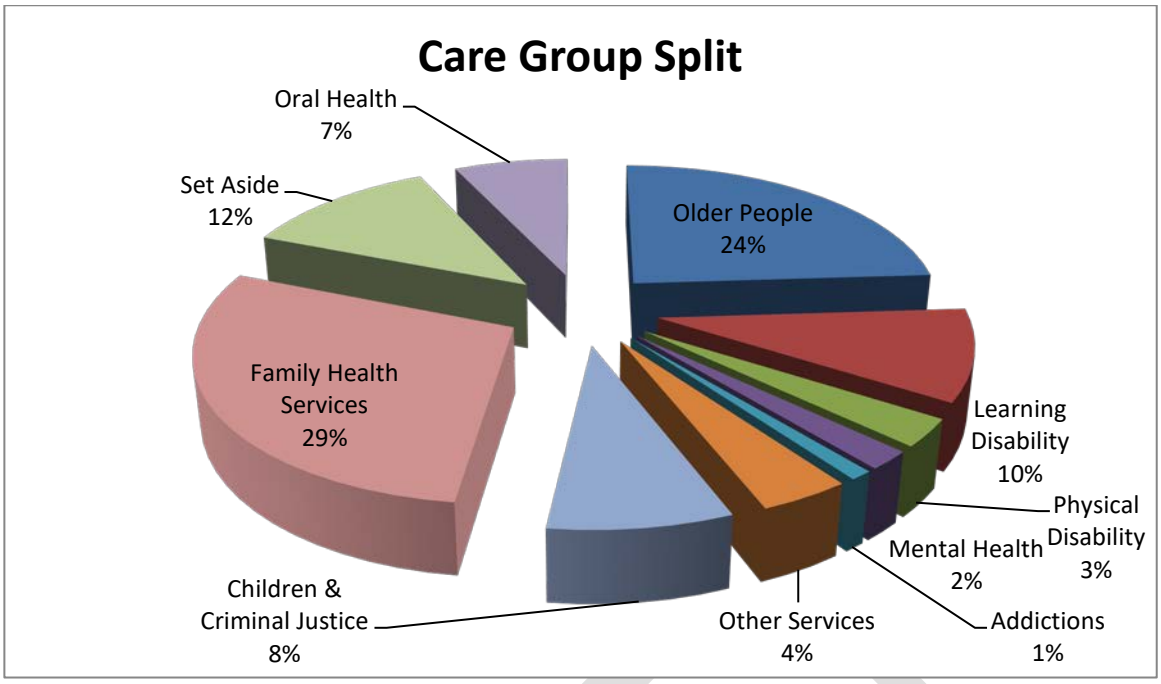
East Dunbartonshire's **performance is comparatively very high** (better that other HSCPs in 79% of the core integration indicators), **but has still deteriorated in 44% of indicators**. This has been in the face of increasing demand to reduce unscheduled care, with **substantially more challenging targets and no corresponding resource transfer**;

The East Dunbartonshire **Hospital Assessment (HAT) Team has seen a 162% increase in referrals from 2008-2018**, with a proportionate increase in service expenditure. This is as a consequence of faster turnaround of hospital discharge and the increase in demand due to the steep rise in numbers of vulnerable older people.

East Dunbartonshire's older people's service **expenditure** in 2017-18 expressed as a rate of the 65+ population is slightly below average, but expressed **as a rate of the 85+ population is in the lowest quartile nationally**, inclusive of the additional £2.02m overspend in 2017-18.
Whilst the majority older people service expenditure costs are market determined, **our in-house home care service presents efficiency challenges** and costs substantially more than the market rate. This brings additional pressure on overall budgets

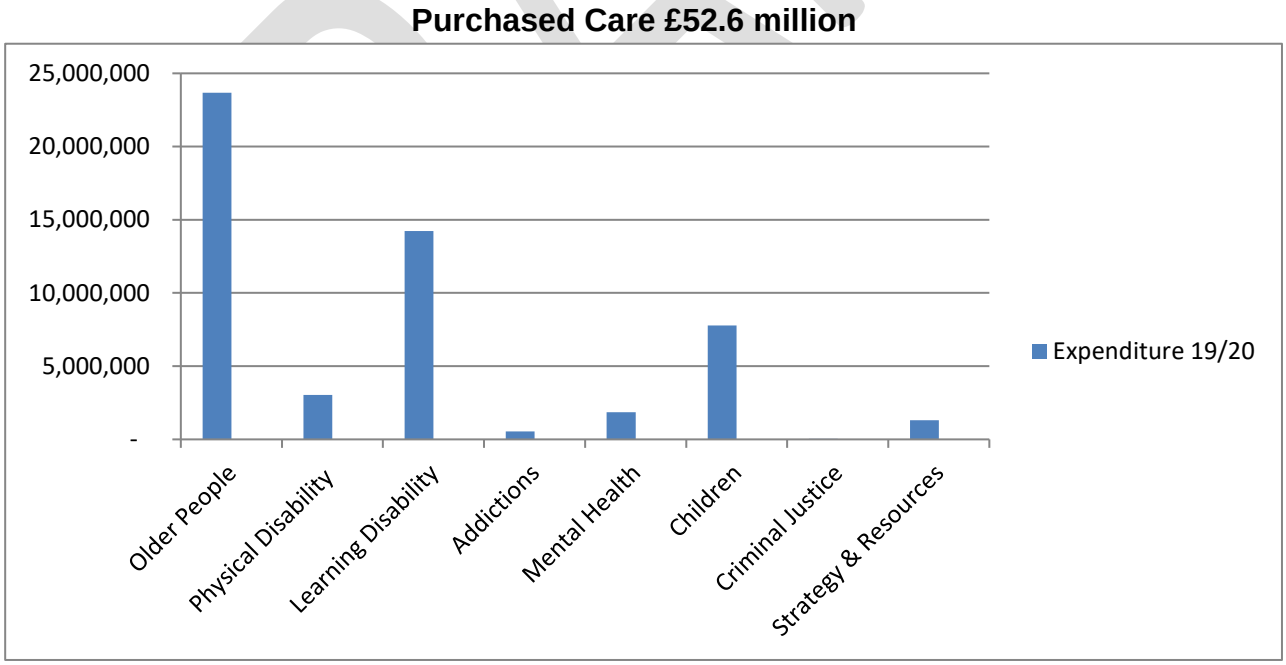
East Dunbartonshire Financial Landscape

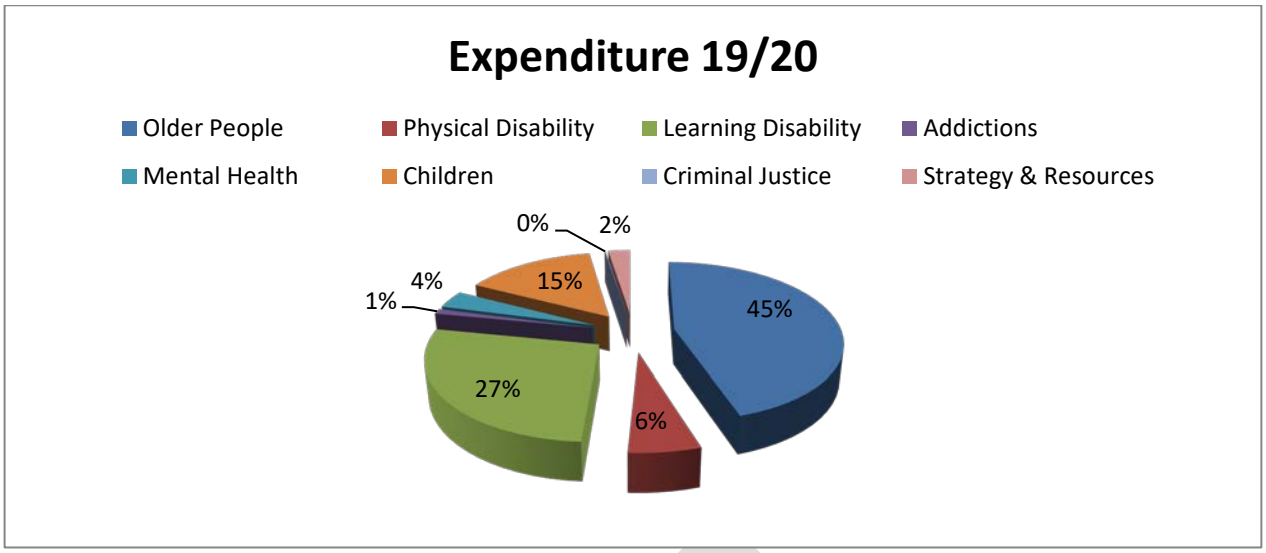
The total budget for the East Dunbartonshire HSCP for 2019/20 was £160m which includes £19.6m for set aside (an allocation reflecting the usage of certain prescribed acute services including A&E Inpatient and Outpatient, general medicine, Rehab medicine, Respiratory medicine and geriatric medicine). This is split across a range of services and care groups as follows:-



Our Current Purchased Care Costs

The care that we purchase from a range of providers constitutes a significant element of the overall budget. This currently costs £52.6 million for a year, with £52.5 million social care and £0.1 million healthcare. The chart below shows how this relates to care groups:





In addition to our annual budget we also have ring-fenced funding from the Scottish Government for the Primary Care Improvement Fund and Mental Health Action 15. Our allocations for these funds are set out below and our spending plans comprise a number of local and NHSGGC wide projects and initiatives:

	2018/19 £'000	2019/20 £'000	2021/22 £'000	2022/23 £'000
Mental Health Action 15	199.8	308.7	435.9	581.2
Alcohol & Drugs Partnership Funding	308.7	308.7	308.7	
Primary Care Improvement Fund	831	999	1,998	2,815

During the 2019/20 budget process, the IJB agreed £3.8m of savings to help close the budget gap.

Current Financial Position

The current financial position (as at November 2019) for East Dunbartonshire HSCP is indicating significant cost pressures in the areas of older people services relating to care home, care at home and alternatives to day centre provision (£3.1m). In addition, there is some pressure on learning disability services relating to supported accommodation to support young adults with autism and daycare supports / supported living for young people transitioning through to learning disability services (£0.2m). This is being mitigated through some capacity across community health budgets as a result of vacancies across these services.

The partnership holds a small level of general reserves (£0.041m) which provides limited resilience to manage in year demands and cost pressures. There is a heavy reliance on a

challenging programme of transformation across health and social care services which given the complexity and timescales to deliver service redesign is experiencing a level of slippage.

The partnership holds a level of earmarked reserves (£1.85m) which will facilitate elements of service redesign, test change and support transformational change to assist with the delivery of the strategic priorities set out in this Strategic Plan. In the main this relates to Scottish Government funding to deliver on the priorities attached to the Primary Care Improvement Programme (PCIP), Mental Health Action 15 monies and monies to support the Alcohol and Drugs Partnership (ADP).

Given the significant financial pressures facing the partnership, there will be limited opportunities in future years to create further reserves, therefore the application of reserves will play an important role in the management of the current and future financial position as well as acting as a catalyst for engineering and testing service redesign and different service models.

In terms of medium term financial planning, a detailed analysis of costs and demands has been undertaken for the partnership and assuming nothing else changes an additional £24m could be required to meet current and anticipated costs for the next five years.

This includes a range of key assumptions which are subject to a degree of uncertainty and it is therefore prudent for the partnership to plan for a range of potential outcomes and have the ability to respond accordingly. This will ensure flexibility and sustainability in financial planning terms and will maximise opportunities to make resources available to deliver on our strategic priorities.

The areas of key uncertainty include:-

- Impact of future Scottish Government funding levels on both the NHS and Local Authority;
- Pay Settlements and the impact of the decision to lift the pay cap on public sector pay;
- Demand led pressures particularly in the area of older people services but also for learning disability and children's services;
- Cost pressures associated with contractual arrangements where new tendering arrangements require to be put in place and the implications of the Scottish Living Wage (SLW).
- Prescribing costs as a consequence of rising demand and costs associated with the hort supply of drugs.

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

- Maximise Efficiencies – the partnership will maximise opportunities to deliver services in the most efficient manner which seeks to protect frontline service delivery as much as possible. This will include reviewing ways of working, pathway planning, structural considerations, systems development and transformational change projects supported by each partner agency, The assumption set out in the SG Medium Term Health and Social Care Financial Strategy is that HSCP's should continue to make 1% efficient savings each year to mitigate the impact of pressures and this has been assumed within the financial planning model for ED HSCP..

- Strategic Commissioning – the HSCP's approach to commissioning is driven by its strategic plan, The HSCP commissions a mix and range of in-house and external services ensuring there is a range, choice and sufficiency of services available to the community having regard to individual choice through Self Directed Support options. The partnership has strong links with the third and independent sector providers and engages with them in a range of forums, including the Strategic Planning Group, to inform service development and advise on direction of travel in furtherance of partnership priorities. This will be informed by a strategic needs assessment detailing the needs of the population and where resources need to be targeted supplemented by a workforce strategy aligned to service redesign and commissioning intentions.

- Shifting the Balance of Care – the underlying principle of integration is to shift the balance of care to enable individuals to live within their own home for as long as possible. To support this there needs to be a shift in the balance of care and also the funding to enable this to be delivered. The use of earmarked reserves to facilitate and test service change will allow the partnership to make key decisions on where resources can best be invested. Robust and challenging targets have been set for the partnership to further reduce delayed discharges, reduce hospital admissions and bed days occupied for unplanned care in an acute setting. For every 5% shift in the usage of unplanned care in an acute setting matched by a similar shift in resource into the community would equate to £900k. This would provide a level of sustainability and recurring funding to meet new service delivery models within a community setting. The partnership will need to develop detailed plans focussed on reducing un-scheduled care and supporting individuals with complex care needs within their local communities in order to deliver on this agenda.

- Service Redesign and Transformation – the partnership has a Transformation Programme which supports the delivery of key priorities set out within the Strategic Plan as well as deliver service redesign and efficiency measures which support the delivery of a balanced budget. Key transformational projects over the lifetime of this financial plan include the modernising and redesign of learning disability and mental health services, a review of homecare and care at home services, the implementation of a daycare strategy for older people and building capacity within communities.

- Prevention and Early Intervention - there are a number of initiatives in place across the partnership which promote good health and wellbeing, self-management of long term conditions and intervene at an early stage to prevent escalation to more formal care settings. There requires to be a stronger focus in these areas for development particularly for older people and children's services. The ability to undertake this with sufficient scale and in a way that outstrips demand and therefore have an impact on financial budgets will be a challenge.

- Review of Eligibility and Charging (Demand Management) – access to services is currently for those at critical or substantial risk and this needs to be applied fairly and consistently across the partnership and targeted to those most in need. Equally there are opportunities for the partnership to maximise income generation for the services it provides which ensures that those on low incomes or minimum benefit levels are protected from any charging as much as possible. This is set in the context of financial inclusion and ensuring that individuals are in receipt of all the benefits to which they are entitled through an income maximisation check.

- Service Reduction / Cessation – as part of service redesign there will be a review of the range of services delivered across the partnership which will inform not just areas which require expansion and investment but also areas where we will dis-invest. This will be set in the context of a strategic fit informed by the Strategic Plan, quality of service provision, demand for the service and importantly best value considerations and sustainability.

2. THE AMBITION

"We want to ensure that adult health and social care services are firmly integrated around the needs of individuals, their carers and other family members; that the providers of those services are held to account jointly and effectively for improved delivery; that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve rather than the needs of the organisations through which they are delivered; and that those arrangements are characterised by strong and consistent clinical and professional leadership."

Nicola Sturgeon, MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing, December 2011

The Ambition

The HSCP's ambition is to transform the current commissioned landscape to one which:

- supports the underlying principle of integration and increasingly shifts the balance of care to enable individuals to live within their own home, or within a family setting, in the community for as long as possible
- prioritises the prevention of unplanned hospital admission (unscheduled care) and supports and facilitates early discharge -thus reducing the risk of avoidable harm and adverse impact on the maintenance, or re-establishment of independent living
- provides good quality care and support & delivers real and tangible outcomes for individuals;
- focuses on overall health and well-being
- is flexible and responsive to local needs and offers real choice and control
- supports and encourages self-management, enablement, independence and empowerment;
- transforms service delivery from a reactive, crisis intervention model to a proactive, early intervention and prevention model
- provides value for money
- supports a vibrant and mixed economy which embraces traditional and more modern service models and includes local, smaller providers as well as larger regional or national providers
- removes barriers to entry – particularly for smaller providers
- builds on & increases local capacity & gradually reduces long term dependency
- ensures services are sustainable in the face of considerable workforce and financial constraints, and;
- embraces and integrates the use of technology / digital solutions into service redesign

Commissioning Themes

To support delivery of its ambition, the HSCP, following extensive engagement with key stakeholders, identified five overarching "Strategic Commissioning Themes:"

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PREVENTION & EARLY INTERVENTION

We will work to maximise capacity for self-care and optimise effective support from universal services with a view to minimising the need for statutory interventions and associated high costs. Additionally, we will capitalise on the scope and use of the voluntary sector and communities and build on the "Community Led Support model"

CARE AND TREATMENT

We will target our resources towards those identified as being the most vulnerable and at risk in our community. People assessed as requiring support and protection will receive services to meet their identified needs in order to keep them safe and promote well being

ENABLEMENT AND SUPPORT TO LIVE INDEPENDENTLY

We will enable people to maximise their capacity for independence and make informed decisions which positively impact on their lives and desired outcomes

SUPPORT TO CARERS AND FAMILIES

We recognise carers and their families as equal partners in meeting the identified needs of those requiring care and support and will signpost carers and/or families onto wider community supports to help them continue in their caring role

DIGITAL HEALTH AND CARE

We will drive digital transformation across services – delivering a digital first approach that enables the HSCP to provide better and more efficient services and supports individuals to build on and maintain their independence

The HSCP will encourage providers to be more flexible and creative in how they provide services. The introduction of the five strategic commissioning themes will bring further opportunities for creativity, innovation, stimulate growth and diversity in the market and empower service users or those who act on their behalf to decide how their outcomes are best met.

The strategic commissioning themes cut across all care groups rather than work in care group silos, thus allowing providers to identify opportunities for collaboration across services and focus on better outcomes that make a real difference to the lives of individuals, families and communities rather than target driven. A thematic approach also provides the framework to commission services more efficiently, align underpinning legislative and policy frameworks and ensure the delivery of best value.

As we move forward and commission by strategic commissioning themes we will identify opportunities to work with partners to commission services across care groups; for example:

- **"Enablement and Support to Live Independently"**

has relevance to all ages and with a full range of support needs. It does not make sense to commission services to support recovery on behalf of older people, people with mental health and learning disabilities separately. By commissioning against our strategic commissioning themes the HSCP will be in a stronger position to ensure that our commissioning is based on person centred outcomes.

3. THE APPROACH TO MARKET FACILITATION

This section is specifically targeted towards all existing and future providers of health and social care services - which includes: voluntary / third sector, Independent sector, private organisations, social enterprises etc. and represents the beginning of a new chapter with those who share the HSCP's vision and believe they can add value by introducing new and innovative opportunities to the local market.

However, it may also be useful to service users, carer's and families as it provides the rationale for change and fosters the notion that individuals can and are able to be more proactive both in their own support solutions and also in others areas such as developing micro/social enterprises.

Market Facilitation

Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future.

Diagram 2. Market Facilitation

There are three distinct stages of Market Facilitation:

- ***Market Intelligence: The development of a common and shared perspective of supply and demand***

Market intelligence helps commissioners to understand market structures, the key players, current influential factors, market deficiencies, scope for innovation, market capacity, capabilities, and barriers to entry and prevent or manage supplier and/or market failure.

- **Market Structuring**: ***A range of strategic activity designed to give the market shape and structure***

Commissioners will work with and support a range of organisations / providers across the third and independent sectors to ensure there is a vibrant, flexible and responsive market.

- **Market Intervention**: ***Interventions commissioners make within/across markets to meet local needs***

Market Intervention is informed by underpinning intelligence and structuring activity. It includes: stimulating particular parts of the market with incentives, offering specialist training, providing support with business planning, working with providers and service users in order to deliver good quality information, creating vehicles for customer feedback on service provision or help to stimulate community based partnerships.

Commissioned Market

The local market reflects a diverse range of providers including: third, independent, private and voluntary sectors – augmented by the HSCP's in-house provision – collectively known as a "mixed economy" market. Specifically, the "commissioned" local market consists of:

- 65+ providers
- 130+ commissioned services (not including SDS Options 1 and 2)
- 95+ Direct Payments
- 110+ Option 2's (where individuals are directing their own care provision)

Current contracts for services include a mixture of; Block, Spot, Frameworks – spanning all client groups and the National Care Home Contract for Older People (residential / nursing). The HSCP also regularly commissions services located in external markets and accesses these services via host authority contracts, individual placements and/or Scotland Excel's National Frameworks

including; Residential Care for people with a Learning Disability, Residential / Short Breaks for Children, Fostering and Continuing Care, Agency for support workers and Secure Care.

Commissioned Spend (Pounds)

The total commissioned spend across the market (internal and external to East Dunbartonshire) in 18/19 was £51 million in total – with projected spend for 19/20 in the region of £52.9 million.

In 2014/15, commissioned spend, across the main areas of commissioning activity, (excluding in-house provision) was £37.8 million and in 2018/19 it had increased to £51 million, an overall increase of £13.1 million (35%). The increase is primarily due to growing demand, increased service costs and the recent introduction of the Scottish Living Wage.

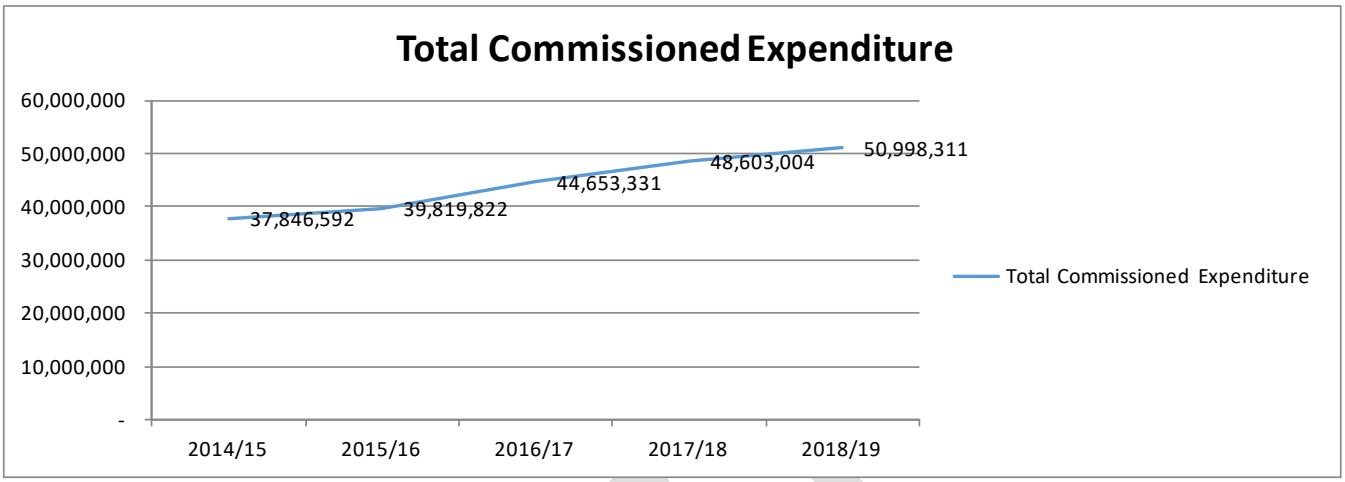
Detailed below is a summary of commissioned spend per annum, followed by a breakdown of spend across the main areas of commissioning activity to show where the increases are being experienced for each model of care and support:

Diagram 3. Previous 5 years areas of commissioned spend across Key Areas of Activity

Area of Expenditure	Actual 1819	Actual 1718	Actual 1617	Actual 1516	Actual 1415
Payments to Voluntary Organisations	2,761,504	2,189,363	2,118,674	2,009,554	1,779,973
Supported Accommodation	7,641,517	7,506,110	7,080,904	6,996,555	6,929,872
Supported Living	6,113,196	5,966,466	5,193,039	5,026,962	4,724,707
Respite / Residential Days	146,987	-	-	-	-
C&F - Residential Schools	2,857,129	2,819,193	2,462,622	1,390,628	1,299,992
C&F – Secure Accommodation	171,479	-	-	-	-
Foster Parents - Standard Allowances	228,766	1,890,711	1,495,716	1,611,067	1,288,706
Fostering – External Providers	1,563,229	-	-	-	-
Residential Accommodation	17,653,573	16,533,623	15,747,448	15,154,051	13,692,309
Daycare	4,041,018	4,007,811	3,384,258	3,137,915	3,154,477
Homecare	7,819,913	7,689,727	7,170,670	4,493,090	4,976,556
Total Commissioned Expenditure	50,998,311	48,603,004	44,653,331	39,819,822	37,846,592
Total Expenditure - Agencies and Other Bodies	52,501,906	50,652,390	46,511,912	41,552,394	39,122,308
Note: Figures for commissioned spend exclude payments to individuals through kinship, adoption, discretionary fostering, shared care, befriending and payments to other local authorities, care inspectorate, other bodies etc.					

Given the level of increase over the last five years and the continued demographic pressures particularly in relation to older people (5% increase year on year), it is anticipated that there will be a continuing upward trend on services delivered through the market to support this increasing demographic.

Diagram 4. Commissioned spend 5 yr increase (Key Areas)



Market Aims

The HSCP aims to nurture a market that is innovative, creative, responsive to need, flexible, person centred, outcomes focussed and gives choice and control to the population of East Dunbartonshire.

In summary, the commissioned market should be geared towards:

- providing good quality care and support & deliver real/tangible outcomes for individuals
- focus on overall health and well-being
- flexible and responsive to local needs
- supports and encourages enablement, independence and empowerment
- transforms service delivery from a reactive, crisis intervention model to a proactive, early intervention and prevention model
- provides value for money
- includes local, smaller providers as well as larger regional or national providers
- builds on & increases local capacity & and gradually reduces long term dependency
- considers/develops new models of care which are financially sustainable

How can Providers Prepare for the Future?

The HSCP is committed to delivering seamless services through the integration of Health and Social Care services. Providers who review and re-shape (where required) their service delivery models will be better placed to respond to future commissioning opportunities.

Therefore, and to help prepare for change, providers should:

- review current business plans & service delivery models – ensuring they align to the overarching commissioning themes
- be more innovative and creative around service delivery models
- explore alternative service models/diversify across different markets - if and where possible
- empower individuals they support to change behaviours and promote self-care/management approaches
- consider how effective they are in supporting people to be as independent as possible – and reduce services accordingly
- consider how well their services work/fit within the local community & how well their organisation contributes to local capacity building
- promote and embed the use of digital health and assistive technology
- explore alternative funding streams to replace and/or augment core funding
- create smarter partnership working opportunities, for example consolidate resources, share expertise, resources or back office supports to increase impact and efficiency
- ensure services are flexible and responsive to local needs and can accommodate where requested Self Directed Support Options 1 and 2
- recognise the need to adopt new marketing strategies which appeal directly to services users/carers and make services more accessible, and;
- develop robust methods to evidence, analyse and report on outcomes

Responsive Workforce

A skilled and competent workforce, across all sectors, is required to ensure tailored care is provided to meet the needs of service users and their carers. Care will be delivered in a collaborative and multi-agency way which will require changing knowledge and skills.

It is recognised that service quality levels are often critically dependent on the quality and engagement of the workforce through fair work practices, including the Living Wage. The HSCP requires all providers to pay the Scottish Living Wage. Paying the SLW offers clear benefits to employers which can have a positive impact in value for money and service deliver.

Market Engagement / Consultation

The HSCP currently accesses and will build on engagement and consultation with the market via the following routes / approaches:

Provider Events:

- to engage with the market as a whole to share strategic commissioning intentions, a change to or new service delivery models and use as a direct route to gauge / collate feedback from the market on our plans

Provider Forums (client group specific):

- Regular forums to engage with specific and/or all sectors within the wider market place to discuss strategic commissioning intentions and direction of travel and how they may impact on specific sectors of the market around new models of provision.

One to one Meetings:

- Supports / facilitates service specific discussions around service development, concerns, complaints etc

Strategic Planning Group (SPG):

- Supports delivery of HSCP Strategic Priorities - Representatives from the Third and Independent Sector are members of the group and are the conduit for conveying and, relaying information to the respective markets

East Dunbartonshire Public, Service User and Carers Representatives Group (PSUC):

- the purpose of the PSUC group is to assist the HSCP in the planning, development and evaluation of service provision. This group meets every two months and has members who attend the IJB, SPG and both locality planning groups.

Locality Planning

- The Public Bodies (Joint Working) (Scotland) Act 2014 specified that new Health and Social Care Partnerships set up two or more localities to allow service planning at locally relevant geographies in natural communities. These aren't hard lines on a map, but represent natural communities and delivery of local health and social care services. The HSCP has two locality groups: East and West, with representation from a number of key stakeholders. Going forward, designated provider representatives will form part of each locality membership with a view to supporting and progressing local capacity building.

4. CONCLUSION

It is the HSCP's intention to continue to work with providers and include other interested stakeholders to improve market intelligence to support more effectively business planning and convey to the market our specific intentions for the coming years.

This document provides a platform for:

- providers and commissioners to strengthen their relationship and continue to work together to improve outcomes for East Dunbartonshire's service users
- work effectively to create capacity to utilise the budgets we have in order to meet the increasing demand on East Dunbartonshire's Health and Social Care Services

In response, the HSCP requires the market to provide feedback, bring opportunities for improvement and raise concerns with a focus on solutions. Engagement will take place through existing communication channels, supported by Healthcare Improvement Scotland's IHub, with the aim of developing a joint action plan to support the delivery of the Commissioning Strategy and Market Facilitation Plan.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 8

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Ministerial Strategic Group for Health And Community Care, Review of Integration – Draft Action Plan
Report By	Susan Manion, Chief Officer Susan.Manion@ggc.scot.nhs.uk Tel : 0141 232 8266
Contact Officer	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435

Purpose of Report	This report presents to members the draft action plan that has been developed following completion of the self-evaluation of progress under integration, as required by the Ministerial Strategic Group for Health and Community Care.

Recommendations	Board members are asked to • note the content of this report; • approve the draft action plan which outlines how the identified improvement areas will be taken forward, in so far as the actions relate to the activity of the Health and Social Care Partnership officers and Board members; and • note progress to date on delivery of the actions in the draft action plan, as outlined in the action plan itself.

Relevance to HSCP Board Strategic Plan	This report relates to progress that the partnership, the Local Authority and the Health Board have made in embedding and supporting integration in East Dunbartonshire and therefore relates to matters that underpin delivery of the Board's Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	Nil

Equalities:	Nil

Financial:	Nil

Legal:	Nil

Economic Impact:	Nil

Sustainability:	Nil

Risk Implications:	Nil

Implications for East Dunbartonshire Council:	The draft action plan outlining how identified improvement areas will be taken has been developed and will be delivered in collaboration with East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	The draft action plan outlining how identified improvement areas will be taken has been developed and will be delivered in collaboration with NHS Greater Glasgow and Clyde.

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

1.0 MAIN REPORT

1. <u>BACKGROUND</u>

1.1 For a number of years now work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. The Scottish Government focused on four key objectives to be achieved through integration, which remain central to this day:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members;
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership;
- The providers of services should be held to account jointly and effectively for improved delivery; and
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered.

1.2 At a debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care (hereafter referred to as the MSG), and that outputs arising from any further action stemming from that review would be shared with the Health and Sport Committee of the Scottish Parliament.

1.3 On 15 November 2018 Audit Scotland published their most recent report on integration which highlighted areas of good practice and positive developments. However, it also highlighted a series of challenges that remain to be addressed. A particular focus was placed on the need to continue to work on financial planning, governance and strategic planning arrangements, and leadership capacity. The report emphasised that the pace and effectiveness of integration both needed to increase.

1.4 The MSG review of integration was published on 4 February 2019 (**Appendix 1**). Following publication it was agreed that the MSG will take on a new role 'driving forward and supporting implementation of the review'. On 6 March 2019 the MSG wrote to Local Authority and Health Board Chief Executives and Chief Officers of Integration Authorities to advise that a self-evaluation tool would be developed for completion by local area partners. This tool would be based around 25 proposals themed under the six 'features supporting integration' identified by Audit Scotland in their November 2018 report, which the MSG considered to provide a helpful framework within which to understand the issues and identify ways to make progress. The six areas are:

- Collaborative Leadership and Building Relationships;
- Integrated Finances and Financial Planning;
- Effective Strategic Planning for Improvement;
- Agree Governance and Accountability Arrangements;
- Ability and Willingness to Share Information; and
- Meaningful and Sustained Engagement.

2. SELF-ASSESSMENT

2.1 The MSG self-evaluation template was received on 25 March 2019 with a clear outline as to expectations for completion of a single joint response for each area and submission timelines.

2.2 East Dunbartonshire Council, NHS Greater Glasgow and Clyde and the East Dunbartonshire Health and Social Care Partnership worked together on the text of a joint response. This was submitted to the Scottish Government on 15 May 2019 in line with required timescales. The completed self-evaluation is attached as **appendix 2** to this report.

2.3 A one-year-on follow up expected to measure progress against the improvement areas identified is anticipated around April 2020.

3. ACTION PLAN

3.1 Following completion and submission of the self-assessment, each area was required to compile and submit an action plan, outlining how improvement areas would be

taken forward. Once again, as with the self-assessment, the expectation is that the action plan be developed in a collaborative manner between the relevant Health Board, Local Authority and Integration Authority.

3.2 The East Dunbartonshire draft action plan was developed as requested and submitted to the Scottish Government on 18 September 2019. The completed self-evaluation is attached as **appendix 3** to this report. The action plan remains draft until it has progressed through the appropriate approval processes of the respective parties involved. Accordingly, HSCP Board members are asked to approve the draft action plan, in so far as the actions relate to the activity of the Health and Social Care Partnership officers and Board members.

3.3 The draft action plan contains progress updates relating to actions that have taken place in the time period between submission of the plan to the Scottish Government and the date of this Board meeting. The reporting contained in the appended draft action plan therefore brings reporting up to date. Progress in delivery of the remainder of the draft action plan will be monitored and reported on a regular basis to the HSCP Board alongside the quarterly performance reporting cycle. Regular reports will also be made to East Dunbartonshire Council and NHS Greater Glasgow and Clyde through the routes identified as appropriate by these agencies.

4.0 APPENDICES

4.1 Ministerial Strategic Group for Health and Community Care – Self-Evaluation of the Review of Progress with Integration of Health and Social Care

4.2 East Dunbartonshire Ministerial Strategic Group Self-Evaluation

4.3 East Dunbartonshire Ministerial Strategic Group Draft Action Plan

Ministerial Strategic Group for Health and Community Care

Review of Progress with Integration of Health and Social Care

Final Report

February 2019

COSLA

Scottish Government
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REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability. Evidence is emerging of good progress in local systems. Audit Scotland's[1] report on integration that was published on 15 November 2018 highlights a series of challenges that nonetheless need to be addressed, in terms particularly of financial planning, governance and strategic planning arrangements and leadership capacity.

The pace and effectiveness of integration need to increase. At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament.

Why has Scotland integrated health and social care?

We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care. In undertaking this review we have built upon Audit Scotland's observation that integration can work within the current legislative framework, but that Integration Authorities are operating in an extremely challenging environment and there is much more to be done: our focus is on tackling the challenges rather than revisiting the statutory basis for integration.

As part of the review, it is important to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on out ambitions for integration. This review does not make recommendations about the health and social care workforce: that work is being undertaken through the National Workforce Plan for health and social care. We nonetheless felt it important to emphasise here the importance of our shared ambitions to develop and support the workforce for integration.

[1] Health and social care integration: update on progress

Reviewing progress with integration

As we have reviewed our progress to date, our approach has been to focus on the key questions that matter most to people who use services and the systems we have put in place in order to better support those priorities. We have asked ourselves where we are making progress and where the barriers are that may prevent professionals and staff across health and social care from using their considerable skills and resources to best effect. When the Scottish Government first consulted upon plans for integration[2], it focused on four key objectives, which remain central to our aims:

- Health and social care services should be firmly integrated around the needs of individuals, their carers and other family members
- Health and social care services should be characterised by strong and consistent clinical and care professional leadership
- The providers of services should be held to account jointly and effectively for improved delivery
- Services should be underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes, which sit at the centre of our ambitions:

Principles of integration: services should[3]:

1. Be integrated from the point of view of service-users
2. Take account of the particular needs of different service-users
3. Take account of the particular needs of service-users in different parts of the area in which the service is being provided
4. Take account of the particular characteristics and circumstances of different service-users
5. Respect the rights of service-users
6. Take account of the dignity of service-users
7. Take account of the participation by service-users in the community in which service-users live
8. Protect and improve the safety of service-users
9. Improve the quality of the service
10. Be planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
11. Best anticipate needs and prevents them arising, and
12. Makes the best use of the available facilities, people and other resources.

[2] Integration of Adult Health and Social Care in Scotland: Consultation on Proposals (May 2012)
[3] http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

National health and wellbeing outcomes[4]

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
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
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
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
7. People using health and social care services are safe from harm
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
9. Resources are used effectively and efficiently in the provision of health and social care services

The purpose of this review is to help ensure we increase our pace in delivering all of these objectives.

Review process

At its meeting on 20 June 2018, the Ministerial Strategic Group agreed that the review would be taken forward via a small "leadership" group of senior officers chaired by Paul Gray (Director General Health and Social Care and Chief Executive of NHS Scotland) and Sally Loudon (Chief Executive of COSLA). A larger group of senior stakeholders has acted as a "reference" group to the leadership group.

Membership of the review leadership group is as follows:

- Paul Gray (co-chair) (Director General for Health and Social Care and Chief Executive of NHSScotland)
- Sally Loudon (co-chair) (Chief Executive of COSLA)
- Paul Hawkins (Chief Executive of NHS Fife, representing NHS Chief Executives)
- Andrew Kerr (Chief Executive of Edinburgh City Council, representing SOLACE)
- David Williams (Chief Officer of Glasgow City IJB and Chair of the Chief Officers' network, representing IJB Chief Officers)
- Annie Gunner Logan (Chief Executive of CCPS, representing the third sector)
- Donald MacAskill (Chief Executive of Scottish Care, representing the independent sector)

[4] http://www.legislation.gov.uk/ssi/2014/343/pdfs/ssi_20140343_en.pdf

The work of the review leadership group followed this timetable:

Meeting date	Topics for discussion
24/09/18	Finance: agreeing, delegating and using integrated budgets
23/10/18	Governance and commissioning arrangements, including clinical and care governance
27/11/18	Delivery and improving outcomes including consideration of the Audit Scotland report on integration (published 15/11/18)
19/12/18	Conclusions and agreement on recommendations, to be reported to the MSG on 23/01/19

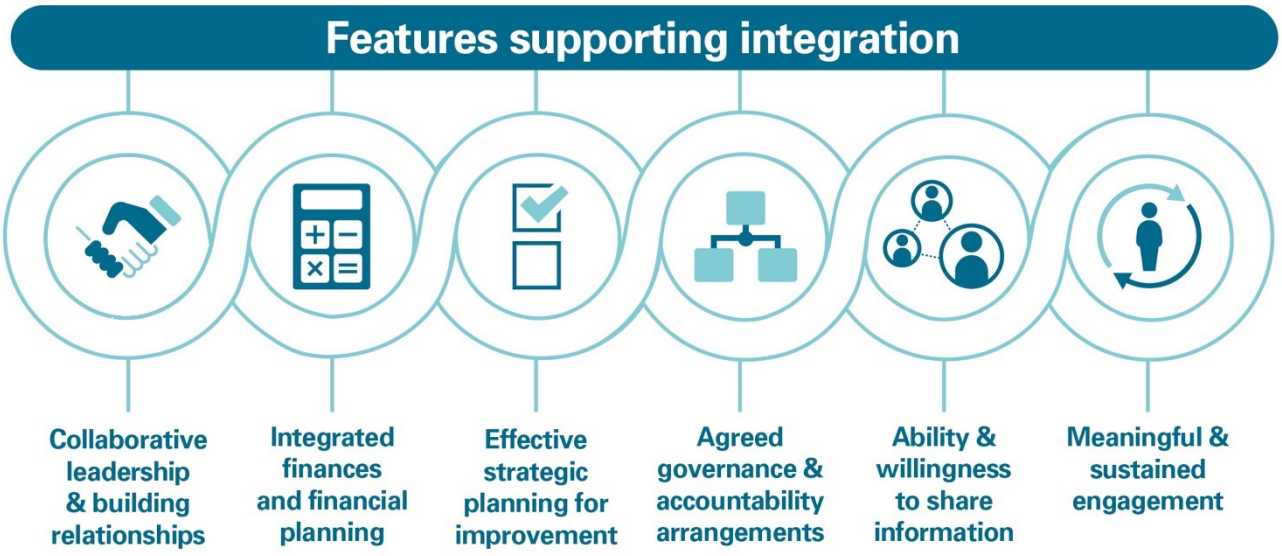
This report draws together the group's proposals for ensuring the success of integration. It builds upon the first output of our review, the joint statement issued on 26 September 2018, which is at Annex A of this report.

Integration Review Leadership Group
4 FEBRUARY 2019

Audit Scotland report

1. The group recognised that the Audit Scotland report on integration that was published in November 2018 provides important evidence for changes that are needed to deliver integration well. The group noted their agreement with Audit Scotland's recommendations. The group recommends that these recommendations should be acted upon in full by the statutory health and social care partners in Scotland. In addition, the group noted that workforce issues were not considered in any detail in the audit, but recommends that those should be a key focus for statutory and non-statutory partners taking forward integration.

2. Within a broad context of focussing on improving outcomes for people who use services and delivering sustainable, high quality services, the group noted specifically that exhibit 7 from the Audit Scotland report, reproduced below, provides a helpful framework within which to make progress. The group agreed to set out its proposals, in this report, under the headings identified in the exhibit, each of which was considered fully in turn.



3. As a group, we decided to set out "proposals" in this report rather than "recommendations" to underline that the commitments our proposals make are a shared endeavour, which we are each signed up to on a personal level as senior leaders and on behalf of our respective organisations. We have used "we" throughout the proposals set out in this document to further emphasise this.

4. In our review work, we recognised, as the Audit Scotland report does, that there is good practice developing, both in terms of how Integration Joint Boards (IJBs) are operating, and in how services are being planned and delivered to ensure better outcomes. However, this is not yet the case in all areas. We know there are challenges we must address and want to make use of good practice to drive forward change and reform to truly deliver integration for the people of Scotland.

Leadership Group Proposals

Our proposals focus on our joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They are a reflection of our shared commitment to making integration work, set out in our joint statement from September 2018.

1. **Collaborative leadership and building relationships**

Shared and collaborative leadership must underpin and drive forward integration.

We propose that:

1. (i) **All leadership development will be focused on shared and collaborative practice.** An audit of existing national leadership programmes will be undertaken by the Scottish Government and COSLA to identify gaps and areas of synergy to support integration of health and social care. Further work will be delivered on cross-sectoral leadership development and support.
Timescale: 6 months

1. (ii) **Relationships and collaborative working between partners must improve**. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration.
Timescale: 12 months

1. (iii) **Relationships and partnership working with the third and independent sectors must improve**. Each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors, and take action to address any issues.
Timescale: 12 months

2. **Integrated finances and financial planning**

Money must be used to maximum benefit across health and social care. Our aim for integration has been to create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a "health" or "social care" service. Our proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government's Medium Term Framework for Health and Social Care[5].

We propose that:

2. (i) **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration.** In each partnership area the Chief Executive of the Health Board and the Local Authority, and the Chief Officer of the IJB, while considering the service impact of decisions, should together request consolidated advice on the financial position as it applies to their shared interests under integration from, respectively, the NHS Director of Finance, the Local Authority S95 Officer and the IJB S95 Officer.
Timescale: By 1st April 2019 and thereafter each year by end March.

2. (ii) **Delegated budgets for IJBs must be agreed timeously.** The recently published financial framework for health and social care sets out an expectation of moving away from annual budget planning processes towards more medium term arrangements. To support this requirement for planning ahead by Integration Authorities, a requirement should be placed upon statutory partners that all delegated budgets should be agreed by the Health Board, Local Authority and IJB by the end of March each year.
Timescale: By end of March 2019 and thereafter each year by end March

2. (iii) **Delegated hospital budgets and set aside requirements must be fully implemented**. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.
Timescale: 6 months

2. (iv) **Each IJB must develop a transparent and prudent reserves policy**. This policy will ensure that reserves are identified for a purpose and held against planned expenditure, with timescales identified for their use, or held as a general reserve as a

[5] Scottish Government Medium Term Health and Social Care Financial Framework

contingency to cushion the impact of unexpected events or emergencies. Reserves must not be built up unnecessarily.
Timescale: 3 months

2. (v) **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. Measures must be in place to ensure conflicts of interest for IJB S95 Officers are avoided – their role is to provide high quality financial support to the IJB. To ensure a consistent approach across the country, the existing statutory guidance should be amended by removing the last line in paragraph 4.3 recommendation 2, leaving the requirement for such support as follows:

> *It is recommended that the Health Board and Local Authority Directors of Finance and the Integration Joint Board financial officer establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole. It is also recommended that each partnership area moves to a model where both the strategic and operational finance functions are undertaken by the IJB S95 officer: and that these functions are sufficiently resourced to provide effective financial support to the Chief Officer and the IJB.*

Timescale: 6 months

2. (vi) **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations**. Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot. It is key that the resources held by IJBs lose their original identity and become a single budget on an ongoing basis. This does not take away from the need for the IJB to be accountable for these resources and their use.
Timescale: from 31st March 2019 onwards.

3. Effective strategic planning for improvement

Maximising the benefit of health and social care services, and improving people's experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities.

We propose that:

3. (i) **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.** This will include Health Boards and Local Authorities providing staff and resources to provide such support. The dual role of the Chief Officer makes it both challenging and complex, with competing demands between statutory delivery partners and the business of the IJB. Chief Officers must be recognised as pivotal in providing the leadership needed to make a success of integration and should be recruited, valued and accorded due status by statutory partners in order that they are able to properly fulfil this "mission critical" role. Consideration must be made of the capacity and capability of Chief Officers and their senior teams to support the partnership's range of responsibilities.
Timescale: 12 months

3. (ii) **Improved strategic inspection of health and social care is developed to better reflect integration**. As part of this work, the Care Inspectorate and Healthcare Improvement Scotland will ensure that:

- As well as scrutinising strategic planning and commissioning processes, strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the Health Board, Local Authority and IJB, and the contribution of non-statutory partners – to integrated arrangements, individually and as a partnership.
- There is a more balanced focus across health and social care ensured in strategic inspections.

Timescale: 6 months

3. (iii) **National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work**. These bodies include Healthcare Improvement Scotland, the Care Inspectorate, the Improvement Service and NHS National Services Scotland. Improvement support will be more streamlined, better targeted and focused on assisting partnerships to implement our proposals. This will include consideration of the models for delivery of improvement support at a national and local level and a requirement to better meet the needs of integration partners.
Timescale: 3 - 6 months

3. (iv) **Improved strategic planning and commissioning arrangements must be put in place.** Partnerships should critically analyse and evaluate the effectiveness of their strategic planning and commissioning arrangements, including establishing capacity and

capability for this. Local Authorities and Health Boards will ensure support is provided for strategic planning and commissioning, including staffing and resourcing for the partnership, recognising this as a key responsibility of Integration Authorities.
Timescale: 12 months

3. (v) **Improved capacity for strategic commissioning of delegated hospital services must be in place.** As implementation of proposal 2 (iii) takes place, a necessary step in achieving full delegation of the delegated hospital budget and set aside arrangements will be the development of strategic commissioning for this purpose. This will focus on planning delegated hospital capacity requirements and will require close working with the acute sector and other partnership areas using the same hospitals. This should evolve from existing capacity and plans for those services.
Timescale: 12 months

4. Governance and accountability arrangements

Governance and accountability must be clear and commonly understood for integrated services.

We propose that:

4. (i) **The understanding of accountabilities and responsibilities between statutory partners must improve**. The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body. Such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB. Statutory partners should ensure duplication is avoided and arrangements previously in place for making decisions are reviewed to ensure there is clarity about the decision making responsibilities of the IJB and that decisions are made where responsibility resides. Existing committees and groups should be refocused to share information and support the IJB.
Timescale: 6 months

4. (ii) **Accountability processes across statutory partners will be streamlined.** Current arrangements for each statutory partner should be scoped and opportunities identified for better alignment, with a focus on better supporting integration and transparent public reporting. This will also ensure that different rules are not being applied to different parts of the system particularly in circumstances of shared accountability.
Timescale: 12 months

4. (iii) **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.** There are well-functioning IJBs that have adopted an open and inclusive approach to decision making and which have gone beyond statutory requirements in terms of memberships to include representatives of key partners in integration, including the independent and housing sectors. This will assist in improving the effectiveness and inclusivity of decision making and establish IJBs as discrete and distinctive statutory bodies acting decisively to improve outcomes for their populations.
Timescale: 12 months

4. (iv) **Clear directions must be provided by IJBs to Health Boards and Local Authorities.** Revised statutory guidance will be developed on the use of directions in relation to strategic commissioning, emphasising that directions are issued at the end of a process of decision making that has involved partners. Directions must be recognised as a key means of clarifying responsibilities and accountabilities between statutory partners, and for ensuring delivery in line with decisions.
Timescale: 6 months

4. (v) **Effective, coherent and joined up clinical and care governance arrangements must be in place.** Revised statutory guidance will be developed based on wide ranging consultations with local partnerships, identifying good practice and involving all sectors.

The key role of clinical and professional leadership in supporting the IJB to make decisions that are safe and in accordance with required standards and law must be understood, co-ordinated and utilised fully.
Timescale: 6 months

5. Ability and willingness to share information

Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings.

We propose that:

5. (i) **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data**. Chief Officers will work together to consider, individually and as a group, whether their IJBs' annual reports can be further developed to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure that, as a minimum, all statutorily required information is reported upon.
Timescale: By publication of next round of annual reports in July 2019

5. (ii) **Identifying and implementing good practice will be systematically undertaken by all partnerships.** Chief Officers will develop IJBs' annual reports to enable partnerships to identify, share and use examples of good practice, and lessons learned from things that have not worked. Inspection findings and reports from strategic inspections and service inspections should also provide a clear means of identifying and sharing good practice, based on implementation of the framework outlined below at 5 (iii) and the national health and social care standards.
Timescale: 6 - 12 months

5. (iii) **A framework for community based health and social care integrated services will be developed**. The framework will be key in identifying and promoting best practice in local systems to clearly illustrate what good looks like in community settings, which is firmly focused on improving outcomes for people. This work will be led by Scottish Government and COSLA, involving Chief Officers and other key partnership staff to inform the framework.
Timescale: 6 months

6. Meaningful and sustained engagement

Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people.

We propose that:

6. (i) **Effective approaches for community engagement and participation must be put in place for integration.** This is critically important to our shared responsibility for ensuring services are fit for purpose, fit for the future, and support better outcomes for people using services, carers and local communities. Revised statutory guidance will be developed by the Scottish Government and COSLA on local community engagement and participation based on existing good practice, to apply across health and social care bodies. Meaningful engagement is central to achieving the scale of change and reform required, and is an ongoing process that is not undertaken only when service change is proposed.
Timescale: 6 months

6. (ii) **Improved understanding of effective working relationships with carers, people using services and local communities is required.** Each partnership should critically evaluate the effectiveness of their working arrangements and relationships with people using services, carers and local communities. A focus on continuously improving and learning from best practice will be adopted in order to maximise meaningful and sustained engagement.
Timescale: 12 months

6. (iii) **We will support carers and representatives of people using services better to enable their full involvement in integration**. Carers and representatives of people using health and social care services will be supported by partnerships to enable meaningful engagement with their constituencies. This will support their input to Integration Joint Boards, strategic planning groups and locality arrangements for integration. This would include, for example, receipt of IJB papers with enough time to engage other carers and people using services in responding to issues raised. It would also include paying reasonable expenses for attending meetings.
Timescale: 6 -12 months

In support of these proposals we will:

- Provide support with implementation;
- Prepare guidance and involve partners in the preparation of these;
- Assist with the identification and implementation of good practice;
- Monitor and evaluate progress in achieving proposals;
- Make the necessary links to other parts of the system, such as workforce planning;
- Continue to provide leadership to making progress with integration;
- Report regularly on progress with implementation to the Ministerial Group for Health and Community care.

In support of these proposals we expect:

- Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.

- Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place.

- Partnerships to be innovative in progressing integration.

Annex A – Joint Statement

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

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NHS Board Chairs
Local Authority Leaders
Integration Joint Board Chairs and Vice Chairs
NHS Board Chief Executives
Local Authority Chief Executives
Integration Joint Board Chief Officers
Chief Executive, SCVO
Chief Executive, Health and Social Care Alliance
Chief Executive, CCPS
Chief Executive, Scottish Care

26 September 2018

Dear colleagues

The Scottish Government, NHS Scotland and COSLA share responsibility for ensuring the successful integration of Scotland's health and social care services. We are therefore delighted to send to you today a joint statement, attached to this letter, setting out our shared commitment to integration as leaders in the public sector.

This statement is the first output from our review of integration, which is now underway via the Ministerial Strategic Group for Health and Community Care. It frames our joint ambitions for integration and sets the context for recommendations that will follow from the review.

We look forward to continuing to work with you all to deliver integration, and, through it, better care for people using health and social care services in Scotland.

JEANE FREEMAN
Cabinet Secretary for Health and Sport

COUNCILLOR ALISON EVISON
COSLA President

DELIVERING INTEGRATION

We need to step up the pace of integrating health and social care. Truly integrated services, focused on the needs of citizens – individuals, carers and families, and on the health and wellbeing of local communities – require our leadership and personal commitment. We need to act together and in our individual roles to accelerate progress.

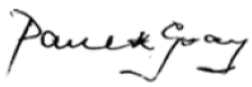
There are challenges that we must address. We will work together, and with our local populations as well as partners in the third and independent sectors, to understand public expectations and better meet needs for health and social care, which go hand-in-hand with improvements in life expectancy and the availability of new medicines and technologies. We are already making progress. We recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland.

The Public Bodies (Joint Working) Act 2014 puts in place governance and financial arrangements, and a set of outcomes, for us to work within to achieve integration. We share a duty to empower Integration Authorities, to hold ourselves and one another to account in order to make integration work. We will learn from one another and adopt good practice. We will also work collaboratively and in partnership beyond the statutory sector to deliver improvements.

We commit to delivering together because that is the right way to deliver better services for our citizens.

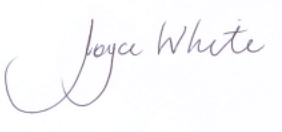
CABINET SECRETARY FOR HEALTH AND SPORT

COSLA PRESIDENT



DIRECTOR GENERAL, SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATES AND CHIEF EXECUTIVE, NHSSCOTLAND

CHIEF EXECUTIVE, COSLA



CHAIR, SOLACE 26 SEPTEMBER 2018

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Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

HSCP / EDC Officer composite draft

Purple text = actions that are outside the scope of the local partnership to deliver

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MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG)
REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

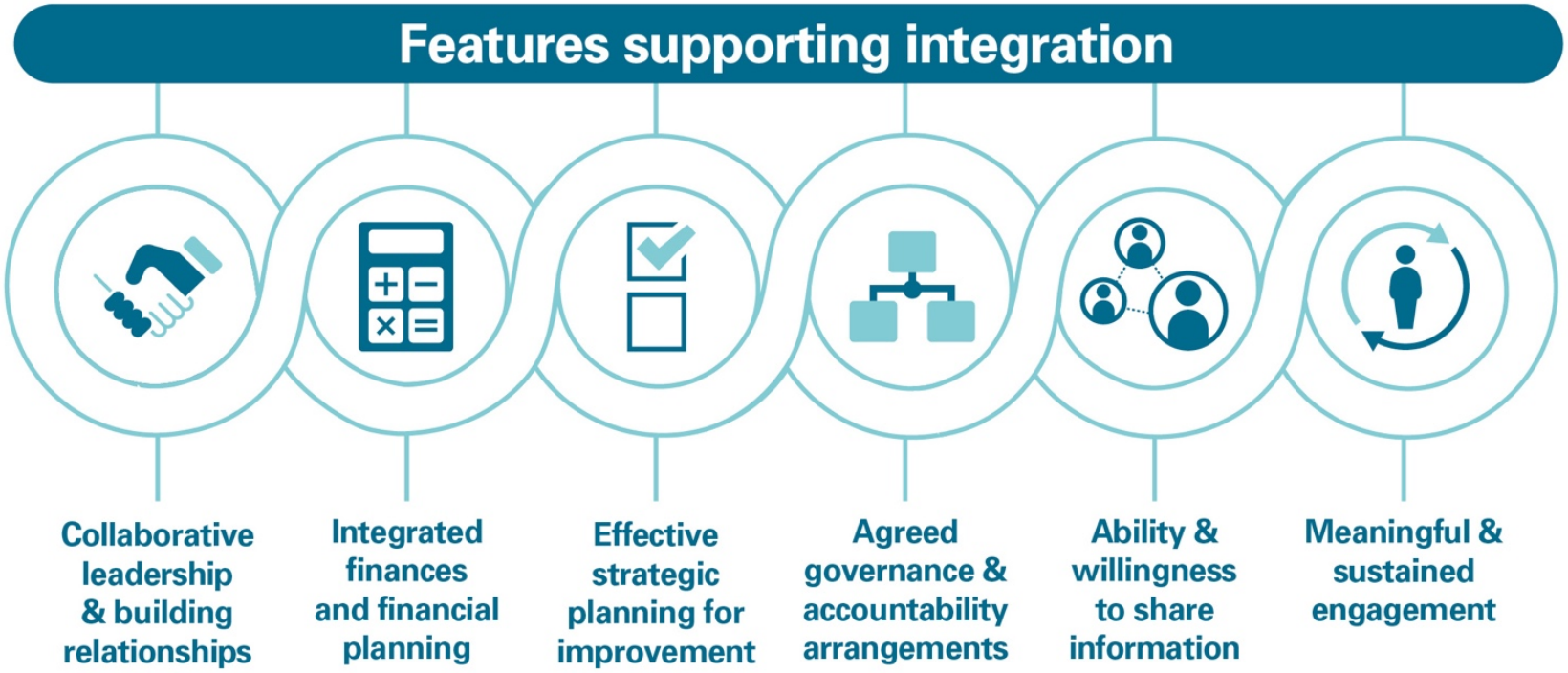
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

Thank you.
Integration Review Leadership Group
MARCH 2019



Name of Partnership	East Dunbartonshire HSCP
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Date of completion	15th May 2019

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 **All leadership development will be focused on shared and collaborative practice.**				
Rating Descriptor	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			X	
Evidence / Notes	The development of shared leadership and collaborative practice has been evolving since the inception of the HSCPIJB. A range of formal (e.g. training courses) and informal developments (e.g. participation in local service initiatives and senior staff events) have taken place and work has been undertaken to develop a more shared whole system understanding. Positive examples:- • Team managers and team leaders in the HSCP have undertaken the SSSC sponsored Collaborative Leadership in Practice (CLiP) programme. Programmes for Older people's services and Mental Health service teams are in progress. A Workforce and OD Plan is in place that sets out the direction of travel for the HSCP staff. • Regular HSCP senior management and HSCP Board development sessions are held with agendas focussed on a combination of preparation for upcoming strategic and operational business as well as a reflection on progress for the teams and the Board. • Chief Officer and HSCP SMT engage with similar Council and NHS development sessions. Corporate and Senior			

	Management Team joint arrangements have been developed. • HSCP staff are included in the development and delivery of HSCP and Council staff leadership forum sessions • There is good collaboration across the Partnerships as part of GGC. We have hosted management arrangements for some Board wide services and the Chief Officers Group meets regularly and has a team development plan. • There are joint performance management arrangements with the HSCP Chief Officers with specific three way meetings as and when required
Proposed improvement actions	• There are a range of good leadership opportunities delivered across the NHS, HSCP and Council which we will review to look at good practice and assess opportunities for joint learning across the system. We will look to expand the scope across the functions and undertake to review the content and invitation list of further events being developed to ensure they are offered across the NHS,HSCP and Council as appropriate. • Local application of the principles of CLiP across the HSCP more widely – delivered through the OD Plan. • The OD plan will be developed further to collectively share understanding and consider roles and responsibilities across the HSCP professional and leadership arrangements. The aim is to set out a collective approach, to find improved and joined up ways of working focussed on service user and patient care. • We look to create operationally integrated teams as appropriate to the service where we will have leaders being able to manage teams of Health and Social Care staff regardless of their own employment status. • The range and style of different collaborative leadership and development offers available nationally to the NHS, Council and the Partnerships is welcome and would benefit from coordination to ensure maximum and consistency.

Proposal 1.2 **Relationships and collaborative working between partners must improve**				
Rating	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			X	
Evidence / Notes	Relationships and collaborative working have been developing since the inception of the IJB. A number of regular meetings/forums have been established to support this collaborative working and we expect this to be an ongoing area for further development in the coming years given the increasing service demands, demographic challenges and the financial context ahead. Positive examples:- • Improved approach to collaborative financial planning and monitoring through the establishment of a regular partnership financial discussion forum. This enabled a more effective approach to budget setting for 2019 /20 by enabling those involved to be as well informed as possible to understand the impact of budget decisions on partners, learn from those risks identified in prior years, and work collegiately to set a balanced budget within the HSCP. • Staff within the Partnership are routinely included in, and contribute to, both Council and NHS planning forums. These include Senior Management Team meetings and Programme Boards for specific strategic areas. • The Partnership is closely involved in the delivery of the East Dunbartonshire Community Planning Partnership's Local Outcome Improvement Plans, which form the basis of the Council's planning priorities. The HSCP leads on delivery of three of the total six LOIP outcomes. This demonstrates and ensures good line of sight between Council and HSCP priorities.			

	• The Partnership is directly involved in the NHSGGC Whole System Planning Group. This is the forum that draws together the work of the various NHSGGC Programme Boards ensuring a joined up approach and participation in this group helps promote the opportunity for joined up and informed planning across the NHSGGC and HSCP agendas. • The Partnership was involved in the development of the NHS Clinical Strategy – Moving Forward Together .The Chief Officer leads on aspects of delivery of this agenda. This supports alignment of priorities across the NHSGGC and HSCP. • There is shared training in place for inducting new board members and local Councillors.
Proposed improvement actions	We aim to work to a set of principles:- – • collaboration and involvement across the partners should be focussed on ensuring early awareness of developing priorities involvement across the partners should be effective and proportionate • there should be a focus on collective delivery of improved outcomes • our processes should minimise duplication of efforts • our processes must respect appropriate governance Improvement areas:- • We recognise that we need to ensure true collaboration across all three agencies. At the moment we probably operate on the basis of working with one agency at a time on specific issues, what we need to do is ensure we really are taking a tripartite approach with a mutual understanding of issues and priorities across all three. This is in the context of NHS GGC supporting the work of six HSCPs. We have already established the ground work to support this including three way meetings between the Chief Executives and the Chief Officer, three way performance and forward planning meetings with the Chief Executives, Chief Officer and HSCP senior managers. Both Chief Executives will attend a future HSCP Board Members' Development Sessions. • We will work to understand how we develop further our integrated approach and achieve early visibility on key strategic and/or operational priorities across the three agencies in support of our individual and collective outcomes.

Proposal 1.3 **Relationships and partnership working with the third and independent sectors must improve**				
Rating	**Not yet established**	**Partly established**	**Established**	**Exemplary**
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating		**X**		
Evidence / Notes	The HSCP recognises the third and independent sectors as key partners in delivery of services and achievement of positive outcomes aligned to our Strategic Plan. The HSCP has well established channels and forums for engagement. In practice some are better embedded than others. Engagement with the local third sector is more developed than engagement with the independent sector and the larger national third sector organisations. We look to build on the progress we have made to date in the coming year. Positive examples: • There is an established Strategic Planning Group and two Locality Planning Groups. All have undergone a refresh of role, remit and membership in the past year and all have now developed updated plans and refreshed their membership aligned to the actions in the plans. These groups routinely include third sector representation and will now also routinely include independent sector representation. • There are local provider forums in place with attendance by third and independent sectors. • We are in the process of developing a Commissioning Strategy, co-produced with other stakeholders, including third and independent sector providers, to more clearly outline our future commissioning priorities and market opportunities. This will support effective partnership working. This work has been supported by the NHS iHub.			

	• The local Third Sector Interface is a member of the IJB • The local Third Sector Interface or an appropriate alternative third sector service representative is a member of service planning / development groups as and when these are in place. • Transformational Change led Service Reviews include 'pause points' for consultation and engagement with third and independent sector stakeholders, amongst others. • The East Dunbartonshire Community Planning Partnership includes direct third sector representation and third sector lead on some areas of local service review such as current work on community transport • Moving Forward Together is a developing framework for service change which is evolving at present through a process of community involvement and engagement including third and independent sectors. The Moving Forward Together Team and HSCP delivered these sessions jointly.
Proposed improvement actions	• Involvement of the independent sector in the SPG and LPGs has been less developed than involvement of the third sector. A recent refresh of the action plans and membership aims to address this and progress will be reviewed during 2019. • We will work to further develop our Provider Forums to establish regular attendance and a dialogue on a sustained basis. • We will work with our local Third sector Interface to understand how we can improve our engagement with the larger national third sector providers operating locally, recognising that that we may need to think differently about how this can be achieved and not rely on usual process such as direct attendance at groups and meetings. • We will conclude our work on developing and publishing a Commissioning Strategy • We will review the process for service reviews to ensure early engagement with key stakeholders in the redesign of service delivery models.

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 **Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions. Improved longer term financial planning on a whole system basis is in place.
Our Rating		**X**		
Evidence / Notes	This is an area where the Partnership has made considerable progress over the last 12 months. A regular three way forum has been established for HSCP, NHSGGC and EDC finance and transformation tracking and planning and this has supported effective financial planning for the HSCP. Monthly financial reports are provided for all budgets to support real time tracking of spend and early identification of drift. Positive examples: • Three way finance forum in place and working effectively to support year on year planning • Shared understanding of the financial pressures across each partner agency and the transformation activity required to deliver a balanced budget for the partnership. • Budget monitoring reports are provided monthly to all budget holders			

	• Regular and transparent financial reporting to the HSCP Board is in place • The HSCP's CFO is clear as to who within EDC and NHSGGC can provide finance details to support reporting to HSCP
Proposed improvement actions	• We will work to ensure a common understanding of our financial position and establish a monitoring framework to support operational delivery across the NHS, HSCP and the Council. This will mean aligning our arrangements for reporting as is feasible and required by each statutory authority. Partners will work better together to map the timelines for and content of provision of financial information required for monitoring and planning. • We will establish a single set of information, shared in a timely manner, across all necessary reporting forums to ensure consistency and continuity • We will work to ensure we further develop shared narratives to support financial information not only in relation to financial planning but also in the regular financial operational monitoring arrangements.

Proposal 2.2 **Delegated budgets for IJBs must be agreed timeously**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes. Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.
Our Rating		**X**		
Evidence / Notes	This is an area where we believe we have made good progress with improvements in processes evidence over recent years resulting in an effective process to agree the budgets for 2019 – 2020 before the end of March as required. Positive examples:- • All indicative delegated budgets were agreed by the Health Board, Council and HSCP Board IJB by end of March this year subject to formal approval through the constituent bodies. • We are working to develop medium term financial planning within the HSCP in line with the recommendations of Audit Scotland. • Medium term financial planning in place within the local authority, however not in place within NHS GG&C.			

Proposed improvement actions	• Further work is required in order to effectively transition towards medium term financial and scenario planning. We will work through the IJB CFOs network and through our ongoing local partnership working to learn from best practice elsewhere, offer our learning into the developing national picture and continue to strengthen our local practice • We support the move towards medium to long term financial planning across the NHS and the Council which will positively impact on the HSCP financial planning arrangements. We note that as part of the parliamentary review process there is an aspiration for the next year's budget process to set out multiyear settlements and we are aware of the recent change in arrangements for NHS Board to allow medium term planning and increased flexibility and we welcome these developments.

Proposal 2.3 **Delegated hospital budgets and set aside budget requirements must be fully implemented**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.	Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance. The set aside budget is being fully taken into account in whole system planning and best use of resources.
Our Rating		X		
Evidence / Notes	All involved are aware that this is an area of work that has been progressing relativity slowly due to a range of matters requiring to be clarified / resolved at both local and national levels in order to ensure the resulting actions align with the intentions behind the legislation. We have made progress locally in this area but it is not directly aligned to the budget setting process for the HSCP for 2019 - 2020. Positive examples • Principles and process relating to treatment of the set aside budgets have been discussed and are partly established. A financial framework has been established which reflects actual budgets, performance data in place to support activity planning linked to work around Unscheduled Care through the NHSGGC's Financial Improvement Programme. This work continues.			

Proposed improvement actions	• Work to continue with NHSGGC on process and treatment of set aside budgets with a view to establishing a clear position for 2020 – 2021 budget setting. • Finance and planning work streams to be more clearly aligned to support development of a commissioning plan for unscheduled hospital bed usage going forward. • Due diligence exercise required as part of the overall process of agreeing set aside budgets which addresses the significant financial gap identified in acute budgets based on figures provided by the health board to date. • We will aim to ensure a common understanding as to set aside. We will share this work through the Social Work forum for elected members and HSCP Board development session time will be devoted to supporting understanding of set aside budgets prior to beginning of financial year 2020 – 2021.

Proposal 2.4 **Each IJB must develop a transparent and prudent reserves policy**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered to.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			**X**	
Evidence / Notes	Work in this area is well developed in terms of a reserves policy and the planned use of reserves. There is no unnecessary build up of reserves. Positive areas:- • A reserves policy is in place to identify reserves and hold them against planned spend (earmarked for service redesign etc) and hold them for addressing unplanned service demand / issues (un-earmarked). • Clear timescales for the use of earmarked reserves are agreed, monitored, and adhered to. • The HSCP Board is regularly made aware of the reserves position through regular finance reporting.			

Proposed improvement actions	• For 2018 – 2019 and 2019 – 2020 the budget setting process for the HSCP included planned reliance on the HSCPs reserves to achieve financial balance. The HSCP reserves are now at a lower percentage rate than that which would be considered prudent within the partnership reserve policy. This attracted some challenge by the external auditor in their report for 2017/18 in terms of sustainability going forward and our ability to be able to address unexpected demand growth. The Partners will work together to ensure reserves remain reasonable and within policy.

Proposal 2.5 **Statutory partners must ensure appropriate support is provided to IJB S95 Officers.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating		**X**		
Evidence / Notes	As 2.1 The role of the Section 95 Officer (Chief Finance Officer) for the IJB is outlined in the legislation, and to that end, the following progress has been made:- • NHS Finance support has been delegated to the partnership and this works well and fulfils the principle set out above. The CFO has the ability to lead and direct this support and this enables relevant, timeous reporting to the IJB. • Support is provided to the IJB CFO through the work of the Council's chief internal auditor who has been appointed as the Chief Internal Auditor to the IJB. This supports financial assurance and governance processes. • A finance and planning group has been established which meets regularly, comprising membership from NHS Finance			

	colleagues, Council finance and transformation colleagues and senior management from within the HSCP. This provides a forum for discussion and negotiation on the support requirements to the IJB S95 officer from a Council perspective. • Reports are provided from both the NHS and the local authority on the financial performance of the respective budgets and this is collated into a partnership position by the HSCP S95 CFO and reported on a consolidated basis to the IJB.
Proposed Improvement actions	• Review of the support arrangements to the IJB S95 Officer with a view to streamlining and aligning arrangements and timing of reports where possible • Explore opportunities for joint development sessions for individuals providing finance support.

Proposal 2.6 **IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		**X**		
Evidence / Notes	The existing arrangements in terms of budget deployment are established and support the delivery of the strategic plan. There is a financial plan that supports the strategic plan and there are financial planning and monitoring arrangements that support operational delivery as well as the annual business/transformation plan The CFO and CO meets regularly with the Council and Health Board finance representatives to discuss funding and budget pressures for the coming year. The HSCP works to both the Council and Health Board budget timelines for the respective elements of the budget reflecting the delegated budgets from the Council and NHS, The IJB monitoring reports and budgets contain separate Social Care and Health reports to support the delineation. Positive examples include:- • Staff are empowered to deploy budgets across services to meet identified needs • The budgets are effectively managed as integrated budgets			

	• HSCP Board members are committed to a whole system approach and support the position in operational terms that the resource should lose its identity
Proposed improvement actions	• We will work to review the Council scheme of delegation to ensure HSCP officers are empowered to manage and deploy the resources in their remit directly and effectively • We will review expected future capital requirements for community services and map the potential contribution of agencies to capital programme works to deliver fit for the future facilities in local communities, as far as possible, regardless of ownership of the asset. • Increasingly reporting to the IJB should reflect the totality of partnership resources as opposed to separate reporting information and similarly this should be considered within the constituent body reporting arrangements. • We would support any nationally instigated review of future funding mechanisms for the HSCPs.

Key Feature 3 Effective strategic planning for improvement				
Proposal 3.1 **Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	The Chief Officer is not fully recognised as pivotal in providing leadership. Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.	The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities	The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.
Our Rating			**X**	
Evidence / Notes	Some key process relating to HR, change management, complaints handling, legal services etc continue to sit with the constituent bodies. However the resource is differentially split. In some instances, the capacity and support is devolved to the HSCP, but for others the service still sit within the constituent body and support is called in as and when required. This, at times, creates a level of imbalance or difference in practice in how the Chief Officer and the HSCPs Senior Management Team are able to operate across the HSCP system as a whole. We aim to better understand the different systems and operational approaches across the Partnership area, so we can develop effective ways to work within these differing systems. Positive examples:- • We have improved our approach to collective allocation of resources over the past 12 months which enabled us to deliver an			

	agreed budget by the end of March 2019 and to establish an agreed transformation programme for the year 2019 - 2020. • The HSCP has access to a range of support functions in the NHS and the Council. In section 3.4 we have highlighted areas where we will look to align process relation to the key functions of performance and planning, in support of the Strategic Planning and Commissioning arrangements. This also applies to HR, legal and finance support for the Chief Officer and senior managers across the system in relation to operational delivery.
Proposed improvement actions	• We will review the scheme of delegation with a view to ensuring the Chief Officer and HSCP Senior Management Team can act within their appropriate areas of authority, in line with relevant legislation and the Scheme of Integration. • We will review our approach to planning to ensure we are able to identify earlier the likely support requirements associated with planned changes and consequent service delivery. We will refresh the operational approaches across the partnership area relating to HR, access to legal services and transformational change support so we can collectively streamline and align arrangements, operationally and in relation to Strategic Planning and performance.

Proposal 3.2 **Improved strategic inspection of health and social care is developed to better reflect integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4 **Improved strategic planning and commissioning arrangements must be put in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide some support for strategic planning and commissioning.	Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.	Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.
Our Rating			**X**	
Evidence / Notes	The HSCP has established much improved strategic planning and performance management arrangements in the last year. These arrangements continue to evolve on the strength of experience. Stronger links have been established between strategic and operational planning and continuous improvement at all levels. The HSCP has strong partner and stakeholder involvement and is in the process of developing a commissioning strategy to support further work in this area. Positive examples • The HSCP has produced and published a three year Strategic Plan 2018 – 2021 based on strategic needs assessment • The HSCP is reviewing its commissioning team arrangements and capacity • The Chief Officer, through the CFO, manages some of the commissioning staff directly.			

	• A commissioning plan in support of the strategic plan is in development • The HSCP has recently reviewed its Strategic Planning and Locality Planning group arrangements and intends to develop locality plans links to the Strategic Plan.
Proposed improvement actions	• Council and Health Board support for strategic planning and commissioning, including staffing and resources, are delivered differently. Direct capacity is provided by the Health Board which is managed by the Chief Officer. Council support for planning and performance functions are accessed through shared corporate support. We will develop arrangements which will align this process as much as possible to support the development and delivery of the strategic plan, annual transformation plan and commissioning plan. The mutual support across the NHS, Council and HSCP will be purposeful and proportionate recognising that both the Council and NHS have to balance the support requirements of the HSCP with those of their other areas of business interests. • We will improve sharing of information early in the strategic thinking process across the Partner agencies, encouraging mutual involvement and an integrated approach to our business.

Proposal 3.5 **Improved capacity for strategic commissioning of delegated hospital services must be in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.	Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets. There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.
Our Rating		**X**		
Evidence / Notes	All involved are aware that this is an area of work that has been progressing relativity slowly due to a range of matters requiring to be clarified / resolved at both local and national levels in order to ensure the resulting actions align with the intentions behind the legislation. We have made progress locally in this area and work will continue in 2019 - 2020. Positive examples • Principles and process relating to the set aside budgets have been discussed and are partly established, linked to work around Unscheduled Care and NHSGGC's Financial Improvement Programme. This work continues.			

Proposed improvement actions	• Work to continue with NHSGGC on process and treatment of set aside budgets with a view to establishing a clear position for 2020 – 2021 budget setting. • Establish HSCP Board development time devoted to support the understanding of set aside budgets prior to beginning of financial year 2020 – 2021.

Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 **The understanding of accountabilities and responsibilities between statutory partners must improve.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.
Our Rating			X	
Evidence / Notes	Through joint working across the system, the NHS, Council and HSCP have all come to understand their roles more clearly in the landscape of health and social care by clarifying roles and responsibilities in development sessions for the elected members, the NHS Board and for HSCP members. This was given particular attention in the first years after the establishment of the Partnership but is refreshed and updated with the change of membership and the new Council administration. The establishment of a Social Work Forum to replace the social work committee was a step forward in sharing understanding and avoiding duplication. The revised joint management arrangements have also helped clarify issues. The joint HSCP/Council senior management team and the inclusive Corporate management arrangements of the NHS have helped officers across the whole system work together to more effectively with a focus on delivery key and interlinked operational objectives, using the integrated governance arrangements to deliver the change rather than be an impediment.			

	Positive examples:- • We have improved support arrangements between the IJB and the constituent bodies in line with the points made at 3.1 • We have re-designated the Council's previous governance committee for social work and social care into an Integrated Social Work Forum for elected member discussion and consultation on matters of interest and concern. This is not a formal decision making forum and allows for full discussion and consideration of all matters relating to health and social care. This has kept clear the governance arrangements for the HSCP while ensuring that elected members are part of the overall discussions. • We have established strong and effective Clinical and Care Governance arrangements that span the totality of integrated functions
Proposed improvement actions	• We have streamlined processes of reporting and governance, to reduce the need for three-way reporting, using a 'once for the partnership' approach where possible with the right decisions taken in the right forums. We will review this to check for clarity of responsibility and accountability as part of the review of the Integration Schemes. • We aim to continue to clarify responsibilities and accountabilities and to avoid duplication in planning, reporting and decision-making across the integrated functions and between the statutory bodies and welcome further consideration at a national level. • We will continue to work to ensure communications and involvement at all levels, as appropriate, with the Officers, elected members and NHS Board members across the Partnership area on key issues. • This is a complex environment so through Board development sessions, Social Work Forums and joint management meetings we will review arrangements to ensure the accountabilities are clear.

Indicator 4.2 Accountability processes across statutory partners will be streamlined.				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating			X	
Evidence / Notes	As 4.1			
Proposed improvement actions				

Proposal 4.3 **IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating				X
Evidence / Notes	• The HSCP has a Board development programme that is reviewed regularly. This programme comprises of short topic specific seminars that last half an hour and half day development sessions that cover topics in more detail. The Board do attend meetings in other venues. The purpose of these sessions is to provide board members with information to enable them to make informed decisions on key priorities and also to advise them of any new policies or legislation. Board members are consulted on the topics they would like covered as part of the annual programme. • Board members have indicated that they feel this programme and the HSCP Board meetings provide them with a good understanding of our key issues in depth with time to discuss matters in depth. • The HSCP developed an induction programme for new Board members. This programme is given to new Board members who are supported through the process. • The Chair and Vice Chair meet with the Chief Officer to discuss and agree the agendas and for regular updates for all board meetings. This process contributes to succession planning and supports the two yearly change of the IJB chair. • The Chair and Vice Chair attend associated staff and public events. • The Vice Chair , Chairs the Audit, performance and planning sub committee • The Chair is an executive member of the national Chair and Vice Chairs group			

Proposed improvement actions	• The Chair and Vice Chair are keen to look to develop their role, learning from local experience and the experience gained from the work of the national group. • We are reviewing their role in the wider transformational change process. • We are reviewing the visibility of the Board across the organisation

Proposal 4.4 **Clear directions must be provided by IJB to Health Boards and Local Authorities.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		**X**		
Evidence / Notes	This continues to be an area of development for the partnership. There is a current process in place and consideration has been given to the recent additional draft guidance. Work on this area will continue and the partnership would welcome Scot Gov advice on particularly positive examples of practice that operate elsewhere, to support continuous improvement in this area. We would also wish to link this to the scoping exercise that seeks to improve accountabilities, as this would help to clarify the technical process of Direction and the respective obligations associated with it. Positive examples • The HSCP has issued directions to support deliver of its strategic plan • The HSCP Board has considered the recently issued draft Scot Gov guidance on Directions and this has informed a revision to our Directions processes.			

Proposed improvement actions	• We aim to have a clear process for the development of and issuing of directions which sees directions as the final stage in a collaborative process i.e. not a source of unexpected instruction. • We will consider exemplar models from elsewhere that are considered to reflect best practice with a view to further refining local processes • We will develop a process for the issuing of directions following each IJB meeting. • We will implement the relevant recommendations from the new statutory guidance once published • We will link the directions issuing processes with the outcomes of the governance/accountability scoping work in order to improve overall Partnership understanding of purpose, process and respective obligations.

Proposal 4.5 **Effective, coherent and joined up clinical and care governance arrangements must be in place.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood. Necessary clinical and care governance arrangements are not well established.	There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making. Arrangements for clinical and care governance are not clear	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.	The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.
Our Rating				X
Evidence / Our Notes	This is an area where the partnership feels it is well developed. We are aware of the intention to develop national guidance on this area of governance and once this is produced we will further review our arrangements in order to ensure they continue to reflect best practice. Positive examples • A Clinical and Care Governance Group is established • There are clear reporting structures to the HSCP Board, as well as the broader Primary Care and Communities Clinical Governance Forum, and thence up to the Health Board Governance group. Reporting includes regular minutes and also an annual report. • The terms of reference include the schedule of meetings and items to be considered and noted, with a clear message around the responsibility of the group to ensure that safe, effective, person-centred care is delivered with and to the people we support,			

	in pursuance of positive personal outcomes. • Membership is now well established, with good attendance at meetings. Those unable to attend provide written input. • There has been good engagement with service and team leads, with regular updates and feedback to the group. This includes reporting on significant incidents and complaints, as well as Datix reports. • Teams are also encouraged to share innovative work practices, self-evaluations and developments within their service, with regular updates to the meetings from the Clinical Effectiveness Co-ordinator tabling audit, and quality improvement activities. • Inspection reports are shared and lessons learned from these and adverse events. • Quality improvement work is collated and shared
Proposed improvement actions	• We will await the provision of national guidance to support the development of local approaches. • We will further develop our quality improvement framework • Over and above the inspection reports and adverse events etc we will develop a mechanism to ensure the Clinical and Care Governance committee oversee the quality and standards for all of our commissioned services.

Key Feature 5 Ability and willingness to share information				
Proposal 5.1 **IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating			**X**	
Evidence / Notes	We believe our performance in this area to be good however we welcome the proposal to develop further benchmarking, sharing and learning opportunities around the annual report. • Our Annual Reports have been delivered as required • The current format was refreshed for 2017-18, which was developed through benchmarking and was well received by local partners. • We would welcome the development of a standardised approach to ensure consistency and with best practice models.			
Proposed improvement actions	Improvement areas • The national Chief Officers Group will work collectively to agree common framework and benchmarking processes. Timescale challenging for July 2019 round of reports.			

Proposal 5.2 **Identifying and implementing good practice will be systematically undertaken by all partnerships.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.	Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice. Better use could be made of inspection findings to identify and share good practice.	The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice.	Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.
Our Rating			**X**	
Evidence / Notes	We believe our performance in this area to be good however we welcome the proposal to develop further benchmarking, sharing and learning opportunities around the annual report. Positive examples • Our annual report presentation format was refreshed for the year end 2018 – 2019 to draw out opportunities to emphasise 'performance at a glance' and case study examples for good practice. This was well received by members. • We have engaged with the support available through the NHS iHub to access learning and sharing opportunities to support ongoing development. • One of the advantages of being part of such a large system as GGC is that we share good practice across all six partnerships, it has becomes part of our business.			

	• The Chief Officers meet monthly across GGC. We have developed hosting arrangements which supports operational delivery as well as strategic planning for those services with a whole system impact across GGC for a range of services including Mental Health, CAMHS and the Healthy Children Programme.
Proposed improvement actions	Improvement areas • The national Chief Officers Group will work collectively to agree common framework and benchmarking processes. • The national Chief Officers Group are also working with the Scottish Government to identify a mechanisms to share good practice and benchmarking information which HSCPs can link to.

Proposal 5.3 **A framework for community based health and social care integrated services will be developed.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 **Meaningful and sustained engagement**				
Proposal 6.1 **Effective approaches for community engagement and participation must be put in place for integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating			**X**	
Evidence / Notes	We believe this is an area where the partnership performs well however there is scope to develop a more joined up whole system approach to consultation and engagement to assist us to avoid 'consultation fatigue'. Positive examples • The HSCP has a well-established process for community engagement. Engagement is undertaken utilising a range of approaches that range from annual service audits to engagement in determining identified service change, redesign or service development. At all times the approach is designed to be sensitive and proportionate to the nature of the change or level of public interest. • We have a strong, well established and well engaged, Public Service User and Carer group. • We have been building a stronger relationship base with local third sector services through a range of means such as Board, Strategic Planning Group and Locality Planning Group membership and engagement with the local Third Sector Strategic Forum. We will continue to build on this in the coming year.			

Proposed improvement actions	Improvement areas • Triangulated evaluation of current processes will continue to be undertaken, to ensure the processes and experiences of engagement are effectively applied as fully as possible. • We will work to identify opportunities for joined up consultation processes across NHS, HSCP and Council. • We will compare our performance against any new standards in relation to health and social care statutory engagement and respond accordingly, in pursuit of continuous improvement. • We will continue to build on the engagement processes noted above re the local 3rd Sector and will seek to build stronger regular engagement with the local independent sector, an area where we recognise there is room for improvement.

Proposal 6.2 **Improved understanding of effective working relationships with carers, people using services and local communities is required.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating			**X**	
Evidence / Notes	We believe this is an area where the partnership performs well however there is scope to further develop this into a more joined up whole system approach. We have a well established Public Service User and Carer (PSUC) Group. Members input has been indispensible in providing perspectives and expertise verbally and in writing and also in making material and highly effective contributions to the work of the Partnership; examples include the Carers and Patient Discharge Experience Report and the Patient Discharge Information Leaflet which were developed by the PSUC members. Members have also directly contributed to the NHS GGC Moving Forward Together Patient Experience programme and resources. Positive examples • The HSCP PSUC representatives group to strengthen accountability, and directly influence and shape the strategic planning of services and outcomes devolved to the HSCP. Outstanding actions at each subsequent meeting. • PSUC representatives are supported and encouraged to effectively participate within and across all the key strategic and planning groups. PSUC representatives currently attend a wide range of HSCP strategic and planning meetings (including the IJB, the Strategic Planning Group, the Locality Planning Groups, the Transformational Board, Primary Care Implementation			

	Group and Service Planning Groups) and are also invited to contribute to short life planning groups on issues such as service redesign. • The PSUC membership is surveyed annually, with the results informing further group and membership development. In its November 2018 survey, 70% of the PSUC members expressed a belief that the group has increased participation in decision-making about HSCP services; 100% feel comfortable contributing at meetings and 80% feel that their views are respected. The impact and opportunities for ongoing and further development is reflected within the PSUC's annual review and action plan.
Proposed improvement actions	Improvement areas • The ambition of the HSPC and of the current PSUC membership is to expand the representation and reach through increased direct and indirect participation. Evaluation of current processes will continue to be undertaken, to ensure the scope, process and experiences of meaningful engagement are operating as well as possible.

Proposal 6.3 **We will support carers and representatives of people using services better to enable their full involvement in integration.**				
Rating	**Not yet established**	**Partly Established**	**Established**	**Exemplary**
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.	Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.
Our Rating			X	
Evidence / Notes	As 6.1 and 6.2			
Proposed improvement actions				

East Dunbartonshire Health & Social Care Partnership

DRAFT

MSG Action Plan

In Response to MSG Integration Proposals

September 2019

Key Feature 1 Collaborative leadership and building relationships			
Proposal 1.1: All leadership development will be focused on shared and collaborative practice.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	We will continue to develop a collaborative approach to leadership by a) reviewing all leadership course/training opportunities delivered across, or available to, East Dunbartonshire Council and NHSGGC staff to identify ones that should be made available to partnership staff regardless of employing organisation	NHSGGC Senior Organisational Development Advisor HSCP and NHSGGC and East Dunbartonshire Council Corporate Management Team (CMT)	31 October 2019 and annually thereafter **COMPLETE**
	b) Updating the HSCP's OD plan as a joint exercise with Senior Organisational Development Advisors – East Dunbartonshire Council and NHSGGC to collectively share understanding and consider roles and responsibilities across the HSCP professional and leadership arrangements. The aim is to set out a collective approach, to find improved and joined up ways of working focussed on service user and patient care and to reflect on and improve succession planning linked to delivery of training opportunities.	NHSGGC Senior Organisational Development Advisor HSCP and NHSGGC and East Dunbartonshire Council CMT	31 November 2019 and in line with timescales for regular review of OD plan thereafter **SLIPPAGE** unavoidable due to key staff absences
Proposal 1.2: Relationships and collaborative working between partners must improve.		**Responsible Officer(s)**	**Due by**

Our Rating	**Established**		
Proposed improvement actions	We will continue to develop our collaborative working approach by engaging directly in strategy development sessions/forums across EDC and NHSGGC and sharing information on emerging strategy developments from within the HSCP with EDC and NHSGGC colleagues/forums specifically by participating in a) The East Dunbartonshire Community Planning Partnership and its associated Executive Group and any identified sub groups focussed on development and delivery of the Local Outcome Improvement Plan b) The NHSGGC Moving Forward Together Programme Board and any and all relevant sub groups as identified by the Programme Board c) The NHSGGC Corporate Management Team d) The EDC Corporate Management Team e) The EDC Strategic Management Team f) Any and all relevant EDC wide partnership planning and delivery groups such as those focussed on integrated children's services planning, community safety, community justice and any emerging EDC partnership arrangements established to deliver the new Public Health Scotland approach g) Joint financial planning and performance meetings This action area cross references to sections 3.1 and 4.1.	HSCP Chief Officer / Heads of Service & HSCP Chief Finance and Resources Officer for all actions	In place and ongoing with the exception of any change in partnerships or forums required arsing from the introduction of Public Health Scotland contained in item f) **ONGOING**

Proposal 1.3: Relationships and partnership working with the 3rd and independent sectors must improve.		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		

Proposed improvement actions	We will improve our partnership working with the Third and Independent sectors by		
	a) Finalising and publishing a formal Commissioning Strategy that sets out areas of development and commissioning intention linked to the delivery of the HSCP's Strategic Plan. Strategy to be approved by HSCP Board. This action area cross references to section 3.4.	HSCP Chief Finance and Resources Officer	14 November 2019 **COMPLETE**
	b) Engaging, through our Providers' Forum, with providers to develop an approach to cross-market facilitation that delivers on the priorities set out in the Commissioning Strategy, supported by colleagues from iHub.	HSCP Chief Finance and Resources Officer	31 December 2019 **ON TRACK**
	c) Further developing our Providers' Forums by ensuring meetings are set, agendas are developed with input from providers, and there is attendance of senior managers to update / engage on key priority areas under development.	HSCP Chief Finance and Resources Officer	Meeting schedule to be set by 31 October 2019 **COMPLETE**
	d) Working with our local Third Sector Interface to improve engagement with larger national third sector providers who find it difficult to engage directly with the local Providers' Forums	HSCP Chief Finance and Resources Officer / local TSI	30 September 2019 **COMPLETE**

Key Feature 2 Integrated finances and financial planning			
Proposal 2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	We will develop a joint understanding of the respective financial positions by a) Continuing to hold regular meetings of finance and service delivery leads to scrutinise the current and projected financial position of the HSCP, and the position of EDC and NHSGGC as it relates to relevant targets areas eg efficiency targets and expectations around future budget settlements	Council & HSCP Chief Finance Officers and NHSGGC Director of Finance with HSCP Heads of Service and East Dunbartonshire Council CMT	In place monthly and ongoing **ONGOING**
	b) Reviewing the financial monitoring and reporting framework to support operational delivery across the NHS, HSCP and Council	Council & HSCP Chief Finance Officers and NHSGGC Director of Finance	31 October 2019 **COMPLETE**
Proposal 2.2: Delegated budgets for IJBs must be agreed timeously		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		
Proposed improvement actions	We will ensure delegated budgets are agreed in a timeous manner by a) Developing a medium to long term financial plan to support our service delivery model. This will enable early sight of and	Council & HSCP Chief Finance Officers and	14 November 2019

	planning for budget agreement. To be presented to HSCP Board.	NHSGGC Director of Finance	
	b) Continuing to work towards agreeing annual budgets at appropriate points in the calendar year through the regular meetings of finance and service delivery leads referred to at section 2.1 above action a). This supports the Council's annual budget setting process and NSHGGC budget planning	Council & HSCP Chief Finance Officers and NHSGGC Director of Finance with HSCP Heads of Service, NHSGGC and EDC East Dunbartonshire Council	In place monthly and ongoing **ONGOING**
Proposal 2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		
Proposed improvement actions	We will ensure hospital budget and set aside budget requirements are fully implemented by a) Tasking the HSCP and NHSGGC Chief Finance Officers with working together across the six HSCPs covered by NHSGGC to agree a financial framework that sets out budget levels, targets and monitoring for hospital and set aside budgets	HSCP Chief Finance Officer and NHSGGC Director of Finance	31 January 2021 **ON TRACK**
	b) Developing, through the NHSGGC wide Unscheduled Care work stream, a clear position on resource usage and develop a commissioning plan for set-aside activity	NHSGGC CMT and HSCP Chief Officer and Chief Finance Officer	31 March 2020 **ON TRACK**
	c) Dedicating HSCP Board development time to supporting members to understand set aside budgets prior to the	HSCP Chief Finance Officer and HSCP Chief	31 March 2020

	beginning of financial year 2020 – 2021 These action areas also fulfil the actions for section 3.5.	Officer	**ON TRACK**

Proposal 2.4: Each IJB must develop a transparent and prudent reserves policy		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	The partnership has in place an established reserves policy. In order to ensure this continues to be fit for purpose the partnership will a) Review the existing HSCP reserves policy including consideration of strategies to re-establish reserves over time to replenish those that have been used to meet additional service demand to date	HSCP Chief Finance Officers and NHSGGC Director of Finance with East Dunbartonshire Council CMT	31 March 2020 **ON TRACK**
Proposal 2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	We will ensure support is provided to the HSCP Chief Finance Officer by a) Reviewing the support arrangements to the HSCP Chief Finance Officer with a view to streamlining and aligning arrangements and timing of reports where possible	HSCP Chief Finance Officer / East Dunbartonshire Council CMT / NHSGGC Director of Finance	31 November 2019 **ON TRACK**
	b) Continuing to explore the opportunities for joint development sessions for individuals providing finance support.	HSCP Chief Finance Officer / East Dunbartonshire Council CMT / NHSGGC Director of Finance	In place and ongoing **ONGOING**

Proposal 2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.		Responsible Officer(s)	Due by
Our Rating	**Established**		
Proposed improvement actions	We will empower the partnership to use the totality of its resources effectively by		
	a) Working across the partnership to understand expected future capital requirements for community services further and develop our mapping of the potential contribution of all agencies to delivering on a capital programme for fit for the future facilities in local communities, as far as possible, regardless of ownership of the asset.	HSCP Chief Officer, HSCP Chief Finance Officer, East Dunbartonshire Council and NHSGGC CMT	Capital aspirations of the HSCP to be clear by 31 December 2019 **ON TRACK**
	b) Revising our reporting format to the HSCP Board to reflect the totality of partnership resources collectively, as opposed to separate reporting of information for EDC and NHSGGC commissioned spend.	HSCP Chief Finance Officer, HSCP Chief Officer / EDC CMT	31 March 2020 **ON TRACK**
	c) Reviewing the Council scheme of delegation to ensure appropriate HSCP officers are empowered to manage and deploy the resources in their remit directly and effectively	HSCP Chief Officer and East Dunbartonshire Council CMT	31 December 2019 **ON TRACK**

Key Feature 3 **Effective strategic planning for improvement**

Proposal 3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	We will ensure the HSCP Chief Officer is effectively supported by a) Reviewing the Integration Scheme to reflect lessons learned through practice over the years of operation. This action cross references to section 4.1. b) Reviewing our approach to strategic planning to ensure we are able to identify earlier the likely support requirements associated with planned changes and consequent service delivery. We will refresh the operational approaches across the partnership area relating to HR, access to legal services and transformational change support so we can collectively streamline and align arrangements, operationally and in relation to Strategic Planning and performance. This action area cross section 1.2 and 4.1.	HSCP Chief Officer, NHSGGC CMT and East Dunbartonshire Council CMT HSCP Chief Officer / HSCP Heads of Service & HSCP Chief Finance Officer for all actions	28 February 2020 **ON TRACK** In place and ongoing **ONGOING**
Proposal 3.2: Improved strategic inspection of health and social care is developed to better reflect integration		**Responsible Officer(s)**	**Due by**
Proposed improvement actions	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE		
Proposal 3.3: National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.		**Responsible Officer(s)**	**Due by**
Proposed improvement actions	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE		
Proposal 3.4: Improved strategic planning and commissioning arrangements must be put in place.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		

Proposed improvement actions	We will improve our strategic planning and commissioning arrangements by a) Finalising and publishing a formal Commissioning Strategy that sets out areas of development and commissioning intention linked to the delivery of the HSCP's Strategic Plan. Strategy to be approved by HSCP Board. This action area cross references to section 1.3 b) Developing locality level plans in partnership with the locality planning group members and with community planning partnership colleagues re place plans where feasible	HSCP Chief Finance Officer HSCP Heads of Service, East Dunbartonshire Council CMT	14 November 2019 **COMPLETE** 31 December 2019 **ON TRACK**
Proposal 3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place.		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		
	Actions are as per section 2.3		

Key Feature 4 Governance and accountability arrangements			
Proposal 4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	We will continue to improve understanding of accountabilities and responsibilities by a) Reviewing and refreshing our Integration Scheme to reflect lessons learned through practice over the years of operation. This action cross references to section 3.1.	HSCP Chief Officer, NHSGGC and East Dunbartonshire Council CMT	28 February 2020 **ON TRACK**
	b) Reviewing our approach to strategic planning to ensure we are able to identify earlier the likely support requirements associated with planned changes and consequent service delivery. We will refresh the operational approaches across the partnership area relating to HR, access to legal services and transformational change support so we can collectively streamline and align arrangements, operationally and in relation to Strategic Planning and performance. This action area cross references to the collaborative working approach outlined at section 1.2 & 3.1	HSCP Chief Officer / HSCP Heads of Service & HSCP Chief Finance Officer	In place and ongoing **ONGOING**
	c) Plan a programme of HSCP Board member development sessions on key areas of interest, agreed with Board members, to provide opportunity to outline and clarify accountabilities and responsibilities in areas of business. Programme to span from current date to 31 March 2021.	HSCP Chief Officer, NHSGGC and East Dunbartonshire Council CMT	31 January 2020 **ON TRACK**
Proposal 4.2: Accountability processes across statutory partners will be streamlined.		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		

Proposed improvement actions	As per 4.1 above		
Proposal 4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.		**Responsible Officer(s)**	**Due by**
Our Rating	**Exemplary**		
Proposed improvement actions	We will support the Chair of the HSCP Board by a) Ensure the ED HSCP Chair is provided with any support/briefings required to promote effective engagement in the national Chairs group b) Further developing our programme of support to HSCP Board members that specifically includes the support requirements of the Chair c) Working in partnership with the Chair to develop a programme of briefing and discussion opportunities with the Chair and senior management team of the HSCP to support effective agenda, Board business and whole system planning	HSCP Chief Officer and respective Chief Executives HSCP Chief Officer, EDC and NHSGGC CMT Chief Officer HSCP	In place and ongoing **ONGOING** 31 January 2020 **ON TRACK** 31 October 2019 **COMPLETE**
Proposal 4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities.		**Responsible Officer(s)**	**Due by**
Our Rating	**Partly Established**		
Proposed improvement actions	We will continue to develop our process for the, issuing and monitoring of directions issued by the HSCP by a) implementing the recommendations from the new statutory guidance into local practice, once published	HSCP Chief Finance Officer	31 December 2019 (assuming publication)

			ON TRACK
	b) considering exemplar models from elsewhere that are considered to reflect best practice with a view to further refining local processes	HSCP Chief Finance Officer	31 January 2020 **ON TRACK**
	c) Considering the effectiveness of our approach to Directions through our established biannual joint EDC and NHSGGC Operational Performance Review Meeting process	Chief Officer HSCP and Chief Executives EDC and NHSGGC	Next by 31 January 2020 and biannual thereafter **ON TRACK**
Proposal 4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place.		**Responsible Officer(s)**	**Due by**
Our Rating	**Exemplary**		
Proposed improvement actions	We will review arrangements to ensure we continue to build on our effective Clinical and Care Governance approach by a) Revising our local arrangements in line with the outcome of the upcoming national guidance	ED HSCP Clinical Director & Chief Social Work Officer	31 March 2020 but flexible depending on timing of publication **ON TRACK**
	b) Developing a formal quality improvement framework and embedding this is the work of the clinical and care governance group's scrutiny processes. Present to HSCP	ED HSCP Chief Nurse	14 November 2019 **COMPLETE**

	Board. c) Ensuring the Clinical and Care Governance committee has oversight of the quality and standards for all of our commissioned services by providing regular update reports	ED HSCP Clinical Director & Chief Social Work Officer	31 November 2019 **COMPLETE**

Key Feature 5 **Ability and willingness to share information**			
Proposal 5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	The national Chief Officers Group will work collectively to agree a common framework and benchmarking processes.	HSCP Chief Officers via Health and Social Care Scotland	To be determined by Health and Social Care Scotland
	We will engage with this work to improve benchmarking by working as part of the ongoing national activity to progress better benchmarking in annual reports, and performance information sharing, which is being delivered via Health and Social Care Scotland's Strategic Commissioning Improvement Network.	HSCP Chief Officer	Ongoing linked to timescales via Health and Social Care Scotland
Proposal 5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	Actions are as per section 5.1		

Proposal 5.3: A framework for community based health and social care integrated services will be developed.		**Responsible Officer(s)**	**Due by**
Proposed improvement actions	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE		

Key Feature 6 Meaningful and sustained engagement			
Proposal 6.1: Effective approaches for community engagement and participation must be put in place for integration.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	To ensure our approach to community engagement is successful we will a) Develop and present to the HSCP Board a refreshed HSCP engagement strategy that outlines our engagement opportunities for local communities in relation to strategic, local planning and transformation activities b) We will work to identify opportunities for joined up consultation processes across NHSGGC, the HSCP and EDC, aligned to key strategies such as Moving Forward Together and EDC's Community wide planning arrangements.	HSCP Chief Officer HSCP Chief Officer, NHSGGC and East Dunbartonshire Council CMT	14 November 2019 **COMPLETE** Ongoing and timelines as per strategy **ONGOING**
Proposal 6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		
Proposed improvement actions	To improve understanding, in the context of our revised engagement strategy, we will work to expand the membership, representation and reach of our Patient, Service Users and Carers Group through increased direct and indirect participation	HSCP Head of Adult Services	31 December 2019 **ON TRACK**
Proposal 6.3: We will support carers and representatives of people using services better to enable their full involvement in integration.		**Responsible Officer(s)**	**Due by**
Our Rating	**Established**		

Proposed improvement actions	Action are as per 6.1 and 6.2		

Agenda Item Number: 9

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	HSCP Performance Reports and SIAS Action Plan
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
Contact Officer	Alan Cairns, Planning, Performance & Quality Manager Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to provide the Board with progress made against performance measures relating to the HSCP strategic priorities, for the period April to June 2019. In addition, the report seeks approval for a final version of the HSCP Annual Performance Report 2018-19 and provides an update on progress towards the Strategic Inspection of Adult Services action plan.

Recommendations	It is recommended that the Health and Social Care Partnership Board: • Note the content of the Quarter 1 Performance Report 2019-20 at **Appendix 1;** • Notes and approves for publication the final version of the HSCP Annual Performance Report 2018-19 at **Appendix 2**; • Notes progress towards the implementation of the Strategic Inspection of Adult Services action plan at **Appendix 3**.

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

Implications for Health & Social Care Partnership

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

Risk Implications:	Fulfilment of the SIAS Action Plan reduces reputational risk to the HSCP.

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

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

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

1.0 MAIN REPORT

2019-20 Quarter 1 Performance Report

1.1 The 2019-20 scheduling of quarterly performance reports was noted by the HSCP Board at its meeting of 5 September. The HSCP Performance report at **Appendix 1** covers the period 1 April to 30 June 2019. The HSCP Board is invited to consider progress against the performance targets and measures within this report, which are aligned to the delivery of the HSCP strategic priorities.

1.2 The next report covering the period July to September 2019 will be presented to the HSCP Board meeting of 23 January 2020. Good progress has been made to migrate quarterly HSCP Board performance reporting from the current manual process to the Pentana performance and risk management software hosted by East Dunbartonshire Council. A new style report generated from Pentana is expected to be ready for consideration by the HSCP Board at its next meeting.

2018-19 HSCP Annual Performance Report

1.3 The HSCP Board approved a provisional 2018-19 HSCP Annual Performance Report at its meeting of 27 June 2019. HSCPs are required by statute to publish Annual Performance Report by the end of July each year. It was reported at the 27 June meeting that some performance data for 2018-19 would not be fully processed by NHS hospitals within this timescale. This was a Scotland-wide issue and affected the completeness of some data in Part 3 of our report. Therefore to allow us to publish a provisional report within required timescales, we used 2018 calendar year data to measure local performance instead of April 18 to March 19 data. This gave us strong proxy information while we awaited the data becoming available for the precise reporting period. The Board approved this provisional report on the understanding that a final version of this report would be prepared for final approval, as soon as complete data for the period was available.

1.4 A final 2018-19 HSCP Annual Performance Report is therefore presented at **Appendix 2** for consideration and approval to publish.

Strategic Joint Inspection of Adult Services – Action Plan Progress

1.5 At its meeting of 5 September, the HSCP Board noted the publication of the Joint Inspection (Adults) - The Effectiveness of Strategic Planning in the East Dunbartonshire Health and Social Care Partnership. The Board also approved an action plan to address the improvement areas identified. An update of progress in relation to these improvement areas is attached at **Appendix 3**, for consideration and noting.

East Dunbartonshire
Health & Social Care
Partnership

PERFORMANCE REPORT 2019-20
QUARTER 1

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

NHS
Greater Glasgow and Clyde

SECTION 1
Introduction

1.1 Introduction

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

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

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

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

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

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

Section 5 NHS Local Delivery Plan (LDP) Indicators
LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6 Children's Services Performance
This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7 Criminal Justice Performance
This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8 Corporate Performance
Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section

SECTION 2
Performance Summary at Q4

- Positive Performance (on target) improving (11 measures)
- Positive Performance (on target) declining (1 measure)
- Negative Performance (below target) improving (9 measures)
- Negative Performance (below target) declining (5 measures)

Positive Performance (on target & maintaining/improving)

3.2	Number of unscheduled hospital bed days
3.3	Number of Delayed Discharge Bed Days
4.2	% of People 65+ with intensive needs receiving care at home
4.3	% of Service Users 65+ meeting community care assessment to service delivery waiting times target (6 weeks)
5.2	% of people waiting<18 weeks for psychological therapies
6.1	Child Care Integrated Assessments (ICAs) submission timescales to Reporters Administration
6.5	% of first Looked After and Acccommodated Children (LAAC) reviews taking place within 4 weeks of accommodation
6.6	% of children receiving 27-30 months assessment
7.1	% of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	% of Criminal Justice Social Work reports submitted to court on time
7.3	% of court report requests allocated to a social worker within 2 days

Positive Performance (on target but declining)

4.1	Number of homecare hours per 1,000 population 65+

Negative Performance (below target but maintaining/improving)

3.1	Number of unplanned acute emergency admissions
3.4	Number of Accident and Emergency attendances (all ages)

4.5	% of Adult Protection cases where timescales are met
5.3	% of people newly diagnosed with dementia receiving post diagnostic support
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
5.6	Child and Adolescent Mental Health Services (CAMHS) waiting times
6.2	% of initial Child Protection case conferences taking place within 21 days from receipt of referral
6.4	% of children being Looked After in the community
8.5	% of NHS Knowledge & Skills Framework staff reviews recorded on the MIS system
8.6	% of Council employee Performance Development Reviews recorded on the MIS system

Negative Performance (below target and declining)

4.4a	No of people 65+ in permanent care homes
5.1	% of people waiting <3 weeks for drug and alcohol treatment
5.4	Total number of alcohol brief interventions delivered (cumulative)
6.3	% of first Child Protection review conferences taking place within 3 months of registration

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

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

3.1 Emergency Admissions

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

Table 3.1 Quarterly Number of Unplanned Acute Emergency Admissions

Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target (quarter)
2,630	2,636	2,703	2,689	2526*	2480

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

Figure 3.1a Rolling Year Number of Unplanned Emergency Admissions

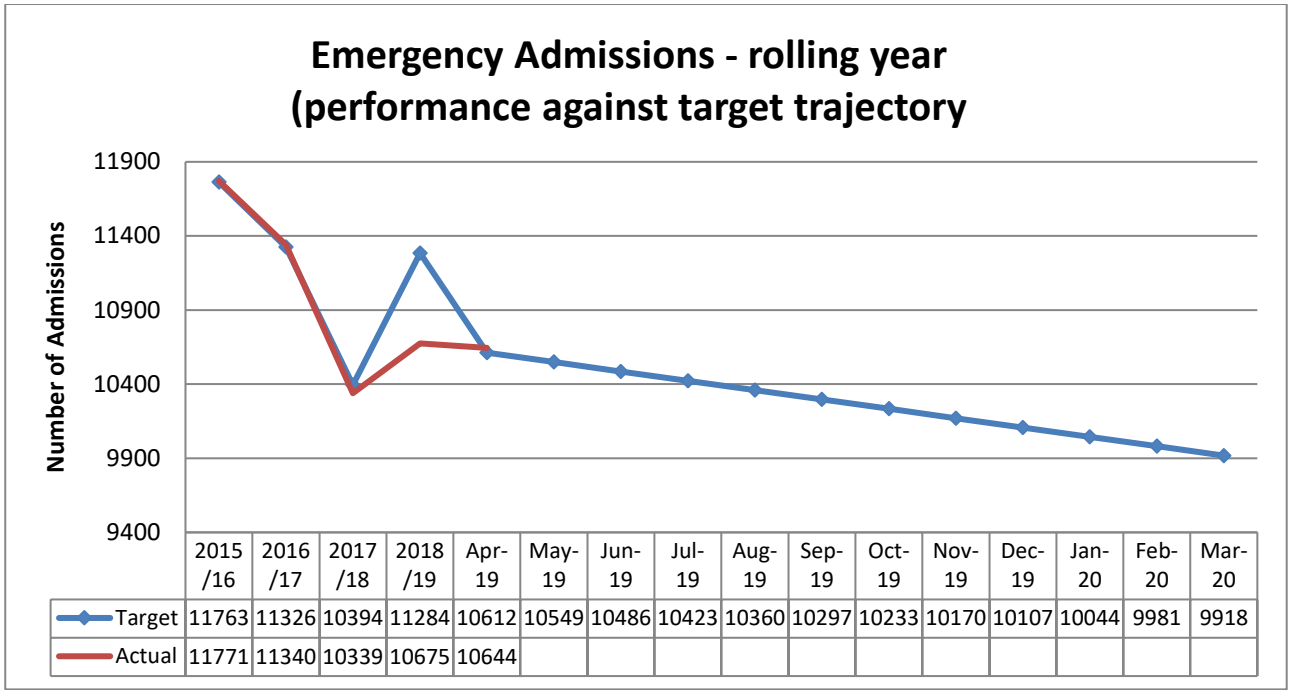
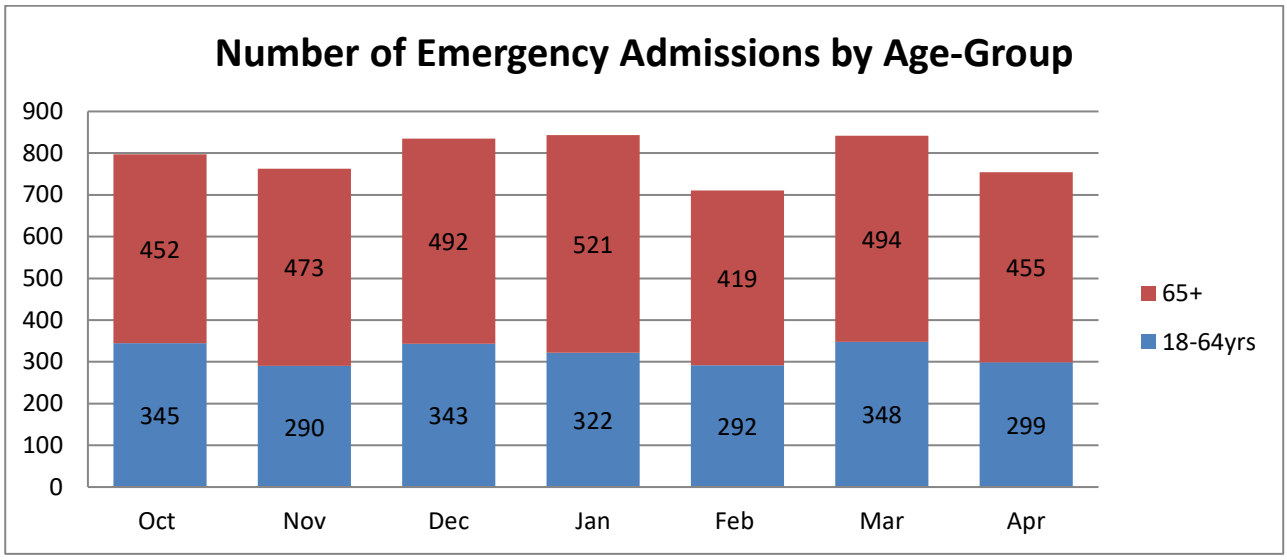


Figure 3.1b Unplanned Emergency Admissions by Age Group



Situational Analysis:
The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. As previously advised however, it is also a proxy indicator of the level of complexity being managed in the community, as secondary care clinicians continue to consider the majority of unplanned admissions of East Dunbartonshire residents as clinically appropriate. There has been a positive decrease in the number of people admitted as an emergency in Q1 (as reported so far), with levels moving towards the target trajectory.

Improvement Actions:
The Partnership will continue to work with NHSGGC colleagues to impact positively on admissions levels. Improvement activity has included the further development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission.

3.2 Unscheduled hospital bed days; acute specialities

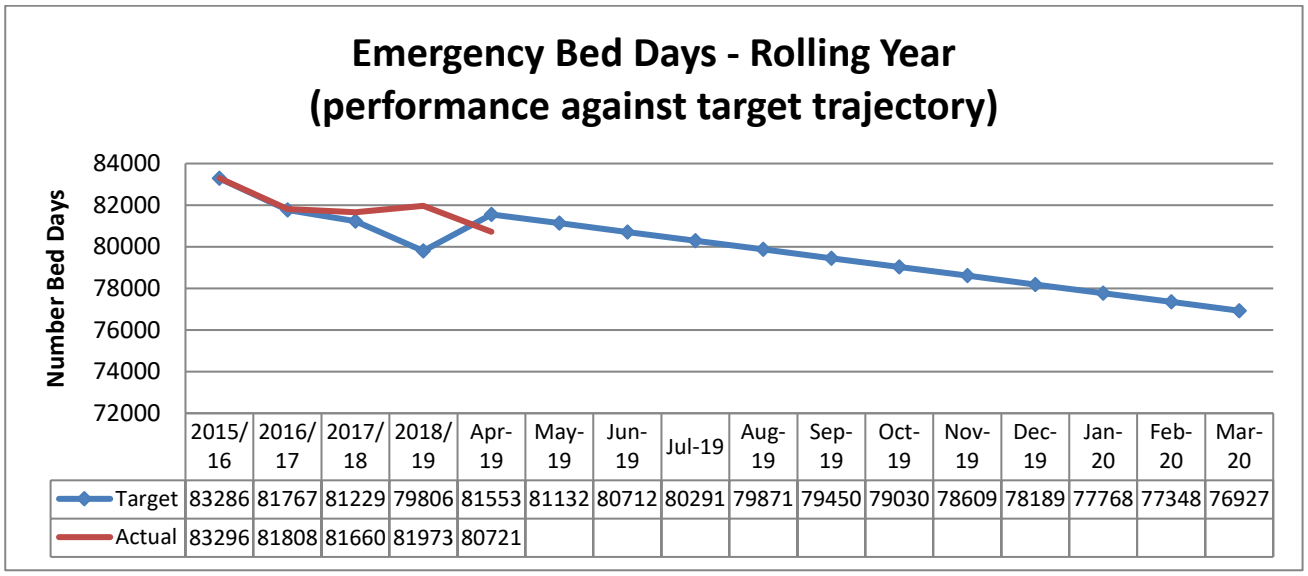
Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting. Aim = to minimise

Table 3.2 Quarterly number of Unscheduled Hospital Bed Days

Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target (quarter)
20,100	20,231	20,543	20,665	15978*	19,232

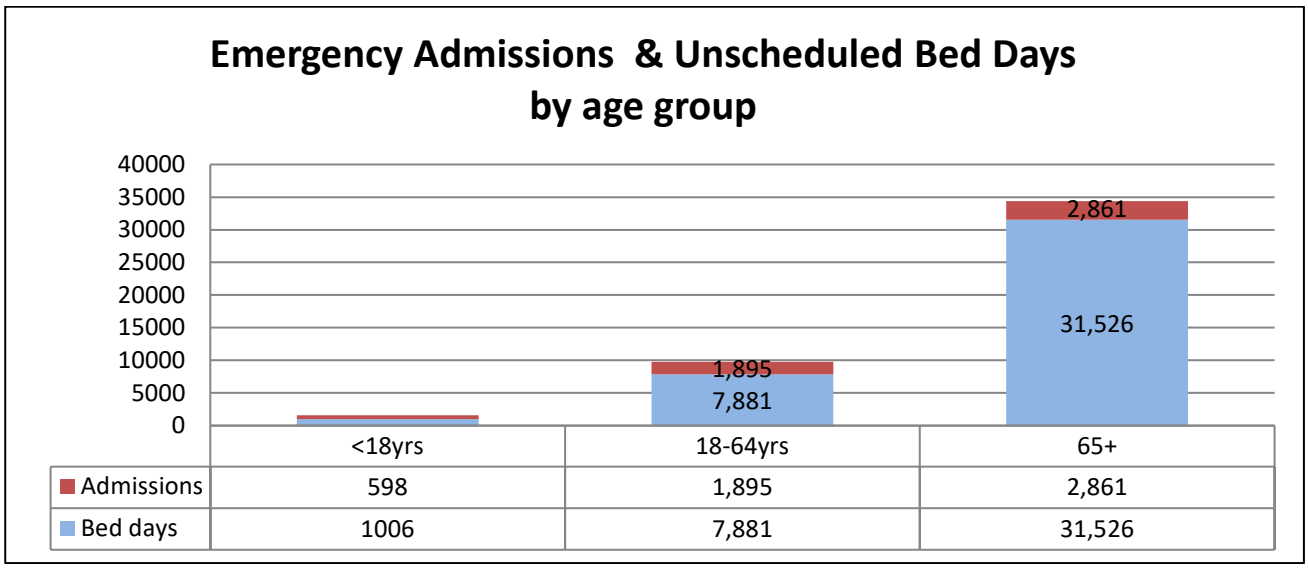
*Based on availability of complete data for quarter at time of report – subject to update.

Figure 3.2a Rolling year number of Unscheduled Hospital Bed Days



	2015/16	2016/17	2017/18	2018/19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Target	83286	81767	81229	79806	81553	81132	80712	80291	79871	79450	79030	78609	78189	77768	77348	76927
Actual	83296	81808	81660	81973	80721											

Figure 3.2b Number of Unscheduled Admissions/Hospital Bed Days by Age Group (Nov 18- Apr 19)



	<18yrs	18-64yrs	65+
Admissions	598	1,895	2,861
Bed days	1006	7,881	31,526

Situational Analysis:
This indicator describes the number of bed days in secondary care used by patients who have been admitted unexpectedly. 2018-19 was a challenging year with the target not achieved. Fig 3.2a shows a positive decrease in Q1 (as reported so far), with levels ahead the revised target trajectory.

Improvement Actions:
Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days is avoided. Improvement activity has included daily scrutiny of emergency admissions and proactive work with identified wards to facilitate discharge.

3.3 Delayed Discharges

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

Table 3.3 Quarterly Number of Delayed Discharge Bed Days

	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target (quarter)
No. Bed Days	**1,291**	**1,553**	**965**	**1,222**	**917**	**1208**

Figure 3.3a Rolling year number of Delayed Discharge Bed Days

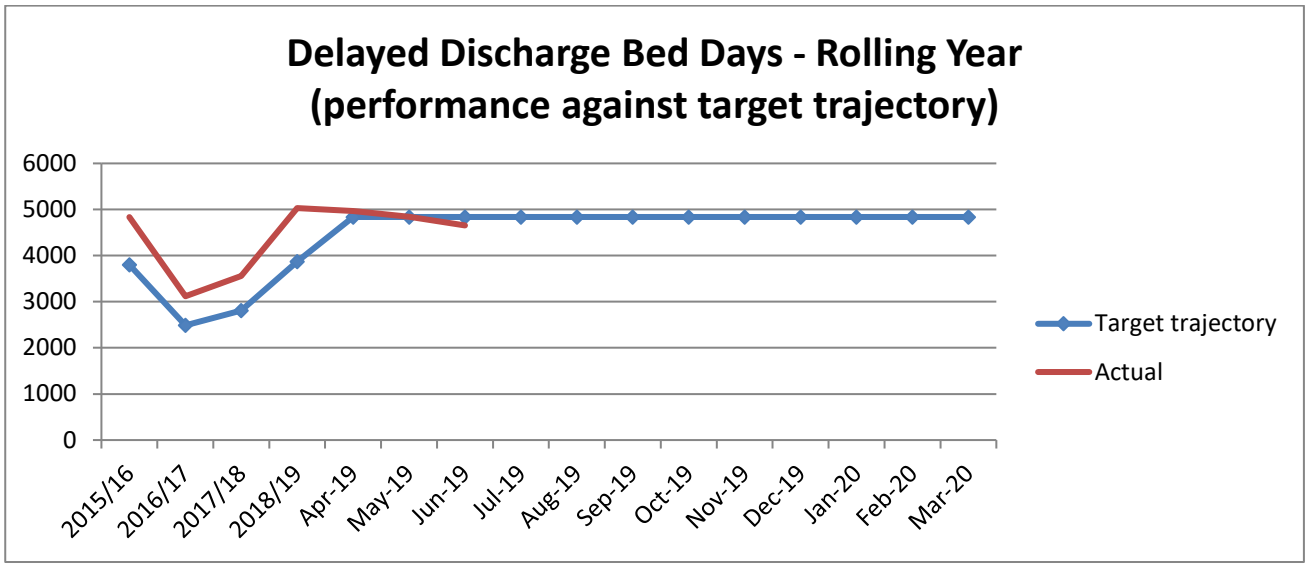
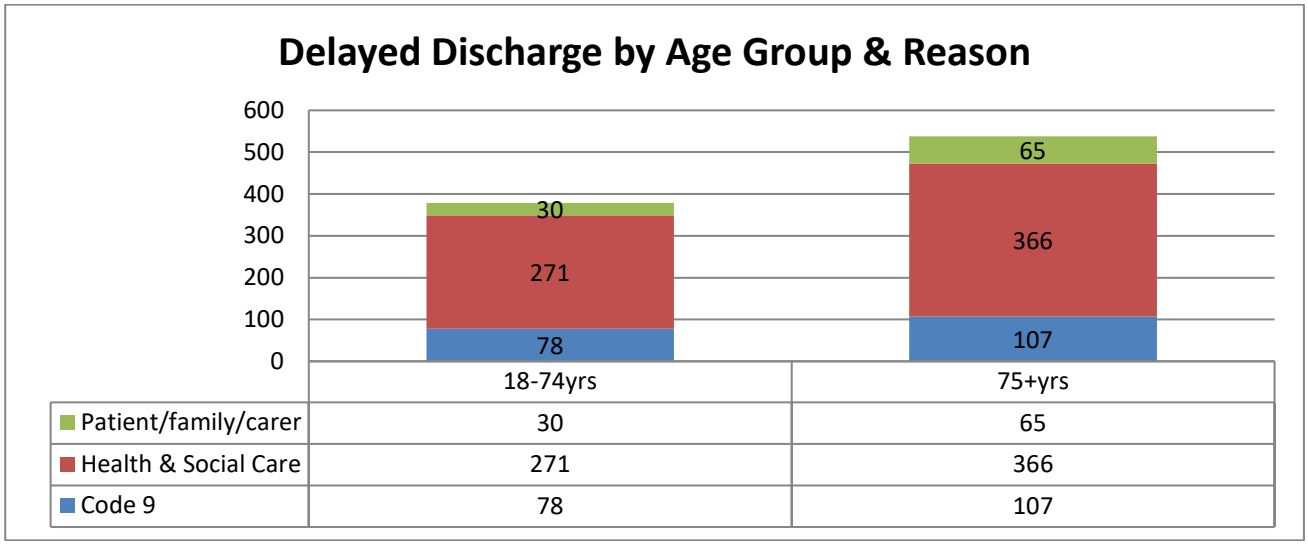


Figure 3.3b Number of Delayed Discharge by Age and Reason (Apr 19 – Jun 19)



Situational Analysis:
We did not meet our target performance in 2018-19, but progress in Q1 of this year is more positive and is ahead of the revised target trajectory.

Improvement Actions:
New electronic operational activity "dashboards" now allow us to be better sighted on community patients who have been admitted to hospital so that we can respond more quickly, prior to these patients being deemed fit for discharge. We can also see patients who have been admitted who are not currently known to us, again allowing us to intervene early. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. We will continue to work creatively within the legal framework and support patients and their families to make choices timeously for ongoing care. Introduction of the Home for Me Service in January 2019 is better coordinating our admission avoidance and discharge facilitation work across a range of services.

3.4 Accident & Emergency Attendances

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

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

Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Target (quarter)
7,314	7,200	6,978	6,830	7358	6,780

Figure 3.4a Rolling year number of A&E Attendances

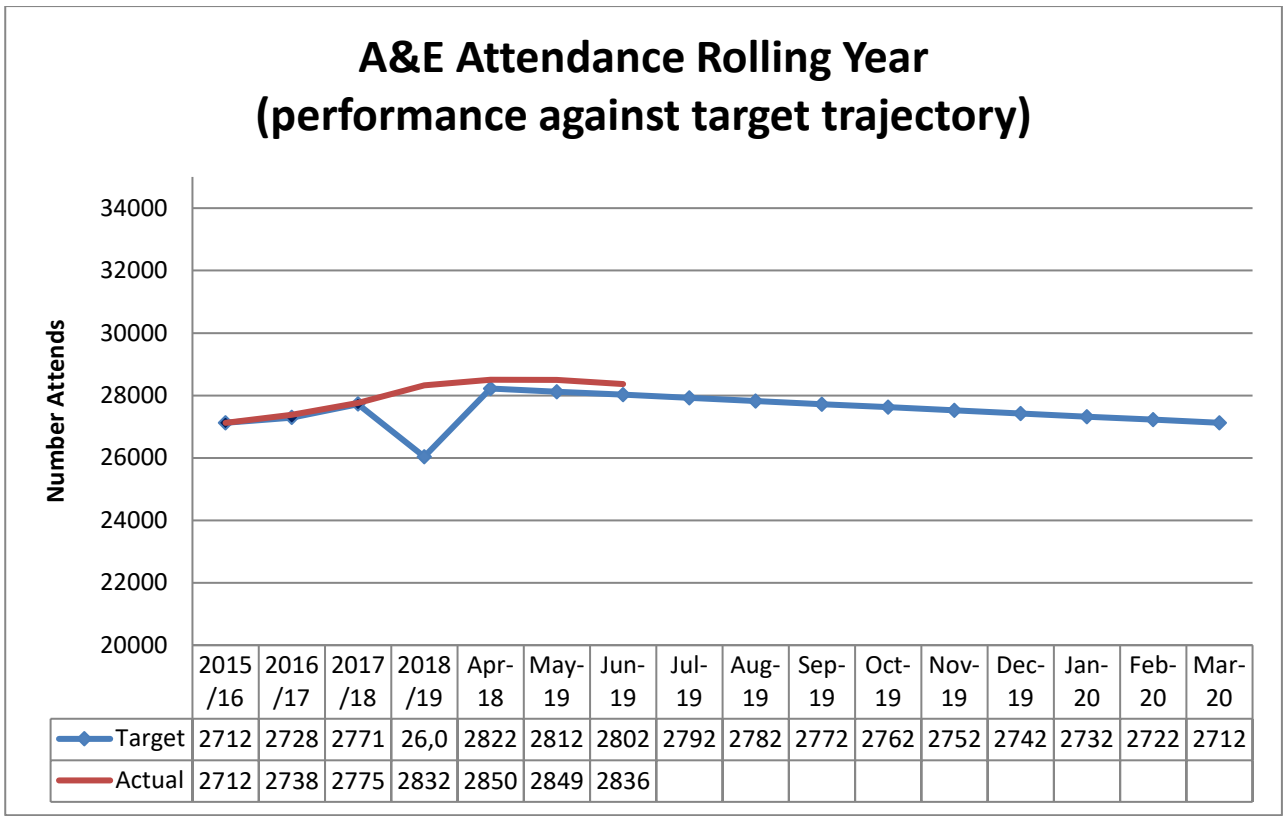
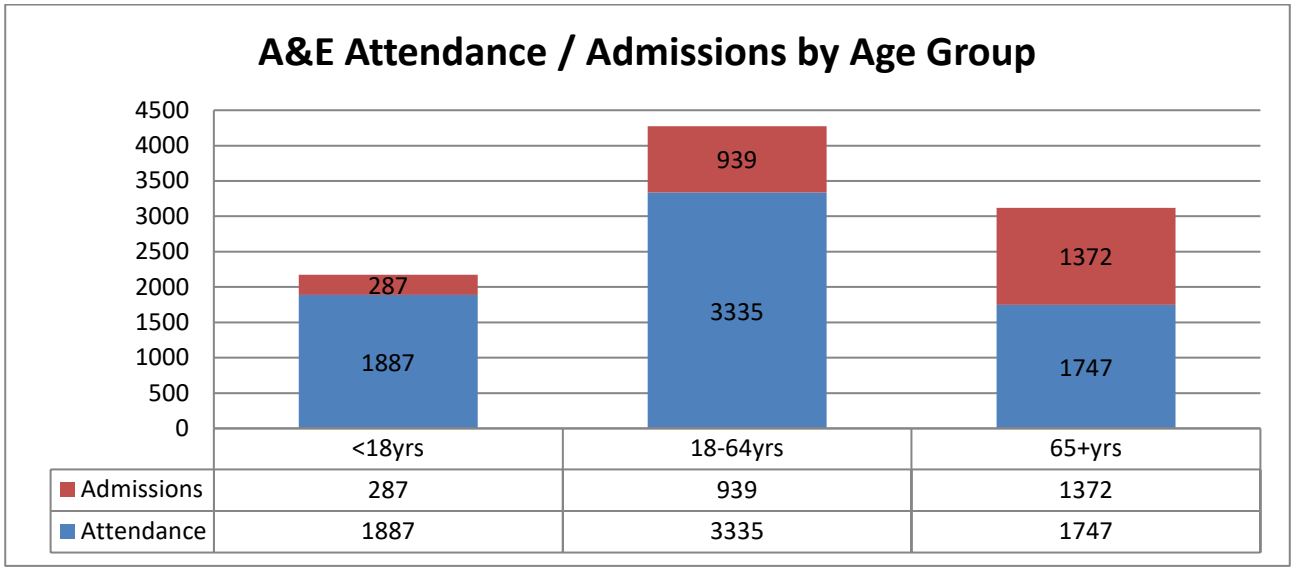


Figure 3.4b A&E Attendances Admitted to Hospital by Age Group (Feb 19 – Apr 19



Situational Analysis:

The number of people from East Dunbartonshire who attended A&E in 2018-19 exceeded our target level. Progress so far in 2019-20 Q1 is looking more positive against a revised target, with performance moving in the right direction. The data in figure 3.4b show the proportion of those who attended A&E who were subsequently discharged, suggesting the majority of those attending A&E could have had their needs met in the community or via self care. This is a challenge across Scotland which is being considered by Scottish Government and all public sector partners.

Improvement Actions:

From an HSCP perspective we continue our work around the Primary Care Improvement Plan, to recalibrate and sustain GP services. This will enable more flexible responses to patient need in the community. We hope that increased focus on self care for people with long term conditions will also mean that people can manage their own health more proactively. We are working closely with secondary care colleagues around their introduction of redirection protocols to ensure that people who do not need to be at A&E are redirected to community services of self care timeously. We are also engaged in national conversations about programmes of public education regarding who service users should turn to for support when they are sick, injured, or in distress. Again, winter planning provided an opportunity to sharpen up our focus on all these areas in order to help mitigate against seasonal pressures we routinely see in all services.

SECTION 4
Social Care Core Indicators

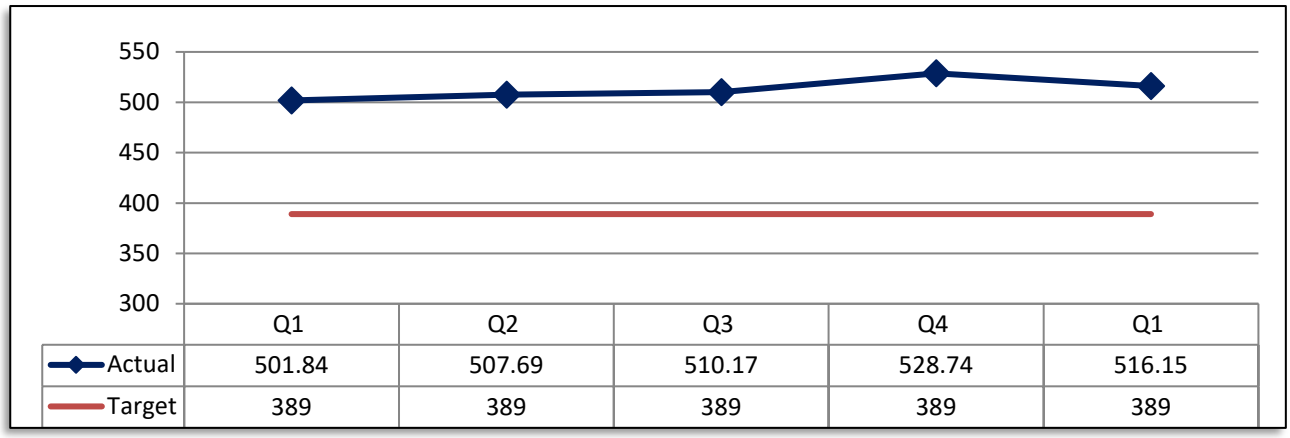
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in Health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

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

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

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

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



	Q1	Q2	Q3	Q4	Q1
Actual	501.84	507.69	510.17	528.74	516.15
Target	389	389	389	389	389

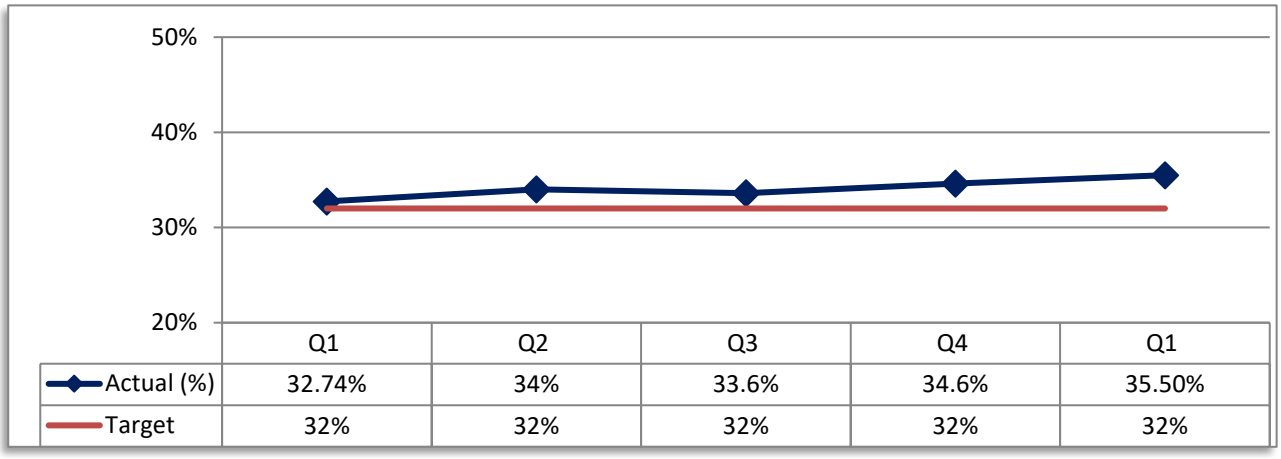
Situational Analysis:
The number of homecare hours per 1000 population over 65 increased slightly in Quarter 2, and we are still well above target. The hours are inclusive of those delivered by in-house homecare services and those commissioned from the third and independent sector market. Also included are hours delivered through supported living services, but not those delivered via SDS Option 1 following guidance from the Scottish Government.

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

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

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

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



	Q1	Q2	Q3	Q4	Q1
Actual (%)	32.74%	34%	33.6%	34.6%	35.50%
Target	32%	32%	32%	32%	32%

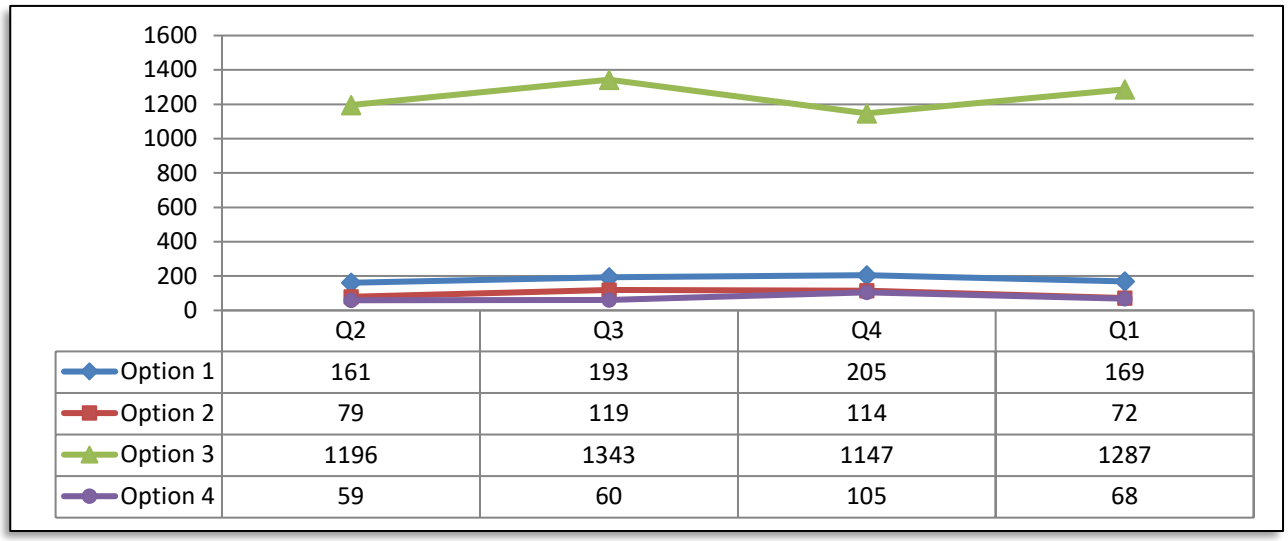
Situational Analysis:
This indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible, traditionally the aim has been to maximise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

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

4.2b Systems supporting Care at Home

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

4.2b(i) Number of people uptaking SDS options

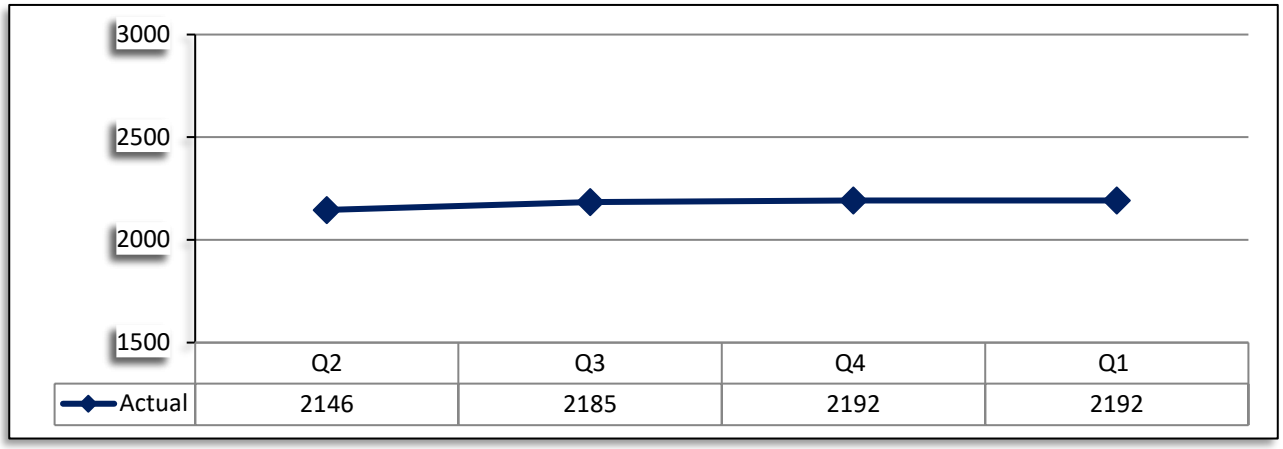


	Q2	Q3	Q4	Q1
Option 1	161	193	205	169
Option 2	79	119	114	72
Option 3	1196	1343	1147	1287
Option 4	59	60	105	68

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

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

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



	Q2	Q3	Q4	Q1
Actual	2146	2185	2192	2192

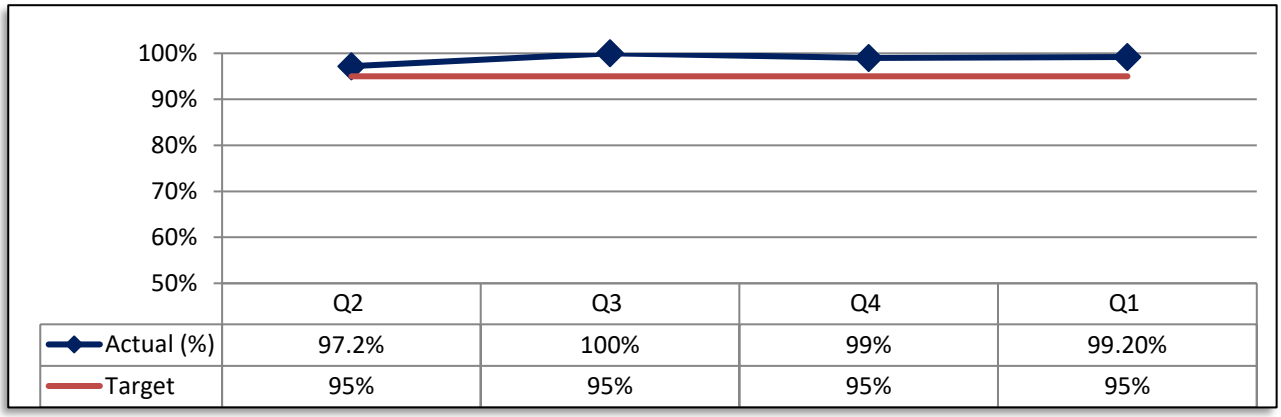
Situational Analysis:
There has been a consistent increase in the number of people aged 75 and over with a telecare package in this quarter. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

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

4.3 Community care assessment to service delivery timescale

Rationale Local authorities have a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. Operating within a six week target from assessment to service delivery encourages efficiency and minimises delays for service-users. Aim = to maximise.

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



	Q2	Q3	Q4	Q1
Actual (%)	97.2%	100%	99%	99.20%
Target	95%	95%	95%	95%

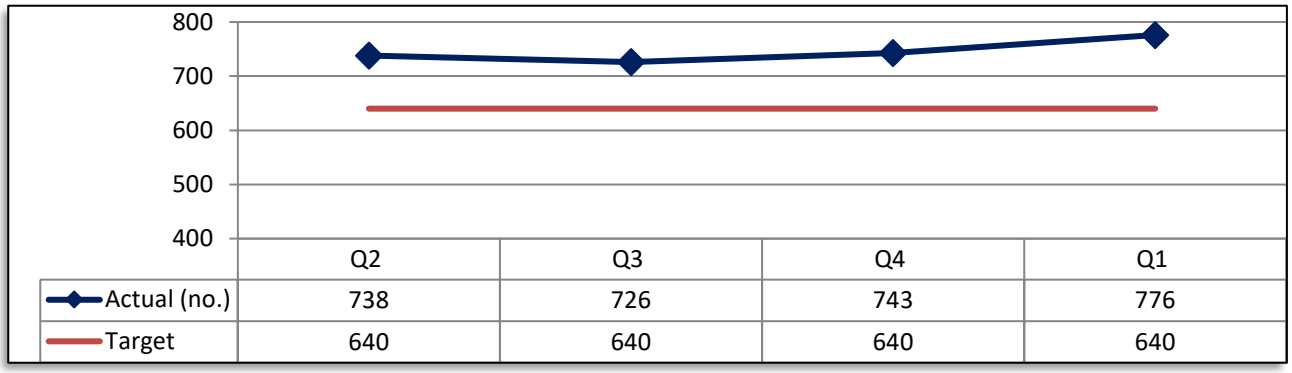
Situational Analysis:
While very many people receive services well within the 6 week target from the completion of their community care assessment, this measure ensures that we can track compliance with this national target timescale. We consistent score very highly with compliance levels of around 100%

Improvement Action:
We will continue to monitor performance in the area, to sustain good performance.

4.4 Care Home Placements

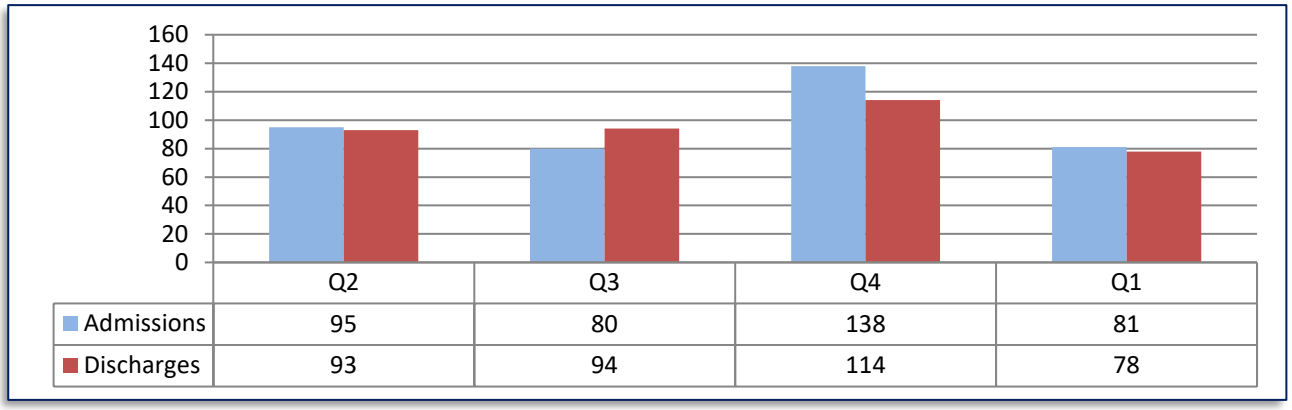
Rationale: Avoiding new permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Aim = to minimise.

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



	Q2	Q3	Q4	Q1
Actual (no.)	738	726	743	776
Target	640	640	640	640

Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) by funding source (cumulative)



	Q2	Q3	Q4	Q1
Admissions	95	80	138	81
Discharges	93	94	114	78

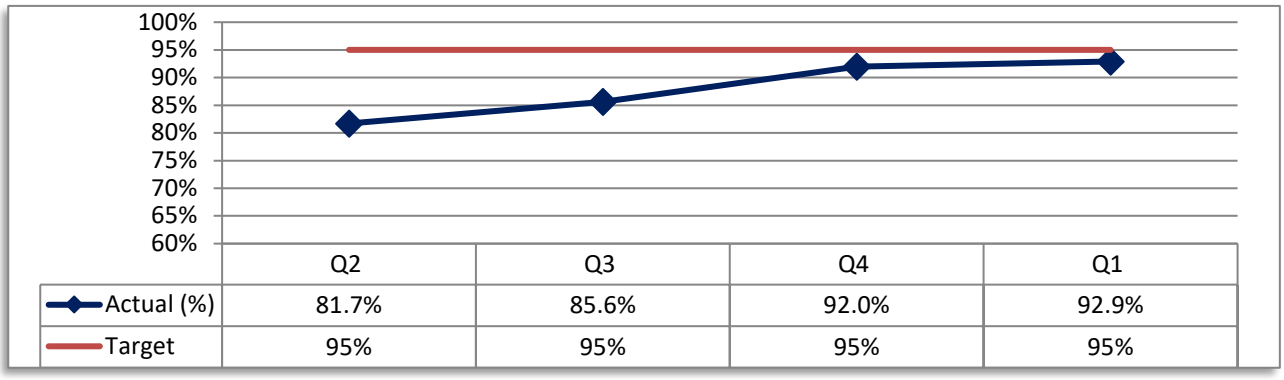
Situational Analysis:
Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of care home admissions. There have been 394 admissions over the past 12 months, compared to 379 discharges. This has resulted in a net increase in our care home population of around 4% over this particular period, which is closely in line with our anticipated pressures.

Improvement Action:
Work continues to analyse and manage care home admission pressures, taking into account the potential consequences, both personal and organisational, for decision-making.

4.5 Adult Protection Inquiry to Intervention Timescales

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

Figure 4.5 Percentage of Adult Protection cases where timescales were met



	Q2	Q3	Q4	Q1
Actual (%)	81.7%	85.6%	92.0%	92.9%
Target	95%	95%	95%	95%

Situational Analysis:
After a period of lower performance last year due to the impact of industrial action, performance has recovered to levels much closer to the target.

Improvement Action:
Improvement action will continue the trend towards achievement of compliance with target timescales.

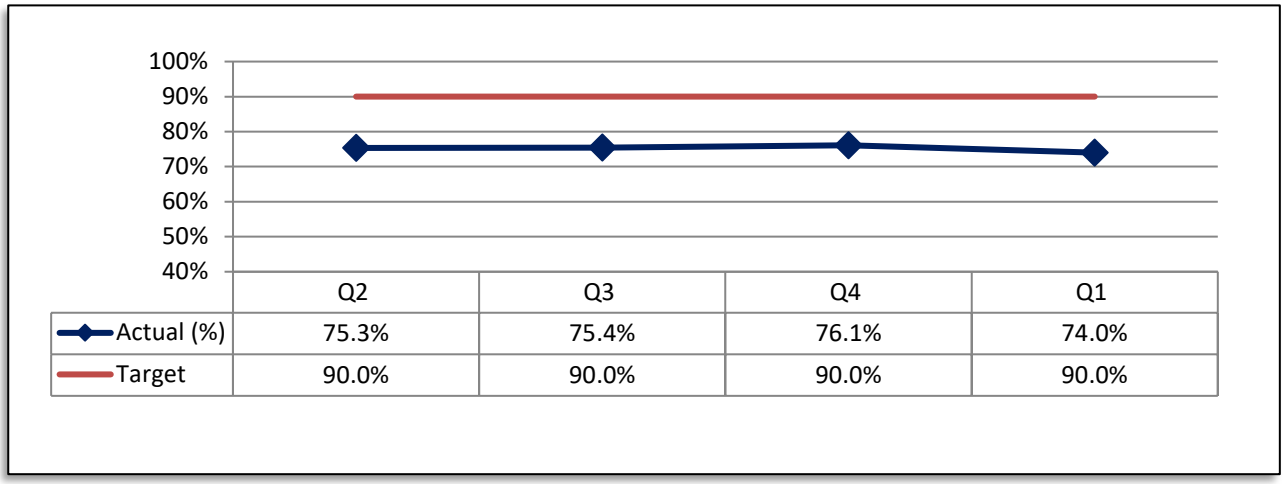
SECTION 5
Local Delivery Plan (Health) Standards

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

5.1 Drugs & Alcohol Treatment Waiting Times

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

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



	Q2	Q3	Q4	Q1
Actual (%)	75.3%	75.4%	76.1%	74.0%
Target	90.0%	90.0%	90.0%	90.0%

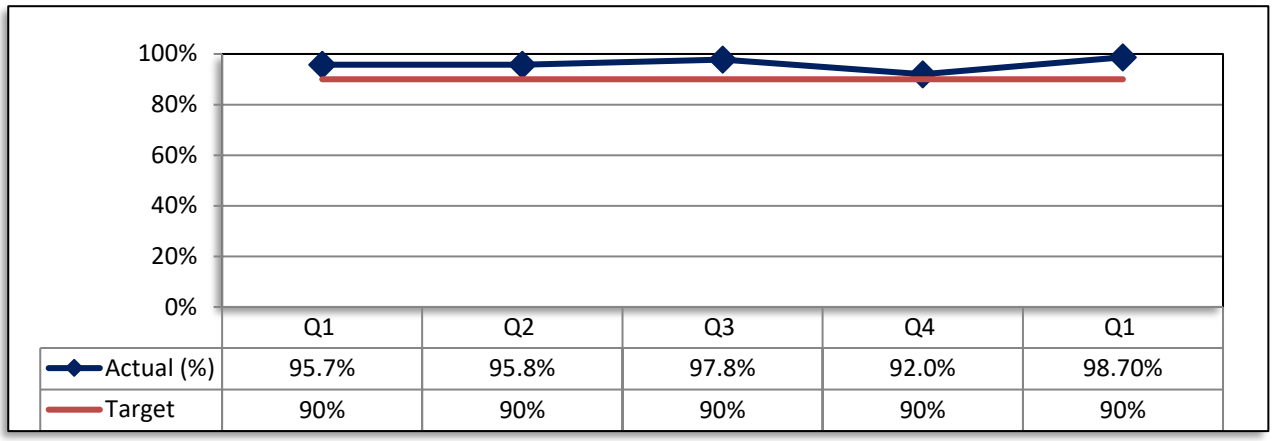
Situational Analysis:
Waiting time performance remains below target levels in Q1. The drug and alcohol team have been significantly impacted by staffing shortages during the year due to long-term staff absence. This seriously affected the team's ability to respond to referrals, complete assessments and commence treatment within the three-week target. The remaining staff have been working extremely hard to maintain a service and there has been successful recruitment to the band 6 alcohol care and treatment nursing post which is crucial to the team's performance in this area.

Improvement Action:
The new alcohol care and treatment nurse has now commenced in post and staff numbers within the team initially improved. However, further vacancies then developed in the team and although recruitment has been undertaken it is likely that the timescales for commencing new staff in post will result in a further temporary challenge around meeting the waiting times targets, although every effort will be made to mitigate this as far as possible. Additional support has been provided to the team during this challenging period through a secondment from another service area.

5.2 Psychological Therapies Waiting Times

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

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



	Q1	Q2	Q3	Q4	Q1
Actual (%)	95.7%	95.8%	97.8%	92.0%	98.70%
Target	90%	90%	90%	90%	90%

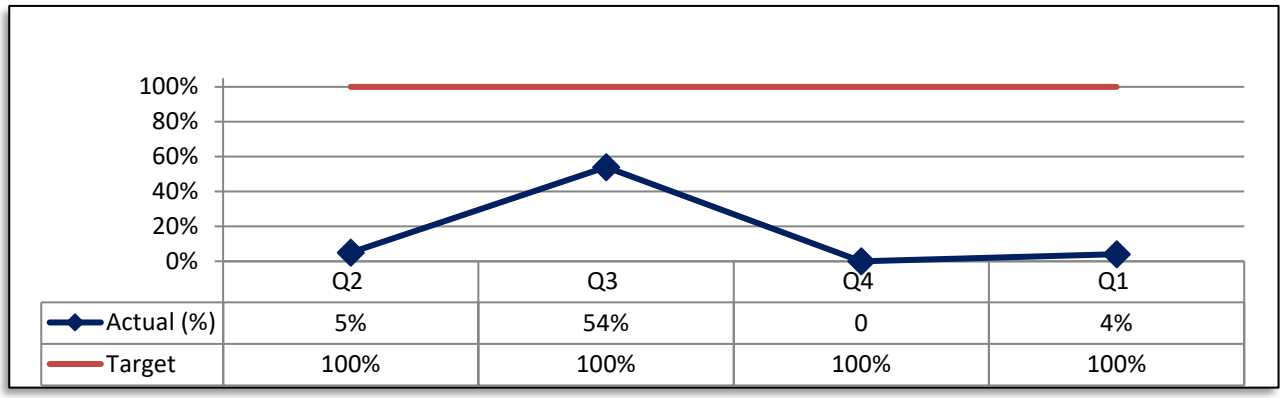
Situational Analysis:
Current performance in the percentage of people seen within 18 weeks from referral to psychological therapy has exceeded target over the past year. Compliance improved further in Q1.

Improvement Action:
The team is taking forward a test of change re-profiling the skill mix of the team to include a dedicated Cognitive Behavioural Therapy practitioner post to enable a more distributed and tiered approach to allocation of work within the team. This should help to maintain positive performance against the target.

5.3 Dementia Post Diagnostic Support (PDS)

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including anticipatory care planning.

Figure 5.3 Percentage of People Newly Diagnosed with Dementia Accessing PDS



	Q2	Q3	Q4	Q1
Actual (%)	5%	54%	0	4%
Target	100%	100%	100%	100%

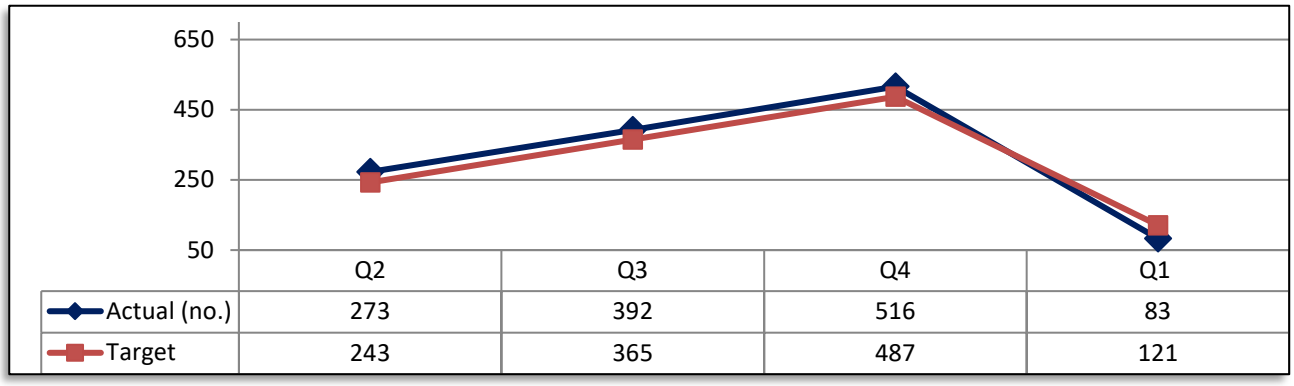
Situational Analysis:
This indicator examines how many patients are accessing PDS within the month they are referred. Performance has been very volatile over the course of 2018-19 as a result of service gaps created by vacancy. At these times the existing caseloads are redistributed and waits arise. This unfortunately happened again at the turn of the year and had impact on Q4 data. We had 2 vacancies throughout this time which required the active case load to be redistributed between the existing staff. No referrals were therefore allocated throughout this time until towards the end of Q4 with existing patients being discharged and two new AS link workers joining the team. To manage the list we wrote to patients advising there may be a longer than usual wait. No patient waited more than the maximum 18 weeks.

Improvement Action:
Recruitment has been undertaken to address the staff shortages, which should make a more positive impact in 2019-20 Q2.

5.4 Alcohol Brief Interventions (ABIs)

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

Figure 5.4 Total Number of ABIs delivered (cumulative)



	Q2	Q3	Q4	Q1
Actual (no.)	273	392	516	83
Target	243	365	487	121

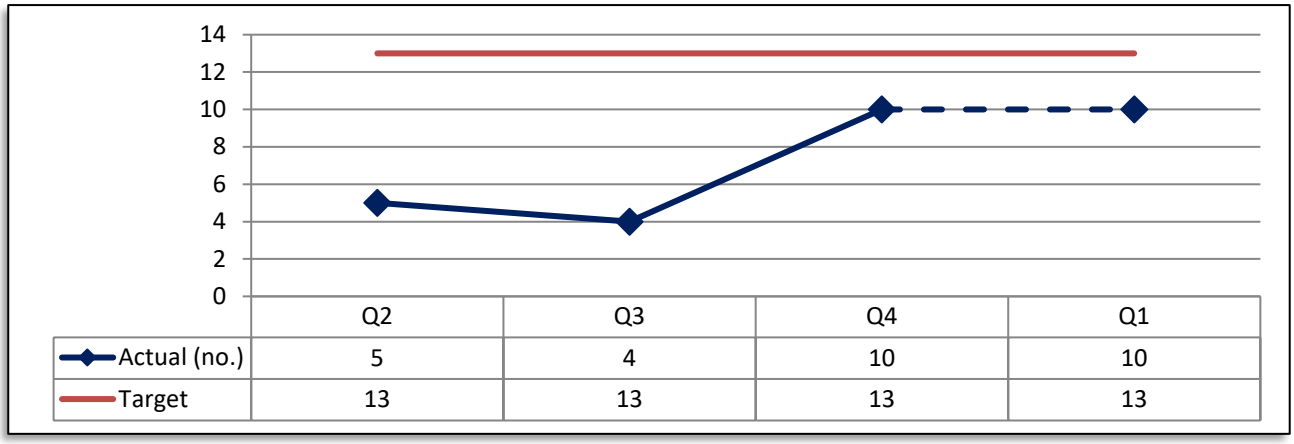
Situational Analysis:
The target of 487 Alcohol Brief Interventions was achieved and marginally exceeded across each quarter of 2018-19. Fig 5.4 shows that the target has not been achieved in 2019-20 Q1.

Improvement Action:
The HSCP aspires to a higher number of Alcohol Brief Interventions being achieved, but uptake within General Practice remains a challenge. The programme of ABI's continues to be developed across East Dunbartonshire. There have been some capacity challenges that culminated in a temporary reduction in service delivery, which is reflected in the performance for this period. To mitigate this, a series of wider Partner training has been planned, it is anticipated that with this increased spread of partners delivering ABI,s will be reflected over the next two reporting periods.

5.5 Smoking Cessation

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

Figure 5.5 Smoking quits at 12 weeks post quit in the 40% most deprived areas



	Q2	Q3	Q4	Q1
Actual (no.)	5	4	10	10
Target	13	13	13	13

Situational Analysis:
Performance has been below target across the first three quarters of 2018-19, but has increased towards target in the most recently reported period. Data only becomes available 12 weeks after the end of each reporting period, so Q1 is indicative based upon the previous quarter's results.

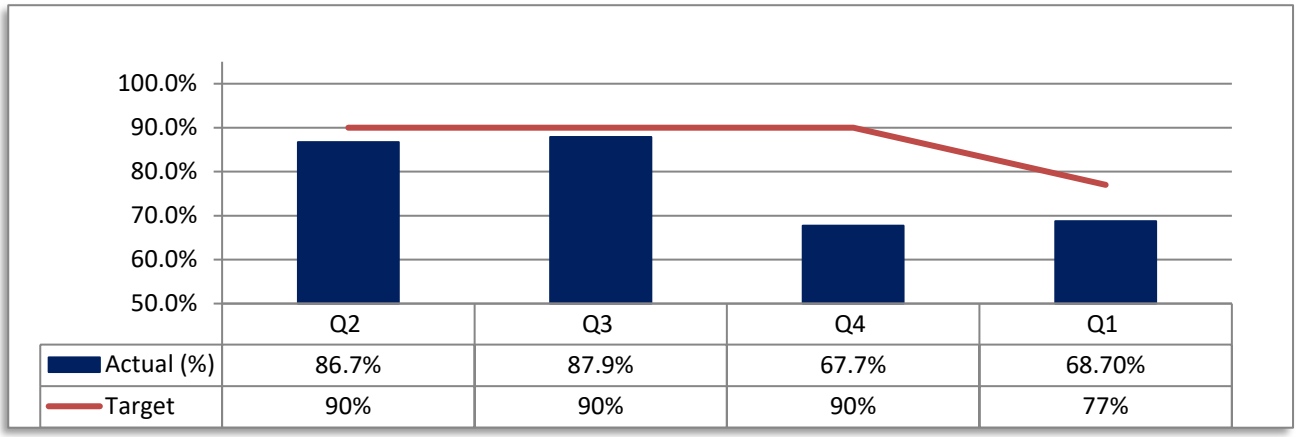
Improvement Action:
As of the February 2019, a full time HI Practitioner (Smoking Cessation) was recruited on a fixed-term contract (until March 2020) who will work primarily within East Dunbartonshire as part of the QYW Community services. They will have a focus on raising awareness of the stop smoking services in East Dunbartonshire, delivering service and exploring service

development opportunities. One of the objectives of this post will be to improve performance against this target. Early indications are that this approach is impacting positively upon uptake and success rates.

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

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

Figure 5.6 Percentage of People Waiting <18wks for CAMHS



	Q2	Q3	Q4	Q1
Actual (%)	86.7%	87.9%	67.7%	68.70%
Target	90%	90%	90%	77%

Situational analysis
Following and continuing with a period of sustained growth in demand for CAMH Services in East Dunbartonshire and across NHS Greater Glasgow & Clyde, the service capacity is struggling to maintain these growing levels. Coupled with this is the reduction in rejected referrals as part of a Scottish Government drive, which has seen GGC CAMHS achieve a reduction in the rate from 30% to 6.8%, meaning almost all children and young people who are referred and being seen. The reduction in missed appointments from 18% to 10% has had an impact on capacity too. Finally staff turnover levels have been higher than normally, also causing capacity issues. These are the predominant reasons why performance has slipped recently.

Improvement Actions
The following improvement points are in progress:

- The work to increase clinical capacity based on lean methodology continues within Central Choice Team
- Ongoing recruitment of additional clinical staff from Taskforce funding. 6 out of 12 have been recruited, though high turnover has caused further issues with the full recruitment of these posts
- Work continues on reducing the number of rejected referrals – rejection rate is currently 9%

- Work continues on reducing DNAs, though the rate has risen slightly over the summer holiday period.
- CAMHS are implementing Attend Anywhere (Near Me) across all CAMHS teams to support video consultation and offer flexibility of appointment mode.
- Data and performance workshops are being held with each team to update and support all teams.
- Group therapies and care bundles have been launched to support an increase in those starting treatment
- Implementation of the revised RTT guidelines is expected in October/November 2019 to ensure recording of GGC CAMHS waiting lists is in line with the rest of the country (no proxy used).
- Paper under development to review CAMHS service delivery model that would address recent increasing demands.

CAMHS aim to be within the 90% HEAT RTT Target threshold by the mid-2020 and are working to achieve this with clinicians, managers and developments in the Quality Improvement Programme. We aim to rectify this on the trajectory shown below. This is based on various aspects of the quality improvement plan, along with the recruitment of 12wte additional clinical staff from resources supplied via the Scottish Government's Children and Young People's Mental Health Taskforce.

Please note, that this trajectory is for GGC CAMHS and not specific to East Dunbartonshire.

Quarter ending	**June 2019**	**Sep 2019**	**Dec 2019**	**Mar 2020**	**Jun 2020**	**Sep 2020**	**Dec 2020**
Predicted RTT Performance	77%	80%	83%	86%	90%	90%	90%

SCS Leadership and CAMHS management are closely monitoring this progress and aim to keep the service on track for a return to achieving the RTT target.

SECTION 6
Children's Service Performance

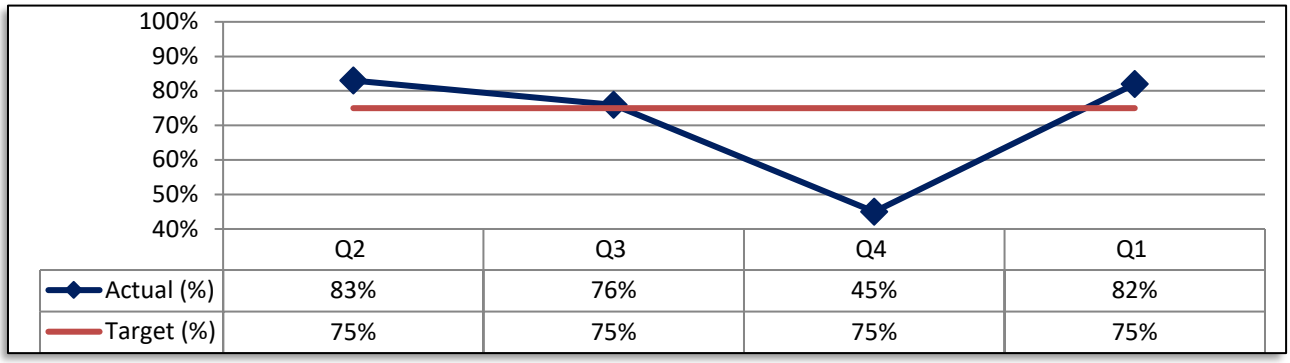
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

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

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

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

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



	Q2	Q3	Q4	Q1
Actual (%)	83%	76%	45%	82%
Target (%)	75%	75%	75%	75%

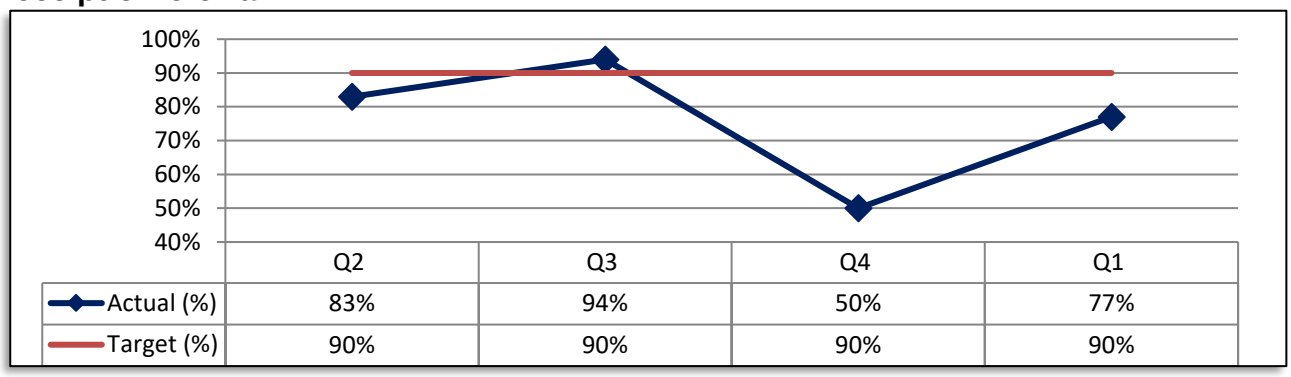
Situational Analysis:
Performance in 2018-19 Q4 was sharply down due to a combination of an unexpected 300% spike in police referrals to SCRA, coupled with seasonal holidays. Performance in 2019-20 Q1 has improved markedly and positively exceeded the target.

Improvement Action:
To maintain good performance.

6.2 Initial Child Protection Case Conferences Timescales

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

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



	Q2	Q3	Q4	Q1
Actual (%)	83%	94%	50%	77%
Target (%)	90%	90%	90%	90%

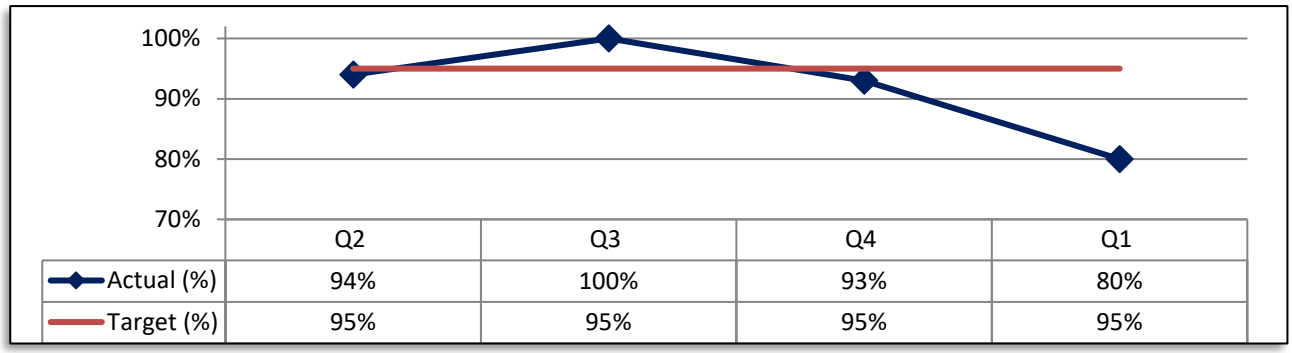
Situational Analysis:
Performance in 2019-20 Q1 shows an improvement over the previous quarter. Operational support changes have been made that now have the date for Initial Child Protection Case Conferences arranged at the point of a CP investigation starting, to ensure better timescales are achieved. As this becomes fully embedded, performance should improve, although small numbers can impact disproportionately on the figures.

Improvement Action:
To fully embed revised operational procedures and to monitor impact.

6.3 First Child Protection Review Conferences Timescales

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

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



	Q2	Q3	Q4	Q1
Actual (%)	94%	100%	93%	80%
Target (%)	95%	95%	95%	95%

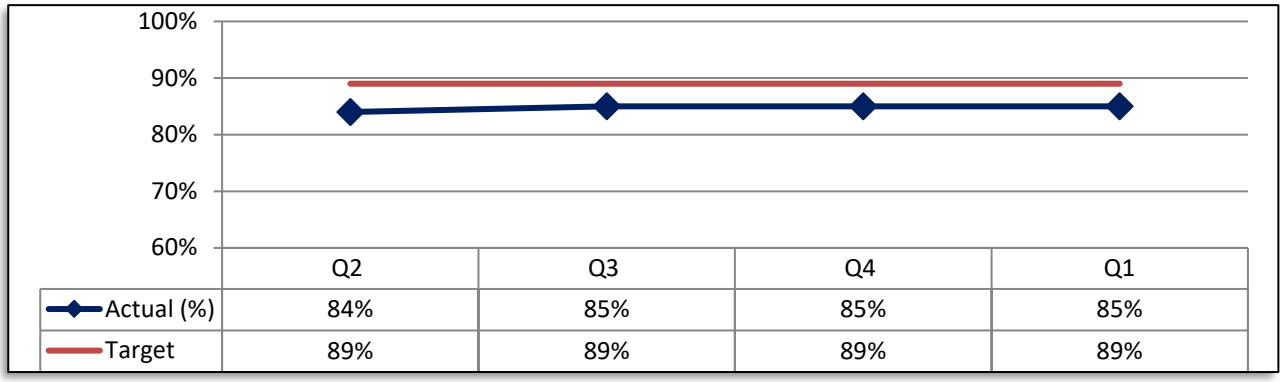
Situational Analysis:
Performance in Q1 has declined. Small numbers of cases can mean that isolated instances of non-compliance can have a disproportionate impact overall.

Improvement Action:
Team Managers will prioritise the improvement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

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

Figure 6.4 Percentage of Children being Looked After in the Community



	Q2	Q3	Q4	Q1
Actual (%)	84%	85%	85%	85%
Target	89%	89%	89%	89%

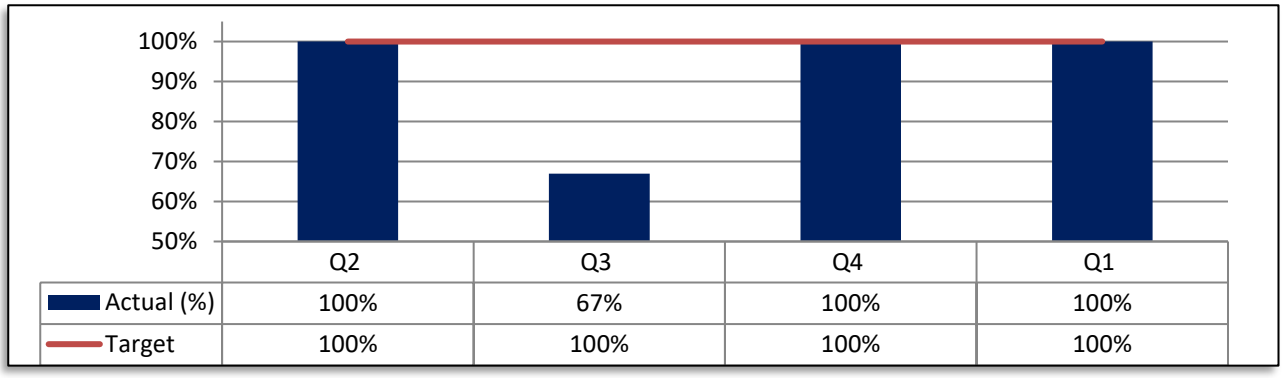
Situational Analysis:
Performance has been consistent over the last year, but still remains below target.

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

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

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

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



	Q2	Q3	Q4	Q1
Actual (%)	100%	67%	100%	100%
Target	100%	100%	100%	100%

Situational Analysis:
Performance in Quarter 1 maintains 100% compliance with timescales.

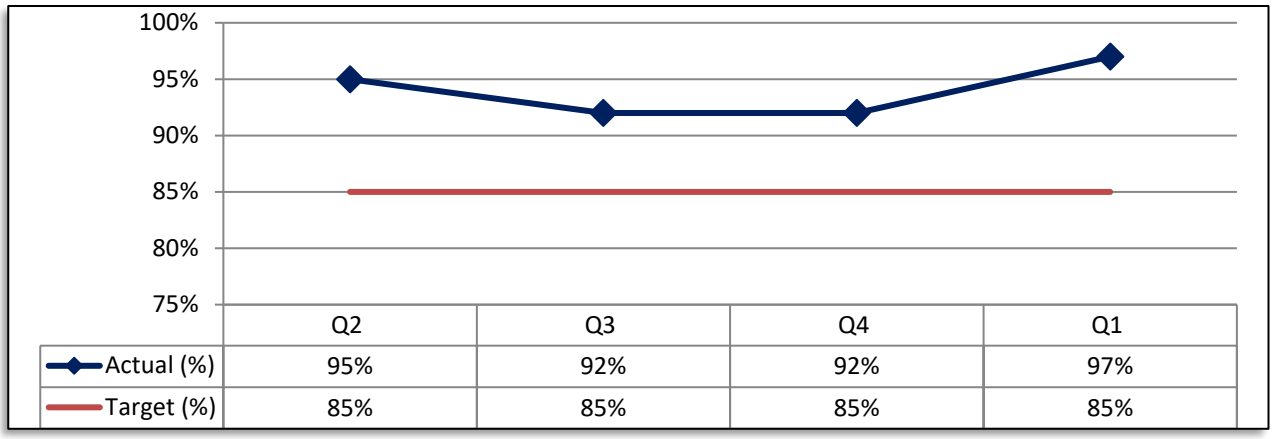
Improvement Action:
To maintain high levels of performance.

6.6 Children receiving 27-30 month Assessment

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

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

Figure 6.6 Percentage of Children receiving 27-30 month assessment



	Q2	Q3	Q4	Q1
Actual (%)	95%	92%	92%	97%
Target (%)	85%	85%	85%	85%

Situational Analysis:
This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target.

Improvement Action:
Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required.

SECTION 7
Criminal Justice Performance

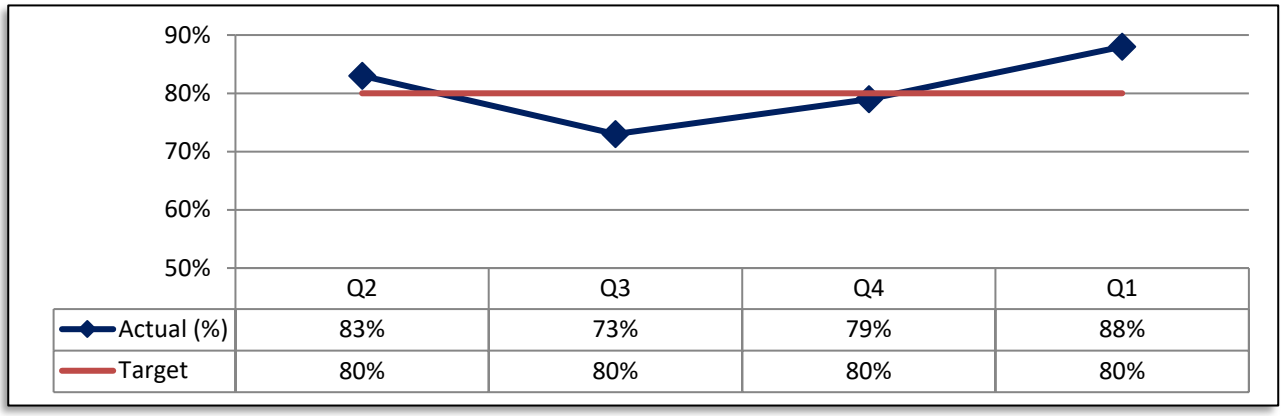
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

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

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

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

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



	Q2	Q3	Q4	Q1
Actual (%)	83%	73%	79%	88%
Target	80%	80%	80%	80%

Situational Analysis: There was an unexpected downward trend in quarter 3 which led to an unmet target at 73%. A workforce briefing and refresher on the importance of ensuring service users must attend immediately after a community backpack order was imposed by the court, to enable full induction and commencement of unpaid work. Swift contingency strategies agreed were service users failed to keep this instruction.

This has seen improvement over successive quarters, with the target exceeded in 2019-20 Q1.

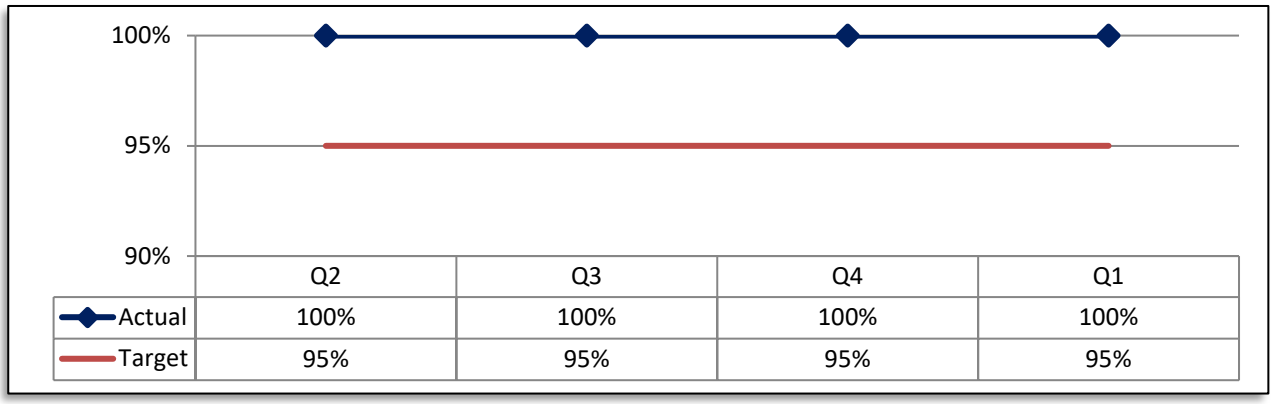
A challenge always remains with this performance metric when service users who attend immediately after court but are then unable to commence due to further conviction, ill health with GP line, employment contract clashing with immediate start or if subject to an existing order which means the new order cannot commence until the original one is completed. These factors are out with control of the service.

Improvement Action: Continue to monitor and ensure contingencies are enacted swiftly (home visit same day) should the service users fail to attend after court or on day unpaid work placement is due to begin.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

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

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



	Q2	Q3	Q4	Q1
Actual	100%	100%	100%	100%
Target	95%	95%	95%	95%

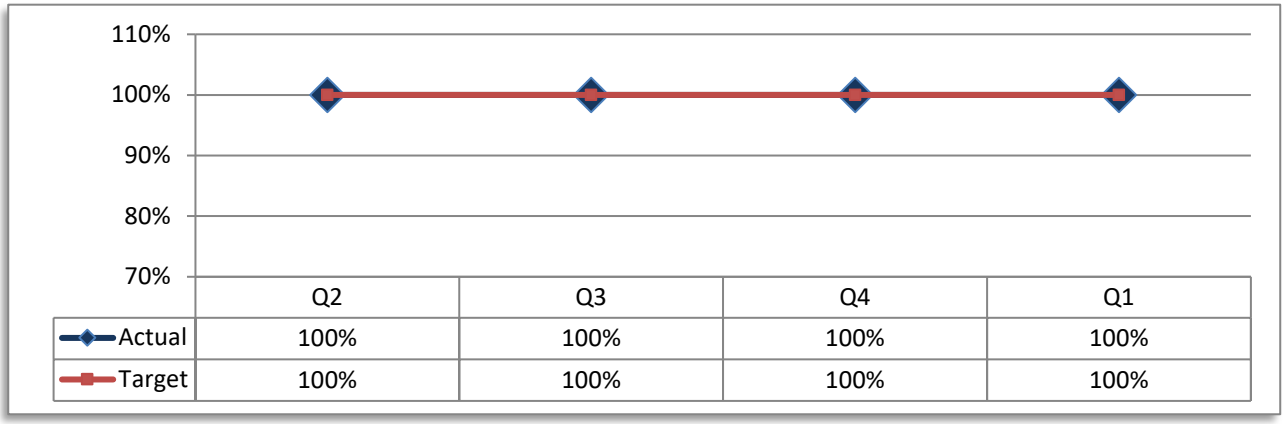
Situational Analysis: On target.

Improvement Action: Monitor and maintain.

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

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

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



	Q2	Q3	Q4	Q1
Actual	100%	100%	100%	100%
Target	100%	100%	100%	100%

Situational Analysis: On target.

Improvement Action: Monitor and maintain.

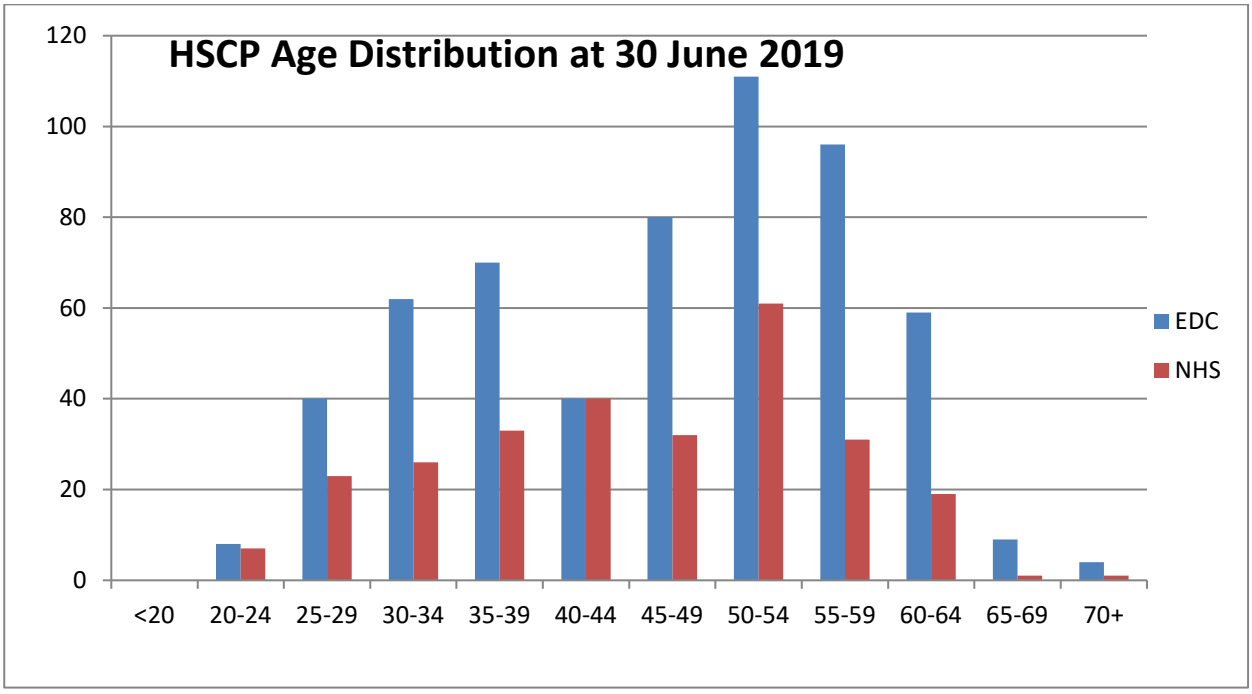
- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

8.1 Workforce Demographics

Employer	Headcount				WTE			
	Mar-19	June-19	Sept-19	Dec-19	Mar - 19	June - 19	Sept - 19	Dec-19
NHSGGC	274	274			232.36	227.2		
EDC	586	579			489.39	485.53		
Total	860	853			721.75	712.73		

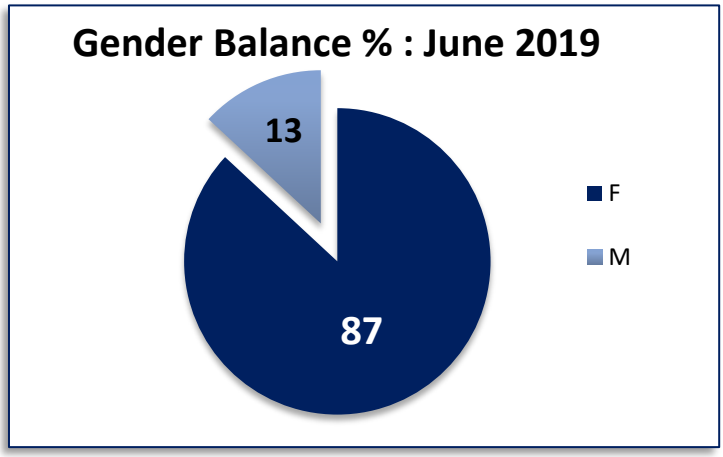
The picture on workforce shows a slight decrease overall since March 2019 of 7 with an overall decrease of 9.02 wte staffing. This picture shows that the partnership is working hard to accommodate flexible working for staff.

8.2 HSCP Staff by Age profile



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

8.3 Gender Profile



The gender ratio of female to male employed staff has remained constant over the last 12mths, with 87% of staff being female.

8.4 Sickness / Absence Health and Social Care Staff

Absence had decreased for both EDC and the NHS in the first quarter. Whilst we have had a number of variations in attendance patterns the overall issues remain one of longer term absence. Overall absence is well managed within the HSCP and as identified the main contributing factor in both Health and Social Care for higher absence is aligned with staff moving from short term to longer term absence due to health conditions. There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC.

Sickness / Absence %		
Month	**EDC**	**NHSGGC**
April 19	8.47	4.96
May 19	7.82	4.38
June 19	7.52	4.28
July 19		
Aug 19		
Sept 19		
Oct 19		
Nov 19		
Dec 19		
Jan 20		
Feb 20		
Mar 20		
Average	**7.94**	**4.54**

8.5 KSF / PDP / PDR

KSF % recorded	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan
Actual	56.6	58.4	58.6							
Target	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. We are achieving a higher than average uptake against the Board and work is on-going to maximise the opportunities.

8.6 Performance Development Review (PDR)

PDR		
Quarter	**% recorded**	**Target %**
Q1	30.05	65
Q2		75
Q3		85
Q4		85

PDR (Performance, Development Review) is the Council process for reviewing staff performance and aligning their learning and development to service objectives. We have achieved a recording rate of 30.05% against the target of 65% in this quarter, but there is an expected increase in Q2 as further information is uploaded to the recording system.

East Dunbartonshire
Health & Social Care
Partnership

ANNUAL PERFORMANCE REPORT

2018- 2019

FINAL VERSION

CONTENTS

Introduction

Since 2016, work has been underway across Scotland to integrate health and social care services. By integrating the planning and provision of care, partners in the public, third and independent sectors are improving people's experience of care along with its quality and sustainability.

In East Dunbartonshire we have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support. We are also looking to the future: integration requires services to be redesigned and improved, with a strong focus on prevention, quality and sustainability, so that we can continue to maintain our focus on reforming and improving people's experience of care.

In East Dunbartonshire we have integrated a wide range of health, social care and social work services for adults and children.

All Health and Social Care Partnerships (HSCPs) are required to publish an Annual Performance Report on:

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

In addition, we have included information on:

- Our progress in implementing our Health and Social Care Strategic Plan
- Our progress in making integration work
- Our performance as assessed through external inspection and regulation

The report also highlights good practice examples throughout the document.

We believe that we are making good progress. With the continued pressure on public finances, it is essential that we continue with the positive changes that we are making.

We are most grateful to all the partners and individuals within the HSCP, and in the community more widely, that have contributed to the progress we are making together.

	Susan Murray Chair East Dunbartonshire HSCP Board		Susan Manion Chief Officer East Dunbartonshire HSCP

Part 1. The Health and Wellbeing Outcomes - Our Overall Performance

Each of the National Outcomes below has been assigned a "RAG" status to indicate the HSCP's assessment of overall performance during 2018/19. This is based on national and local indicators, and the achievements described within the Report.

RAG KEY

 Positive performance

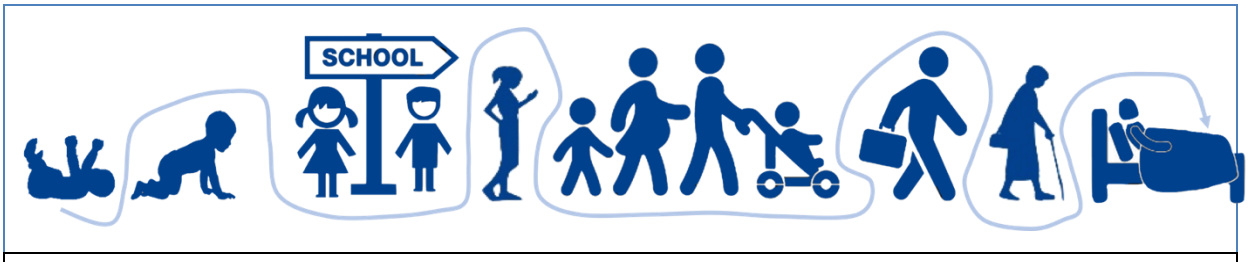
 Steady performance

 Performance below target

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

Part 2. The HSCP Strategic Plan: Our Progress

The East Dunbartonshire Health and Social Care Strategic Plan 2018-21 emphasises the need to plan and deliver services that contribute to better outcomes throughout people's lives. This approach targets the needs of people at critical periods throughout their lifetime. It promotes timely effective interventions that address the causes, not just the consequences, of ill health, deprivation and personal and social challenges.



The Strategic Plan outlines 8 key priorities to be delivered over the life of the Plan, in pursuit of the National Health and Wellbeing Outcomes. This part of the Annual Performance Report will describe our progress towards achieving these priorities. 2018-19 was the first year of the Plan, so some initiatives are still at an early stage.

The priorities are as follows:

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

Service and partnership planning in areas of children and justice services are reported through the Integrated Children's Service Plan and Community Justice Outcome Improvement Plan, but key progress is also reported here and in Parts 4 and 5.

The relationship between the Strategic Plan's eight priorities and the National Health and Wellbeing Outcomes is set out at **Annex 1**.

Strategic Priority 1

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

Our Measures of Success	Our Achievements in 2018-19	Status
Reduce smoking prevalence.	The smoking cessation delivery programme is now managed centrally from Greater Glasgow & Clyde NHS. The national target for successful quits (12 weeks) in the 40% most deprived communities equates to 42 quits in East Dun. This was not achieved during 2018-19. NHS GGC is reviewing its programme, to improve performance next year. The HSCP leads the local Tobacco Alliance which has achieved the following in 2018-19: smoke-free Canal Festival; smoke free play parks; tobacco curricular work within schools; and increased compliance on all tobacco-related legislation.	In progress Good progress
Increase the number of people meeting the national recommendation for physical activity, healthy eating and safer consumption of alcohol.	<u>Physical Activity Targets:</u> The national target for adults is *to achieve 150 minutes or more of physical activity per week*. The 2018 Health and Wellbeing Survey reported that only 53% of respondents were meeting the target. This compares to 71% as reported in the 2015 survey. The survey runs every three years. <u>Healthy Eating Targets:</u> The national target for adults is *to consume 5 portions of Fruit and Vegetables per day.* Self reported data from the 2018 HWB Survey indicated that 52% of respondents were meeting the target. This compares to 51% in the 2015 survey. Activity in 2018-19 to support these improvements was limited by resource capacity, but included: • Lifestyle programmes, for children; • ACES /Active Choices • Waist Winners • Live Active • Vitality and WALK	In progress In progress

Our Measures of Success	Our Achievements in 2018-19	Status
	• Preparation for Fluid, Food & Nutrition and Malnutrition Awareness programme (for staff). <u>Safer Consumption of Alcohol – National target for Delivery of Alcohol Brief Interventions (ABI's)</u> The HSCP is on target to achieve the target of 487 ABI delivered. The HSCP has already delivered 80% of the target with data for the last quarter still to be added.	On target
Increase levels of Breastfeeding rates.	One in two babies (51%) are either exclusively or mixed breastfed at 6-8 weeks post birth, in East Dunbartonshire. This is broadly unchanged compared with rates last year. The HSCP has maintained its status as a UNICEF Baby Friendly accreditation organisation, ensuring the best practice standards are provided by the HSCP staff when engaging and supporting mothers to breast feed.	In progress
Improve dental health and increase Child Smile registrations.	The oral health of children in East Dunbartonshire is better than the average for GG&C and Scotland as a whole. However, the most recent dental health data (Oct 2018) indicates a decline in oral health since the previous survey results in 2016. Action taken: • Two Dental Health Support Workers appointed to increase capacity; • Improved targeted interventions to support families with dental registration; • Agreement for General Dental Practices (GDPs) to stamp the childs Red Book when registering; • Continued support for the Tooth Brush Monitoring Programme within Nurseries throughout East Dunbartonshire. 100% of nurseries and Additional Support Needs schools are participating in the Childsmile Core Toothbrushing Programme together with 33 out of 35 primary schools. This has remained stable since the previous survey.	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Maintain percentage of childhood immunisation uptake.	2019 statistics for childhood vaccinations uptake in East Dunbartonshire released at March 2019 show very good performance for 2018-19: • Primary immunisation uptakes at 12mths - the 3rd highest in Scotland at 97.8%. • Primary and booster update rates at 24mths - 2nd highest in Scotland at 97%. • Primary and booster rates at 5 yrs - 6th highest in Scotland at 94.6%. • Primary and booster rates at 6yrs - 3rd highest in Scotland at 96.2%.	On target
Increase community payback orders (CPOs) with alcohol, drug and mental health requirements to promote healthy living and risk reduction.	2017/18 baseline data: In East Dunbartonshire there were 189 CPOs. Of these, none involved alcohol, drug or mental health requirements. Of the 17,834 CPOs in Scotland. There were 193 alcohol; 148 drug and 45 mental health treatment requirements. With the exception of the residence requirement these are the 3 least utilised requirements of the 9 requirements across Scotland. Data reporting lag prevents analysis of 18-19 performance in time for the publication of this report, but will be reflected next year against this baseline data. <u>Activity:</u> • Agreement via Alcohol & Drug Partnership to have drug/alcohol practitioner co-located in Justice Office. • Review of the referral pathway to increase efficiency and enable direct referral to the Foundry. • Workforce training for all criminal justice staff for promotion of healthy living • In line with national guidance, work underway to establish a local protocol for Mental Health requirement.	Good progress

Strategic Priority 2

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

Our Measures of Success	Our Achievements in 2018-19	Status
Increase uptake of a variety of telecare/telehealth care solutions.	In 2018-19, we installed 587 new community alarms. This increased the number of people with a community alarm by over 6% compared to 2017-18. In addition we have commissioned a highly successful pilot with Sol Connect to provide intensive technology assisted care, which safely increases levels of independence. This is now being extended to 3 new customers.	Good progress
Improve drug and alcohol referral to treatment waiting times.	The percentage of service users seen within 3 weeks, who started treatment in March 2019, was 83%. This compared with a Scotland average of 94%. 5 weeks performance was better with 97%, which was the same as the Scotland average. The performance issue remains to be a combination of recording delays and staff capacity issues in the EDADS team. These are currently being addressed.	In progress
Improve psychological therapies referral to treatment waiting times.	Despite pressure with staffing resources within both Primary Care and Community Mental Health Team the target of individuals seen within 18 weeks of referral for psychological intervention has consistently performed above target of 92%. This has also increased referrals into mental health teams. Service redesign tools have been utilised to ensure processes are as efficient and effective as possible.	On target
Improve percentage of people newly diagnosed with dementia accessing post diagnostic support.	Uptake of post diagnostic support remains consistently high around 95%. Service users who have engaged with the service are able to self-manage longer within the community. In the past year, post diagnostic service has been introduced to care homes for residents who receive a diagnosis within the care home or those engaged with the service moving from the community into a care home. The Team have been implementing a nationally recognised tool measuring quality performance, supported by iHUB. The team has scored well against all dimensions of this tool.	Good progress

Strategic Priority 3

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

Our Measures of Success	Our Achievements in 2018-19	Status
Reduce unplanned hospital admissions.	The HSCP has achieved a 10.2% reduction against a 2015/16 baseline. Improvement activity has included the further development of community based rehabilitation, providing rapid assessment to assist in the prevention of admission.	Good progress
Reduce occupied bed days for unscheduled care.	The HSCP has achieved a 5% reduction against a 2015/16 baseline. Improvement activity has included daily scrutiny of emergency admissions and proactive work with identified wards to facilitate discharge. There has been a reduction in hospital admissions and occupied bed days against a backdrop of increasing attendances at Emergency departments, which demonstrates more efficient joint working.	Good progress
Reduce A&E attendances.	The HSCP has seen a 7.9% increase in A&E attendances against a 2015/16 baseline. Attendances at the emergency departments (ED) continue to increase year on year. This is a national trend and ongoing pressure. Despite this, the number of hospital admissions and occupied bed days has reduced, which is a positive counter-trend. Work continues to better understand the circumstances of those who frequently attend the ED, to try and establish more proactive care planning. This is a priority area of activity for the HSCP	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Reduce bed days lost to discharges delayed.	The HSCP has seen a 17.6% increase in bed days lost to discharges delayed against a 2015/16 baseline. This is primarily as a result of an increased number of adults with incapacity ready for discharge. Of all referrals made to the Hospital Assessment Social Work Team, 80% are discharged within 72 hours. The intermediate care facility at Westerton Care Home enables a longer period of assessment and rehab within a homely setting as an alternative to long term care. Over the past year 33% of those admitted have been supported to return home. This is a priority area of activity for the HSCP	In progress
Increase the percentage of last 6 months of life spent in the community.	The HSCP has achieved a 3% increase against a 2015/16 baseline. This positive performance has been achieved through a co-ordinated and planned approach to early identification of people with palliative and end of life care needs.	Good progress

Strategic Priority 4

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

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the number of service users utilising self directed support options.	Through dedicated awareness raising and individual assessment and reviews, the number of service users being supported to make a decision about the right level of choice and control for them has increased throughout 2018-19. The majority of service users continue to utilise SDS option 3.	Good progress
Increase the uptake of the income maximisation service.	The Income Maximisation Service delivered 250 referrals. While this was on a par with the previous year, 2018-19 realised a financial gain to the residents of East Dunbartonshire of £786k; this is a 49% increase on 2017-18.	Good progress

Our Measures of Success	Our Achievements in 2018-19	Status
Monitor the uptake of Healthy Start programme.	The number of households and individuals taking up the Health Start vitamin programme, as a percentage of those eligible in 2018-19 was 42% and 43% respectively. This remains markedly lower than both the Greater Glasgow & Clyde and Scotland uptake rates. Work will continue to better understand and address the reasons for this disparity.	In progress
Increase the breastfeeding rates in deprived communities.	One in ten babies (10%) are are either exclusively or mixed breastfed at 6-8 weeks post birth. To help address low uptake within the most deprived areas of East Dunbartonshire, the HSCP was successful in applying for Scottish Government funding to commence a targeted Breast Feeding Pilot Programme in 2019.	In progress
Increase % of people released from a custodial sentence: • registered with a GP • have suitable accommodation • have had a benefits eligibility check	Data recording and reporting is not yet in place to demonstrate progress against this measure. <u>Activity:</u> The pathway development is progressing via the community justice strategic partnership with a view to a central point of contact and new protocol and liberation pathway for short term prisoners being liberated from HMP Low Moss.	In progress

Strategic Priority 5

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

Our Measures of Success	Our Achievements in 2018-19	Status
Monitor the number of complaints and comments.	The HSCP services handled a total of 44 complaints to conclusion between 1st April 2018 and 31th March 2019. 77% of these were handled within the procedural timescales, which is below the level of performance we would wish to see. Action is being taken to improve on this next year.	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the percentage of service users satisfied with the quality of care provided.	In the 2018 Health and Social Care Experience Survey, 84% of respondents in East Dunbartonshire rated the quality of quality of help, care or support services as either excellent or good. This showed a decrease from 86% in 2016, but still compares favourably with 81% nationally. During reviews of social care support in 2018-19, 98% of service users expressed satisfaction with the quality of care provided, which is just off target.	In progress
Increase the percentage of service users satisfied with their involvement in the design of their care provided.	During reviews of social care support in 2018-19, 95% of service users expressed satisfaction with their involvement in the design of their care, which is on target.	On target
Increase the percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided.	In the 2018 Health and Social Care Experience Survey, 86% of respondents in East Dunbartonshire were satisfied that they had a say in how their help, care or support was provided. This demonstrated an increase from 84% in 2016 and compares very favourably with 76% nationally.	On target

Strategic Priority 6

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

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the number of people receiving the 'Care of Gardens' Scheme.	The number of people signed up to the scheme declined between Oct 2017 to Oct 2018, from 512 users to 469 users. This represents a continued decline in uptake, which may be due to successive above-inflation increases in charges.	In progress
Increase the number of people accessing the Care and Repair Service.	Referrals for Care and Repair in 2018-19 were 16% lower than in 2017-19, although higher than the internal targets set by the Care and Repair service. There has been substantial organisational change and interruptions to normal service during 2018-19, with remedial systems to be established over the next 6 months.	In progress

Our Measures of Success	Our Achievements in 2018-19	Status
Increase the percentage of our housing for Specialist Needs with Community Alarm or Telecare systems to 65% by 2021.	In addition to the progress made to increase uptake of telecare /telehealth care solutions outlines at Priority 2 (above), the HSCP approved an East Dunbartonshire Assistive Technology Strategy 2018-23, in May 2018. In addition, a new Fair Access to Care policy maximises the use of assistive technologies in meeting eligible needs. A mechanism to quantify uptake is not yet in place.	Good progress

Strategic Priority 7

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

Our Measures of Success	Our Achievements in 2018-19	Status
Increase number of adult carers identified and completing an Adult Carers Support Plan.	2018-19 was the first year of Adult Carer Support Plans (ACSP) being in use. There are 821 adult carers known to the HSCP and over the year 108 Adult Carer Support Plans have been commenced, with 73 completed. ACSPs may also be carried out by 3rd sector services. Numbers completed by these services are not included in this report.	Good progress
Increase number of young carers identified and completing a Young Persons Statement.	2018-19 was the first year of Young Persons Statement (YCS) being in use. To date there have been no YCSs being completed by the HSCP, with the approach generally to pass these to Carerslink which is a 3rd sector partner in the process. Numbers of YCSs completed by Carerslink or Education services are not included this year, but will be included in future reports for a whole-system perspective.	In progress
Increase number of carers who feel supported to continue in their caring role.	In the 2018 Health and Social Care Experience Survey, 41% of carers felt supported to continue caring. This showed a decrease from 43% in 2016, but compares marginally more favourably with 38% nationally. During reviews of social care support in 2018-19, 96% of carers indicated that they felt supported to continue in their caring role, which was an increase from 94% the previous year.	In progress

Strategic Priority 8

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

Our Measures of Success	Our Achievements in 2018-19	Status
Monitor Adult and Child protection measures.	Multi agency audits have been carried out across both the Adult Protection and Child Protection committees over the course of the year 2018-2019. Common actions relating to completion of chronologies were identified. This reflected the Care Inspectorate findings in relation to Adult Support and Protection and work is ongoing in this area. Minor amendments to practice in relation to supervision of staff and SMART care planning were also identified. Both Child and Adult Protection Committees' respective Self-Improvement subgroups have considered the actions and are implementing change through working groups. As a result, new Child Protection referral and Child's Plan forms are being piloted and consultation documents during the child protection process have been introduced. A supervision tool to assist Adult Protection practitioners and their managers to achieve best practice is under development.	Good progress
Reduction of re-offending.	Both the reconviction rate and average number of reconvictions per offender have decreased over the past decade. Over the past 10 years between 2006-07 and 2015-16, the reconviction rate for, East and West Dunbartonshire, decreased by 8.6 percentage points from 36.8% to 28.2%. In the same period, the average number of reconvictions per offender decreased by 29% from 0.66 to 0.47. New Experimental statistics in the latest Reconviction bulletin based on local authority of residence indicates the reconviction rate for East Dunbartonshire is 17.2% with an average number of reconvictions per offender as 0.23. Data on convictions and reconvictions are a subset offending and reoffending and are a proxy measure of reoffending rates. Data reporting lag prevents analysis of 18-19 performance in time for the publication of this report, but will be reflected next year against this baseline data.	Good progress

Analyse and measure the impact and outcomes associated with the review and redesign of learning disability and mental health services.	Adult Learning Disability Review: • Development and publication of an Adult Learning Disability Strategy with 6 Improvement Themes; • Development and approval of new Fair Access to Community Care Policy and updated Eligibility Criteria; • Development of learning disability day service and accommodation-based support redesign principles, to support detailed specifications; • Comprehensive consultation and engagement at all stages; • Implementation phased continues into 2019-20. Mental Health: • Local development of the NHSGG&C Mental Health 5 Year Strategy within both programme board and themed sub group / working groups; • Establishment of a volunteer Peer Support Network supported by the Community Mental Health Team & Third Sector; • Commissioning a full needs assessment with a view to establishing a model of third sector delivery across both Mental Health and Addictions; • Development of a Suicide Prevention Group; • Better recording and provision of enhanced supervision to guardians to enhance our safeguarding of adults subject to welfare guardianship.	Good progress In progress Good progress
Monitor providers' compliance with contract monitoring framework.	Increased HSCP contract management resource established to help monitor and support compliance. Providers subject to regular monitoring requirements and annual audit checks.	Good progress

Part 3. National and Local Performance Data

This section provides HSCP's performance against national core indicators.

Notes:

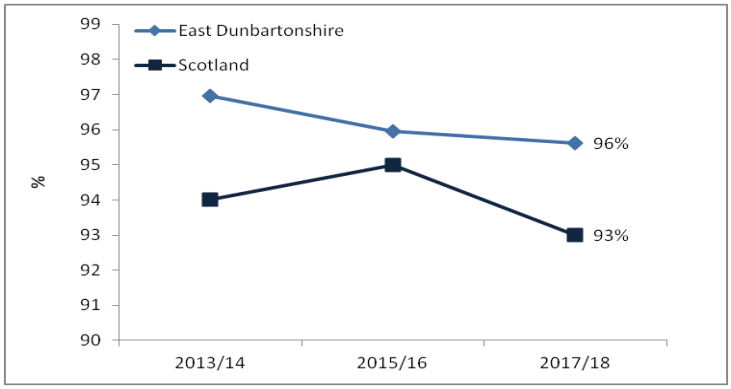
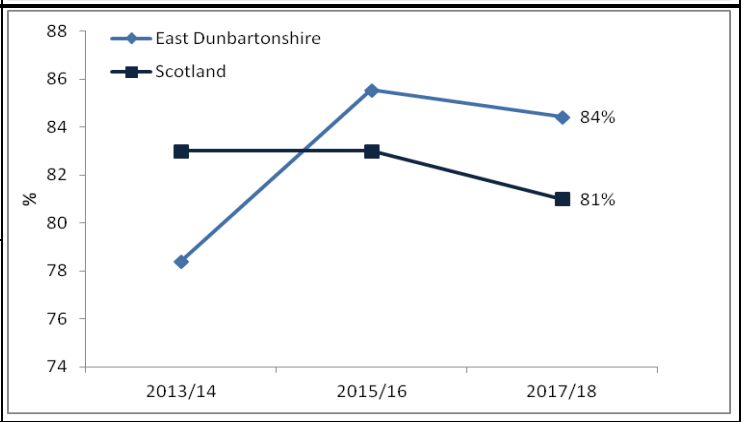
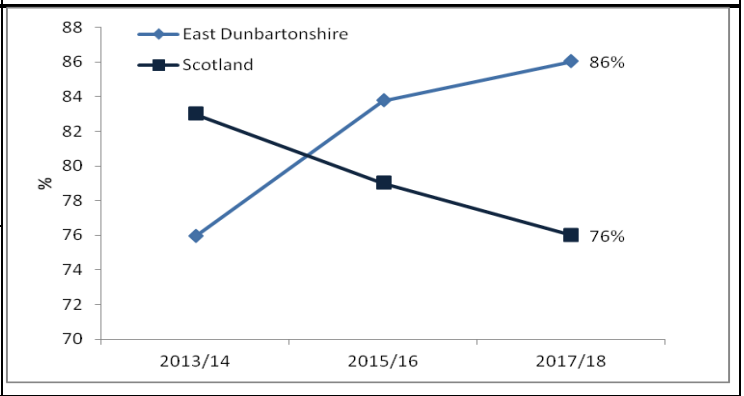
Indicators 1-9 are reported by a national biennial Health and Social Care Experience Survey that reports every two year. The most recent data for this is 2017-18.

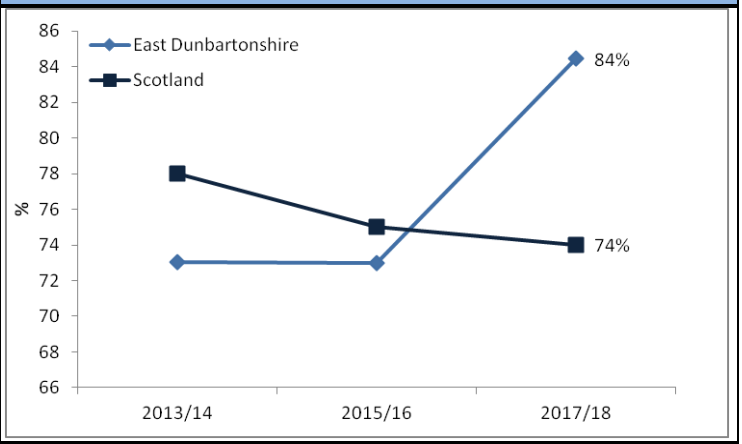
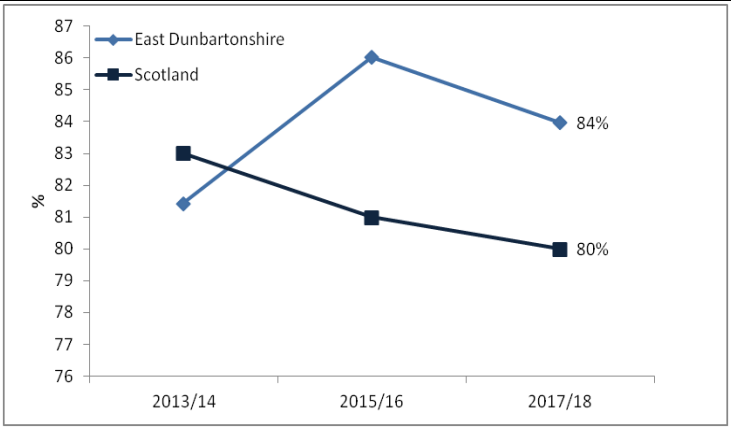
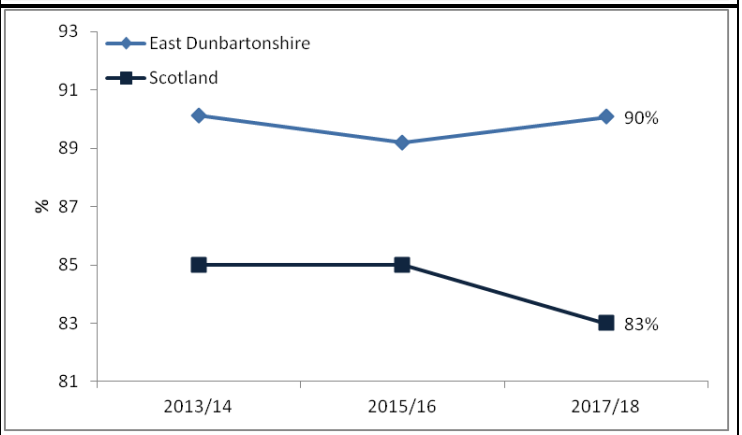
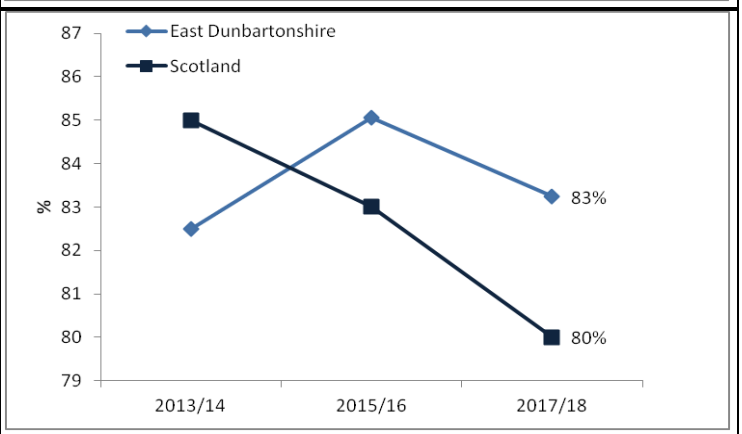
RAG KEY

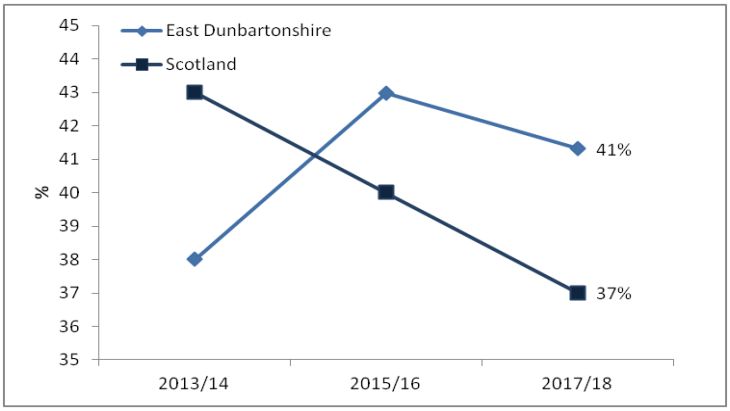
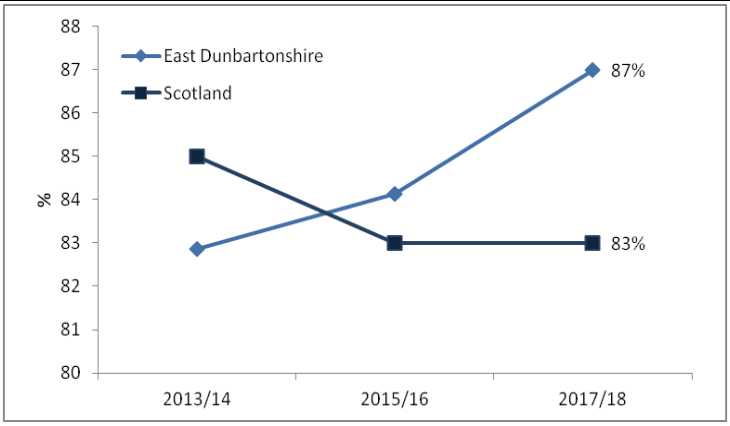
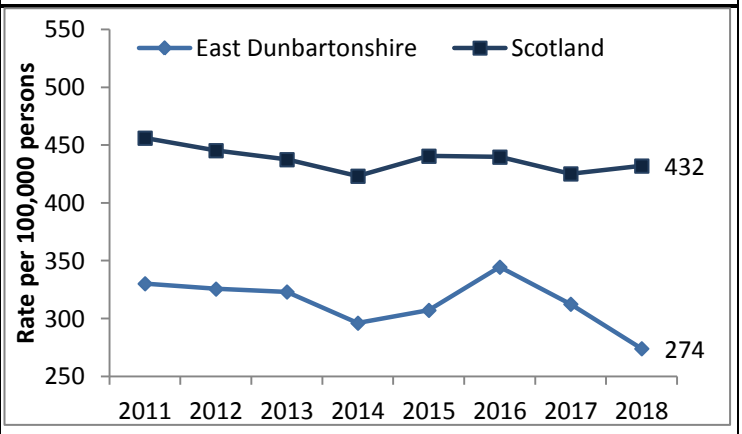
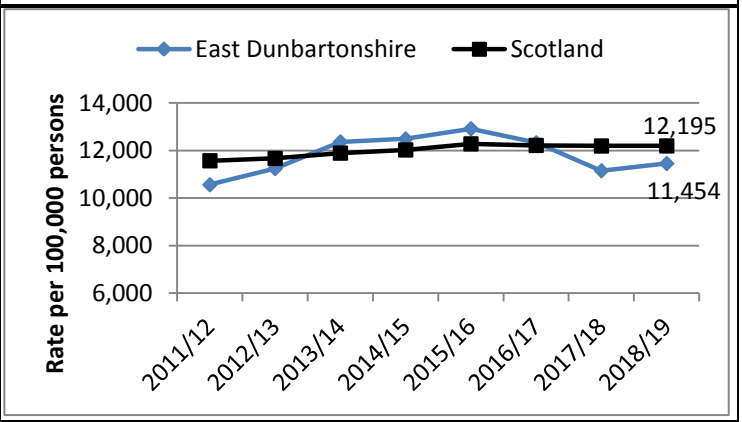
Positive performance improved

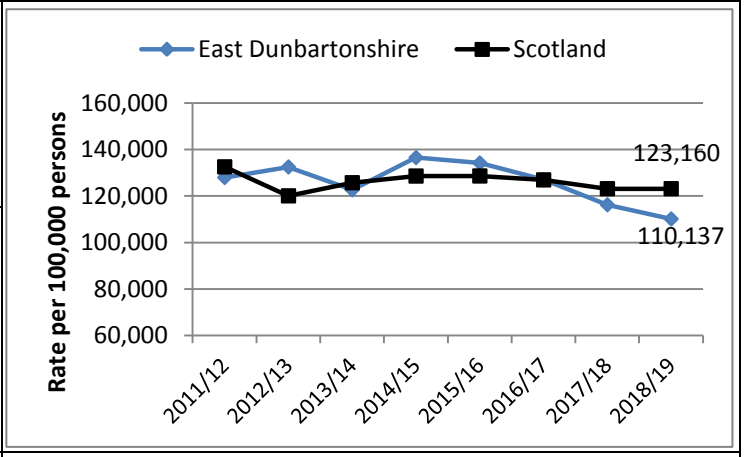
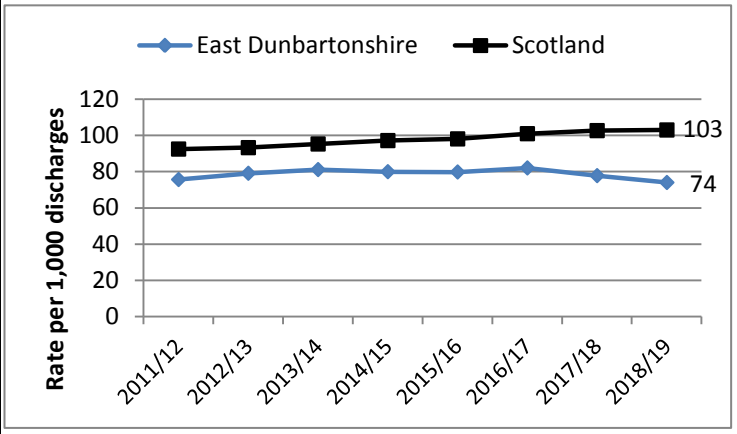
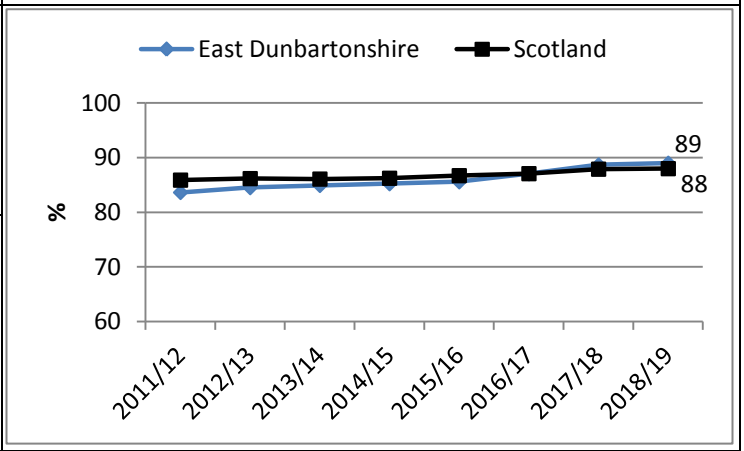
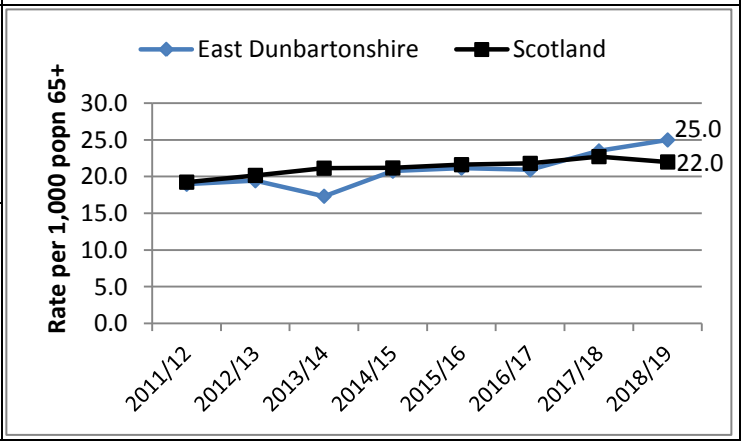
Performance steady (within 2% change). Arrow direction denotes improving/declining performance

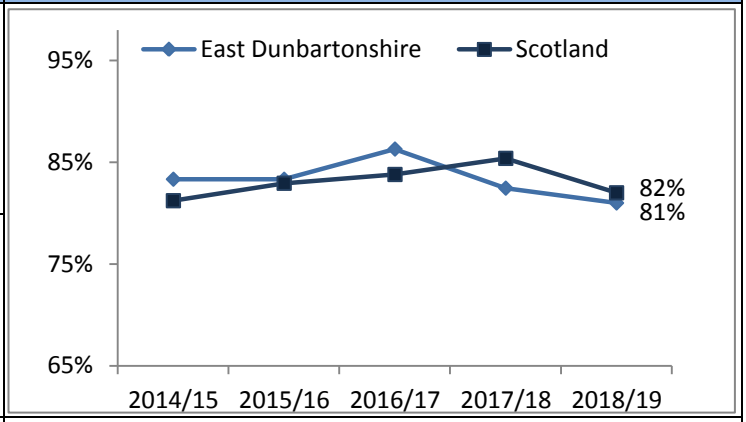
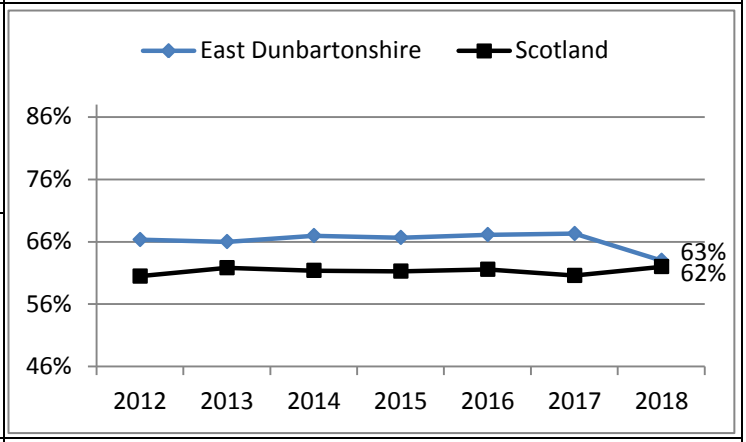
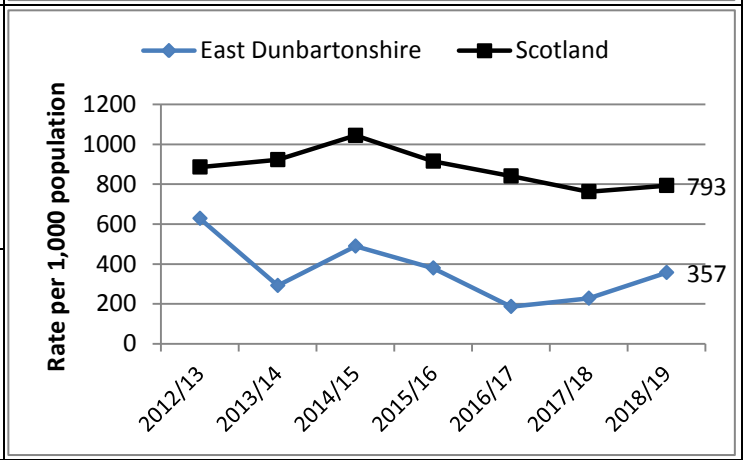
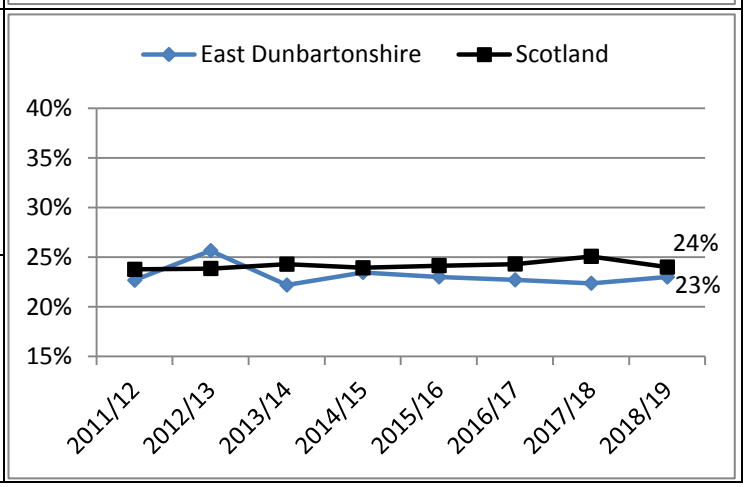
Negative performance

Indicator, Rating and Rank		Performance Trend
1) Percentage of adults able to look after their health very well or quite well (National Outcome 1) (Objective: increase)		
National ranking: 1	Amber	
2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (National Outcome 2) (Objective: increase)		
National ranking: 1	Amber	
3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (National Outcome 2, 3) (Objective: increase)		
National ranking: 1	Amber	

Indicator, Rating and Rank		Performance Trend
4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)		
National ranking: 3	Green	
5) Total percentage of adults receiving any care or support who rated it as excellent or good (National Outcome 3) (Objective: increase)		
National ranking: 6	Amber	
6) Percentage of people with positive experience of the care provided by their GP Practice (National Outcome 3) (Objective: increase)		
National ranking: 2	Amber	
7) Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life (National Outcome 4) (Objective: increase)		
National ranking: 7	Amber	

Indicator, Rating and Rank		Performance Trend
8) Total combined percentage of carers who feel supported to continue in their caring role (National Outcome 6) (Objective: increase)		
National ranking: 3	Amber	
9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7) (Objective: increase)		
National ranking: 4	Green	
10) N/A		
11) Premature mortality rate for people aged under 75yrs per 100,000 persons (National Outcome 1,5) (Objective: decrease)		
National ranking: 1	Green	
12) Emergency admission rate (per 100,000 population) (National Outcome 1,2,4,5) (Objective: decrease)		
National ranking: 17	Amber	

Indicator, Rating and Rank		Performance Trend
13) Emergency bed day rate (per 100,000 population) (National Outcome 2,4,7) (Objective: decrease)		
National ranking: 14	Green	
14) Readmission to hospital within 28 days (per 1,000 population) (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 2	Green	
15) Proportion of last 6 months of life spent at home or in a community setting (National Outcome 2,3,9) (Objective: increase)		
National ranking: 11	Amber	
16) Falls rate per 1,000 population aged 65+ (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 25	Red	

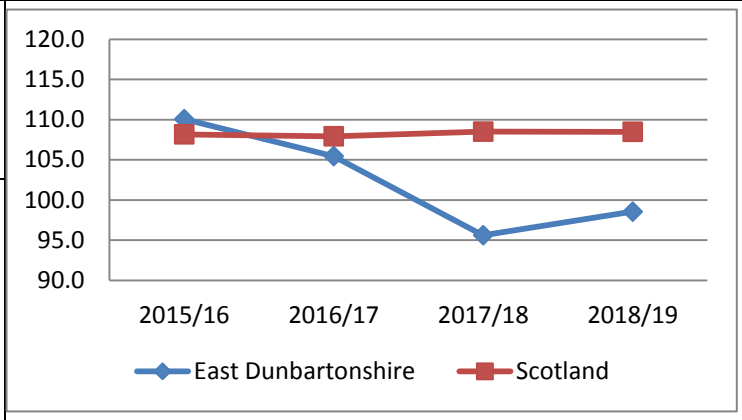
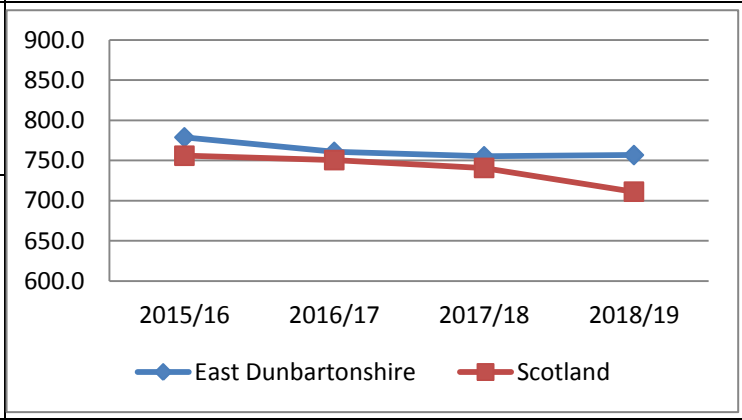
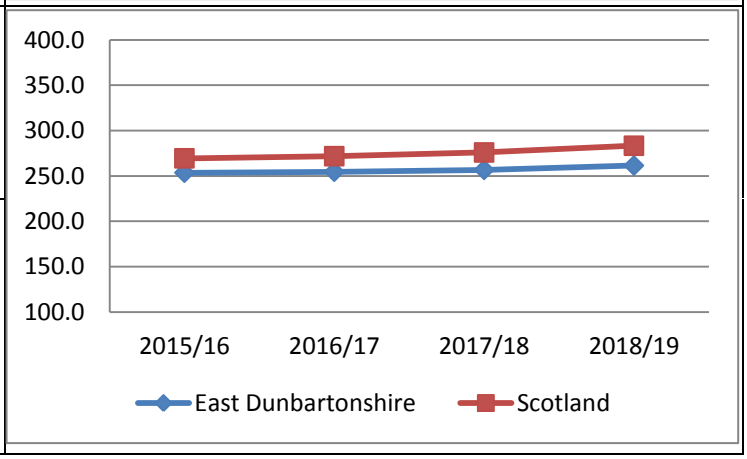
Indicator, Rating and Rank		Performance Trend
17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7) (Objective: increase)		
National ranking: 27	Amber	
18) Percentage of adults with intensive care needs receiving care at home (National Outcome 2) (Objective: increase)		
National ranking: 18	Red	
19) Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) (National Outcome 2,3,4,9) (Objective: decrease)		
National ranking: 7	Red	
20) Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (National Outcome 2,4,7,9) (Objective: decrease)		
National ranking: 14	Green	

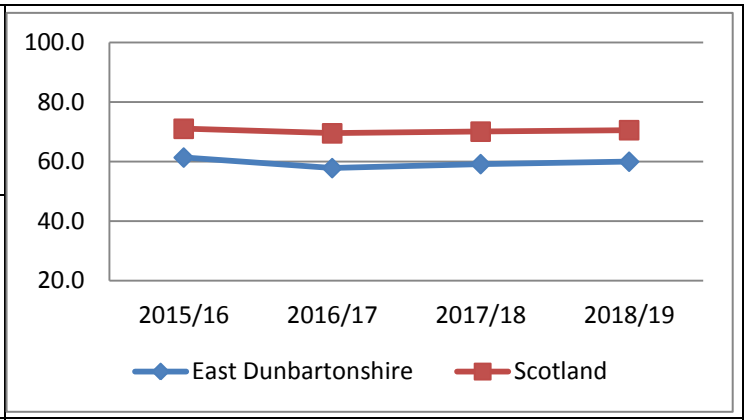
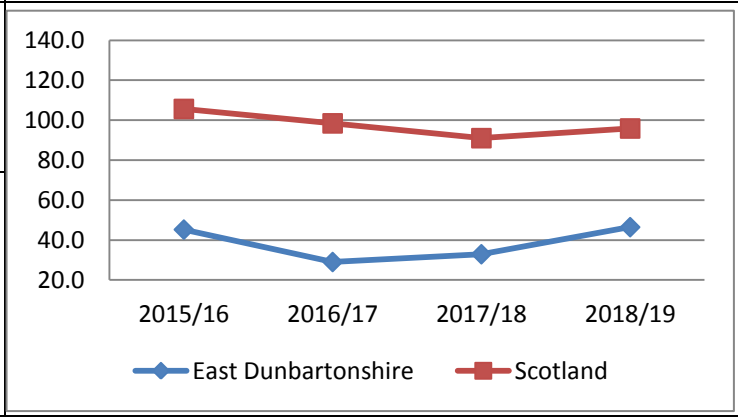
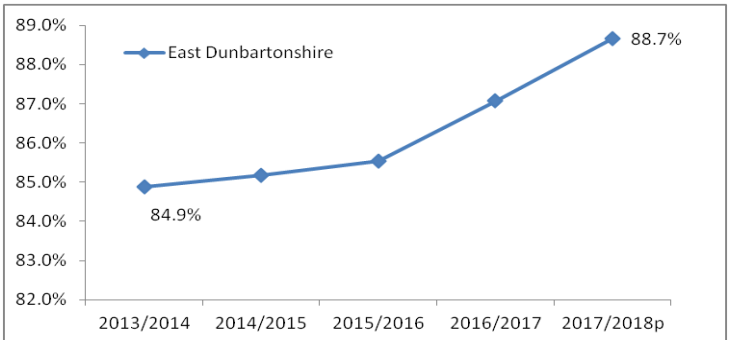
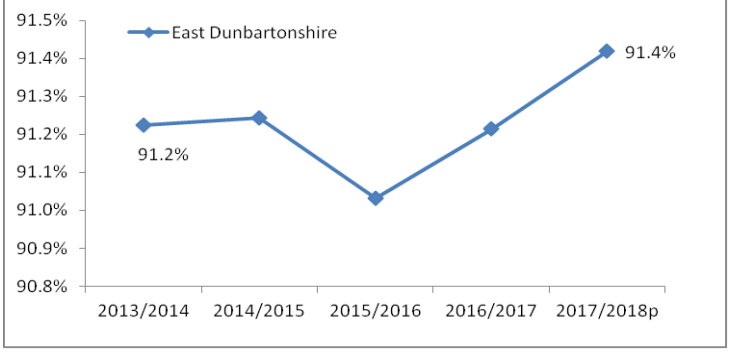
Ministerial Strategic Group – Performance Measures

This section provides the data and RAG status of HSCP's performance against the Scottish Government's Ministerial Strategic Group's performance measures. Performance using the RAG rating is based upon comparison with the previous year. A chart showing comparative performance against the Scottish average is also provided.

RAG KEY

- Positive performance improved
- Performance steady (within 2% change) Arrow direction denotes improving/declining performance
- Negative performance

Indicator	Performance Trend
1. **Unplanned admissions** – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)	
Red	
2. **Unplanned bed days** - rate per 1000 population (National Outcomes 2,4,7) (Objective: decrease)	
Amber	
3. **A&E attendances** - rate per 1000 population (National Outcomes 1,2,9) (Objective: decrease)	
Red	

4. **Admissions from A&E** – rate per 1000 population (National Outcomes 1,2,3,4) (Objective: decrease)	
Amber	
5. **Delayed discharge bed days** - rate per 1000 population (National Outcomes 2,3,4,9) (Objective: decrease)	
Red	
6. **Last 6 months of life spent at home or in a community setting** - rate per 1000 population (National Outcomes 2,3,9) (Objective: increase)	 Scotland data not available.
Amber	
7. **Balance of Care** (% of population in community or institutional settings) - rate per 1000 population (National Outcomes 2,4,9) (Objective: increase)	Scotland data not available. 
Amber	

Detailed data and charts regarding the HSCP performance during 2018/19 can be found in the Quarter Performance Reports published with the HSCP Board papers on our website: https://www.eastdunbarton.gov.uk/health-and-social-care/health-and-social-care-services/east-dunbartonshire-health-and-social-care

Local Performance Indicators and Targets: Statutory Functions and Outcomes

RAG KEY

 On or above target

 Within agreed variance of target

 Below target

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target	88%	64%	75%		Performance under target in quarter 4 due to an unusually high number of referrals and the impact of seasonal holidays. Performance was on target for quarters 1-3.

% of first Child Protection review case conferences taking place within 3 months of registration	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	100%	96%	95%		*On target*

% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	100%	94%	100%		Performance under target in quarter 3 due to pressures in the service. The team achieved 100% of reviews within timescale in quarter 4

% of Adult Protection cases where the required timescales have been met	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	88%	86%	95%		The service did not achieve target for any of the quarterly reporting periods during 2018-19. This is the subject of review and improvement activity.

(Some variances can be due to small number changes)

% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	99.8%	99%	99%		*On target*

% of CJSW Reports submitted to court by due date	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	99%	100%	95%		*On target*

The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	66%	80%	80%		*On target*

Percentage of people 65+ indicating satisfaction with their social interaction opportunities	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	95%	95%	95%		*On target*

Percentage of service users satisfied with their involvement in the design of their care packages	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	98%	98%	95%		*On target*

% of initial Child Protection Case Conferences taking place within 21 days from receipt of referral	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	76%	87%	90%		Below target due to parent not being available so case conference postponed. Improve performance over past 12 months.

% of Social Work Reports Submitted to Child Protection Case Conference	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
	100%	100%	100%		*On target*

(Some variances can be due to small number changes)

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt	99%	97%	100%		Below target due to pressure in Q1, which has since been addressed and reflected in improved performance in Q2-4

	Actual 2017-18	Actual 2018-19	Target 2018-19	Status	Comment
Balance of Care for looked after children: % of children being looked after in the Community	83%	85%	89%		Performance being monitored. Improved over past 12 months

(Some variances can be due to small number changes)

Part 4. Children's Services

The integrated planning of children's services is led overall by the Delivering for Children and Young People's Partnership (DCYPP), which involves all the individuals, agencies and services that work together to improve outcomes for children and young people in East Dunbartonshire. This is part of the work of the Community Planning Partnership (CPP) and is reported through the Council's annual Public Performance Report, as the CPP's lead body. The HSCP is a significant partner in the work of the DCYPP.

In addition to the DCYPP, a number of other planning arrangements are established and operated by (or involving) the HSCP, to support specific statutory duties, including the Child Protection Committee.

The East Dunbartonshire Integrated Children's Services Plan 2017-20 sets out how we will work together to plan, develop and provide services that will:

- best safeguard, support and promote wellbeing;
- make sure that children, young people and families get the right support at the right time;
- take action to prevent and meet need;
- be integrated from the point of view of service users;
- constitute the best use of available resources.

HSCP contributions to the Integrated Children's Services Plan and in pursuit of its own strategic improvement activities in 2018-19 have included:

- ✓ All parents who completed the Triple P Positive Parenting Programme reported that their parenting skills improved resulting in a positive impact on family life and improved confidence;
- ✓ The 27-30 Month Review by Health Visitors assesses eight areas of children's development during the 27-30 month reviews. There was an above target uptake of this initiative in the last reporting year;
- ✓ The Daycare Childminding Service continues to provide valuable, nurture based services to support the most vulnerable children experiencing a crisis in their life, including care experienced children;
- ✓ "Very good" evaluations by the Care Inspectorate were achieved for Ferndale Residential Services, Ferndale Outreach Services, the Community Support Team, Adoption and Fostering Services;
- ✓ Continued successful implementation and delivery of the Multi-agency Child Protection Training Strategy;
- ✓ Increased young person participation in throughcare and aftercare;
- ✓ Tailored and focused summer care plans for small groupings of children;
- ✓ Implementation of the Carer's (Scotland) Act 2016 for Young Carers;
- ✓ Children and Families Health and Social Work Services received an HSCP award for the high quality of Child Protection Services delivered jointly during the adverse weather conditions.

Part 5. Justice Services

Community Justice Scotland (CJS) was launched in 2016 by the Scottish Government supported by a national strategy, national outcomes and a performance and improvement framework. Locally, the East Dunbartonshire Community Justice Partnership (CJP) has a wide representation from the full range of statutory, independent and third sector partners. The CJP goes from strength to strength to deliver innovative approaches to reduce crime and its negative impact to build safer communities. An overarching focus of the CJP is how early intervention and prevention can help to reduce the cycle of re-offending and build safer communities. Justice social work services have contributed significantly to the Community Justice Outcome Improvement Plan 2018-19 along with all key partners in under local outcome 4: "East Dunbartonshire is a safe place in which to live, work and visit".

Justice Social Work

The three national outcomes for justice social work services inform the practices and interventions in East Dunbartonshire. To meet the public's needs for safety, justice and social inclusion all three should be addressed in unison. They also reflect the HSCP Strategic Priorities 1, 2 and 4.

1. Community safety and public protection
2. The reduction of re-offending
3. Social inclusion to support desistance from offending

Some key achievements in Justice in 2018/19:

- ✓ Training of all justice Social Work staff in the community in the latest nationally accredited interventions to target the risk men who perpetrate domestic abuse or sexual harm, to address risk and create safer communities;
- ✓ Unpaid work service delivered a wide range of community projects including: clearing the championships cycling time trial route and creating sensory gardens for children with disabilities. Throughout the year this **totalled 21,669** hours of unpaid work invested in our communities. This equates to the value of around **£154,000** (based on National Living Wage at that time);
- ✓ Designed an in-house trauma training package and trained all justice social workers in prison and community to address risk and promote desistance;
- ✓ Provided **309** criminal justice reports to Court providing sentencing recommendations on public safety and community interventions;
- ✓ Hosted the inaugural Community Justice East Dunbartonshire Conference;
- ✓ Created new third sector working partnerships to improve the range of community alternatives to short term sentences, including a women's service provided by Turning Point Scotland and parent group by Parent Network Scotland to support social inclusion and desistance.
- ✓ Justice Service managed 201 offenders on community payback orders with full assessment of health needs and risks.
- ✓ Justice provided **110 reports** to the Parole Board Scotland to aid the successful reintegration into the community of people with convictions.

Part 6. Locality Planning

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

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

The Locality Groups have brought together a range of stakeholders including GPs, acute clinicians, social workers, carers and service users to facilitate an active role in, and to provide leadership for local planning of service provision.

Locality Planning Groups: Priorities

Each group agreed a number of priorities for 2018-19. Progress in support of these priorities is set out below:

East Locality Priorities	Our Achievements in 2018-19	Status
Cancer screening and support	• Two smear test "amnesties" were organised in Auchinairn for people not attending screening or hard to reach. This resulted in 106 additional people being tested. This is now being rolled out to Lennoxtown Medical Practice which has the lowest upate of screening in East Dunbartonshire. • A social media Facebook page has been established in the locality for cancer awareness. • Awareness raising on prostrate cancer resulted in 29 men being tested. • Awareness sessions on skin care in 14 nurseries. • Targeted cancer screening for adults with learning disabilites has been carried out at several events.	In progress

East Locality Priorities	Our Achievements in 2018-19	Status
Support to people at risk of isolation and loneliness	Wellbeing Workers have been established in 5 practices to help service users navigate and engage with wider services. The evaluation used a standardised tool to positively evidence:- • Increase in self-esteem, confidence, sense of control and empowerment. • Improvements in physical health and a healthier lifestyle • Reduction in social isolation and loneliness • Acquisition of new learning, interests and skills The plan is to roll this service out to all practices.	Good progress
Improving the acute/primary care interface	We continue to a have dialogue with acute colleagues at primary/secondary care interface meetings where developments on the new GP contract are discussed.	In progress

West Locality Priorities	Our Achievements in 2018-19	Status
Dementia support	• Locality-based dementia-friendly services have been mapped out as a baseline exercise; • A range of intergenerational initiatives have been established between schools and care homes; • Dementia training across a range of services; • There are dementia-friendly walking initiatives established in both localities; • The Dementia Cafe is well established; • The Health Improvement Team has delivered training on food fluid and nutrition regularly.	In progress
Informal Day Services	Two Local Area Coordinators are now in post to develop and signpost alternatives to formal day service support.	In progress
Influencing supported housing and care home options	A research project is underway to consider the housing needs of older people and people with disabilities.	In progress

The Localities have now both developed Locality Plans. Progress against these plans will be reported in future Annual Performance Reports.

Part 7. Examples of Good Practice

An important aspect of performance reporting is to highlight examples of the excellent work that is developed and delivered to improve outcomes for people who need support. This section of the report reflects some of this good work, particularly in areas where success has been delivered through the integration of health, social care and wider public services working together.

Hospital Discharge Leaflet

The HSCP Public, Service User and Carer (PSUC) Group undertook a survey to better understand how to improve the hospital discharge experience. This led them to develop a discharge leaflet for patients and carers that covered key issues such as; patient transport, valuables and belongings, medication and any follow up appointments and/or home care requirements, combining as an aid to a more seamless and cohesive discharge.

This initiative had positive impact on the experience and quality of life outcomes for patients on discharge from hospital. It also helped establish a vibrant and constructive engagement role for the PSUC group.

Self Directed Support (SDS) – Homelessness

The HSCP agreed to allocate some funding from the SDS implementation fund to work on a project with the Council's Homelessness Service. £5000 was allocated to support individuals who may be experiencing or who were at risk of homelessness, who would not be eligible for support through the Homeless Team's funding criteria.

Ten individuals were supported through this scheme, which resulted in significantly reduced or entirely avoided homeless, improving outcomes for the individuals as well as substantial financial savings for the Council.

Care Home Support Team (CHST)

A Large Scale Investigation (LSI) of a local Care Home was initiated in August 2018. During the process, a team of health and social care professionals worked together and developed a greater collective understanding of the unmet needs of residents in care homes. The team identified key areas for improvement, an appreciation of each others' roles and the opportunities to work collaborative to support quality improvements for residents within all Care Homes in East Dunbartonshire.

From this learning, a multi-disciplinary Care Home Support Team (CHST) was established to improve the health and social care outcomes for care home residents through collaborative working with a view to:

- reducing unscheduled hospital admissions and length of stay;
- reducing care acquired harm;
- earlier and improved identification of safeguarding concerns.

East Dunbartonshire Alcohol and Drugs Service (EDADS) - Family Inclusive Practice

Surveys with Alcohol and Drugs Service users identified demand for them to have family or significant other(s) involved in their support, at a level right for them.

In response to this, family inclusive practice was thereafter discussed routinely at the ADP treatment and recovery sub group. Improvements were made to practice to reflect this more inclusive approach. Subsequent follow-up surveys reflect that service users and their families are pleased with the more inclusive approach taken. Family inclusive practice makes best use of people's natural support systems to enhance recovery. Carers are offered a carers assessment as part of the initial alcohol and drugs assessment.

Men's Shed - Bearsden

Men's Sheds are community workshops where men can go to work on their own projects, socialise or work together with other men on communal projects.

With the support of the HSCP lead officer, a dilapidated pagoda building within King George V Park in Bearsden was leased and renovated.

The Project was formally opened in May 2019 by Hazel Irvine, TV Presenter, and now has over 60 members.

Already, it has begun to deliver on its objectives:

- Providing an asset to older men at a time when they are experiencing change;
- Offering a vital support mechanism for older men at risk of social isolation or emotional breakdown;
- Contributing to the mental wellbeing of older men through social contact and meaningful activity;
- Providing important access to social support for men experiencing loneliness and isolation or depression following challenging life events.

Autistic Spectrum Disorder – Festival of Celebration

This year's Festival of Celebration took place from 21st March to 23rd March in the run-up to World Autism Awareness Week. This is the second annual festival celebrating the artistic and creative work of people with autism spectrum conditions, learning disability and mental health issues.

The festival began with a powerful performance by the Sounds of the Gallery Band in the Lillie Art Gallery in Milngavie. The Festival was formally opened by David Aitken. The main events of the festival began with a programme of events including a report from a major University of Edinburgh research project called “Music as Social Innovation”, and inputs on good autism practice. The first day concluded with a Samba Drumming workshop.

There was a full day of performances in Kirkintilloch Town Hall on Saturday 23rd March 2019, including performances from the Kelvinbank Drama Group, and performances and workshops from Indepen-Dance, and Creative Spark Theatre Arts. The day concluded with live gigs from Rookie Rockstars, Sounds of the Gallery and the Limelight Band. Throughout the day there were DJ sets from DJ Python and animations by the LAC Digital Skills Group.

Pre 5 Immunisation Programme - Geographical Clinic Model

The Children and Families Team transferred the delivery of the Pre 5 Immunisation programme to a geographical clinic model during 2018-19. The feedback from the new service delivery model has been very positive from both parents and staff. Initial non-attendance rates were high, especially in families with complex needs and a history of non-engagement. The situation was reviewed and the team agreed to receive direct appointment requests from the Health Visitors, for families identified as requiring additional support. The appointments can be arranged at very short notice. Families are informed of the appointment by the Health Visitor, either at a home visit or via a telephone call. This has significantly reduced the non-attendance rates, which is reflected in the most recent immunisation figures of 97% across the HSCP, 3% above national average. This level of flexibility would not have been possible in the previous model of delivery.

Community Justice East Dunbartonshire Annual Conference

The inaugural Community Justice East Dunbartonshire Conference entitled, 'Community Justice through a trauma informed lens' was held on the 15th November 2018. The aim of the conference was to:

Provide a number of high quality presentations reflecting the diversity of community justice that will inspire and connect people throughout the sector with the understanding that everyone has a part to play in community justice within East Dunbartonshire.

This event was attended by 130 colleagues from the Council, HSCP and third sector as well as wider stakeholders who discussed how trauma and adverse childhood experiences affect people and how this can lead to offending and victimisation, which in turn can lead to stigma.

There was a range of keynotes, workshops and research presentations along with networking opportunities. Speakers included Dr Lisa Williams, Clinical Director for East Dunbartonshire HSCP; Karyn McCluskey Chief Executive Community Justice Scotland and Councillor Susan Murray.

Special Care Dentistry Suite

Public Dental Service has been working on the development of a purpose built Special Care Dentistry Suite at Townhead Health Centre. Special Care Dentistry provides oral healthcare for people who are unable to accept routine dental care due to some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these factors.

This addition to our department will allow us to increase the number and complexity of patients we can provide dental care for at this site. We anticipate using this facility to treat a variety of patients including those with severe allergies, cardiac patients and blood disorders that are referred to us from Glasgow Dental Hospital and General Dental Practitioners throughout the whole of NHS Greater Glasgow & Clyde.

In particular, our special care team will be able to facilitate care for patients whose weight exceeds the safe working loads of traditional dental surgery equipment. Staff are currently undertaking specialist training to allow them to undertake dental procedures using the adapted dental unit and the overhead hoist. We expect this facility to ready to receive its first patients in June, 2019.

Part 8. Financial Performance

HSCP BOARD'S FINANCIAL POSITION AT 31 MARCH 2019

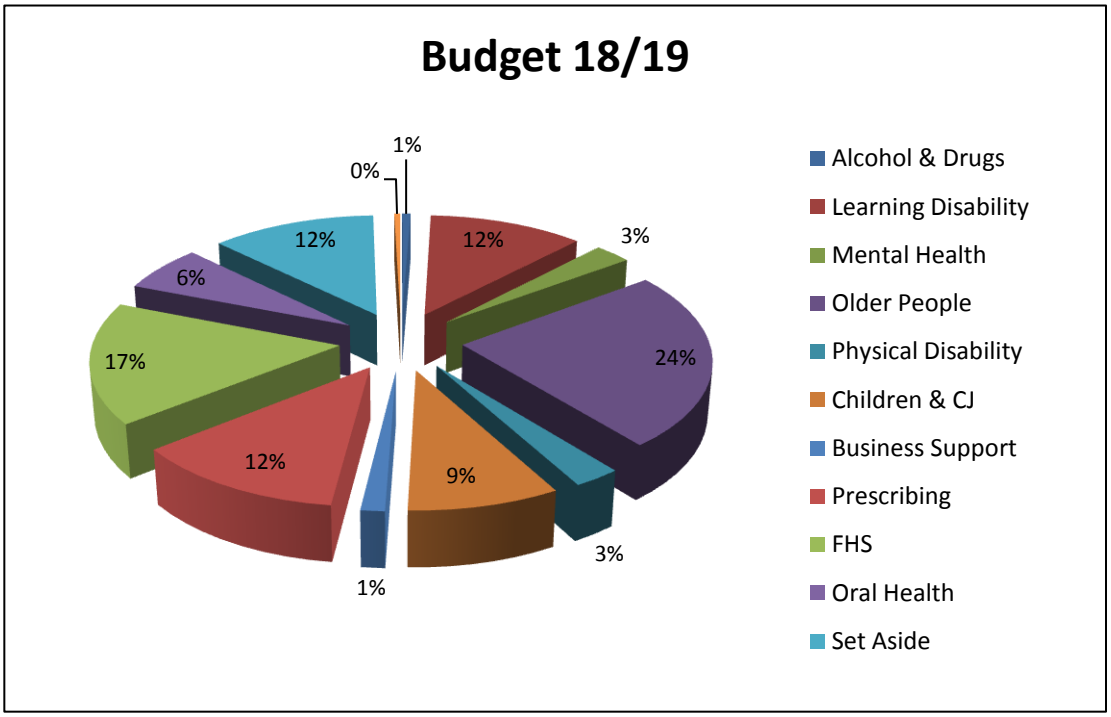
The activities of the Health and Social Care Partnership are funded through an arrangement whereby the Council and Health Board agree their respective contributions and it is for the partnership thereafter to deliver on the priorities set out in the Strategic Plan. The scope of budgets agreed for inclusion within the HSCP for 2018/19 from each of the partnership bodies were:-

HSCP Board Budgets 2018/19 (from the 1st April 2018 to the 31st March 2019)

Functions Delegated by East Dunbartonshire Council	£52.7m
Functions Delegated by NHS GG&C	£84.1m
Set Aside – Share of Prescribed Acute functions	£19.1m
TOTAL	**£155.9m**

This includes an element of funding provided by the Scottish Government to deliver on the key outcomes for the Partnership in the form of delayed discharge (£0.5m), integrated care funding (£0.7m) and Social Care funding (£6.1m).

The budget is split across a range of services and care groups as depicted below:-



HOSTED SERVICES

The Health Budget includes an element relating to Oral Health Services (£9.9m) which is a service hosted by East Dunbartonshire HSCP and delivered across the other five partnership areas within GG&C.

The full extent of this budget is reflected in these accounts as prescribed within the Integration Scheme. There are services hosted within other GG&C partnerships which have similar arrangements and which support the population of East Dunbartonshire such as MSK Physio, Podiatry, and Continence Care etc.

The extent to which these services (incl Oral Health) are consumed by the population of East Dunbartonshire is reflected below:-

2017/18 £000	Service Area	2018/19 £000
356	MSK Physio	518
66	Retinal Screening	62
535	Podiatry	563
317	Primary Care Support	333
342	Continence	357
631	Sexual Health	633
1,135	Mental Health Services	793
831	Oral Health	800
939	Addiction	907
161	Prison Healthcare	155
189	Healthcare in Police Custody	193
2,339	General Psychiatry	2,361
1,927	Old Age Psychiatry	1,389
9,768	**Total Cost of Services consumed within East Dunbartonshire**	**9,064**

SET ASIDE BUDGET

The set aside budget relates to certain prescribed acute services including A&E, General Medicine, Respiratory care, Geriatric long stay etc. where the redesign and development of preventative, community based services may have an impact and reduce the overall unplanned admissions to the acute sector, offering better outcomes for patients and service users.

Work continues to be progressed in relation to the sum set aside for hospital services; however, arrangements under the control of Integration Authorities are not yet operating as required by the legislation and statutory guidance. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and

set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/20. To date work has focused on the collation of data in relation to costs and activity. Moving forward work has now commenced on the development of commissioning plans to support the implementation of set aside arrangements.

An allocation has been determined by NHS GG&C for East Dunbartonshire of £19.1m for 2018/19 in relation to these prescribed acute services.

Locality Budgets

A small budget has been devolved to each locality (£5k each) to start to deliver on local priorities identified through the locality planning groups. A financial framework for each locality is under development which will seek to map the entirety of the partnership budget across each locality.

FINANCIAL PERFORMANCE 2018/19

The partnership's financial performance is presented in the Annual Accounts for 2018/19. This shows a deficit on budget of £1.8m against the partnership funding available for 2018/19. This includes unspent investment (to be carried forward to future years) during the year in relation to Primary Care Improvements, delivery of the Mental Health Strategy, and Alcohol and Drugs monies from the Scottish Government. This masks the full extent of in year pressures. Adjusting this position for in year movements in reserves provides the true extent of these pressures, totalling nearer £3.0m for 2018/19.

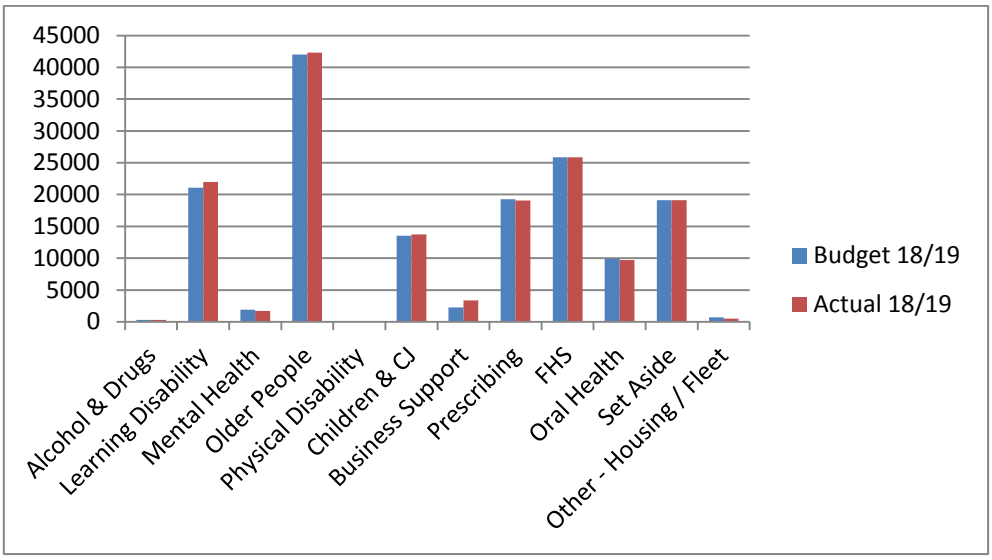
As part of the approval of the 2018/19 Budget in June 2018, there was planned use of partnership reserves of £2.04m in order to set a balanced budget. There have been significant additional pressures, during the year, in the areas of older people, learning disability and delays in delivering planned budget efficiencies which have required the use of further reserves.

The pressures on the partnership budget relate in the main to social work services of £3.5m which were mitigated in part through under spends on community health budgets of £0.5m, however the extent of these pressure were such that partnership general reserves of £3m were applied in total to deliver a balanced budget at the year end.

The HSCP Board approved a financial recovery plan when approving the partnership budget for 2018/19 at its meeting in May 2018 which provided robust vacancy management and budgetary control measures to seek to mitigate the pressures anticipated through the financial year. A review of partnership reserves was undertaken in March 2019, which re-designated elements of ear marked reserves to supplement the general reserves available to the partnership to provide some resilience to address the in year pressures on partnership budgets.

This has had a significant impact on the available reserves of the partnership moving into future years with the retention of a small general reserve of £0.041m and ear marked reserves of £1.85m for specific Scottish Government initiatives and to support transformational activity to deliver sustainable services for the future.

The partnership's financial performance across care groups is represented below:



The main areas of pressure during the year related to:-

- Older People's Services (-£0.3m) – this overspend relates to a combination of adverse payroll variations due to challenging turnover savings, use of overtime and agency staff to cover vacancies within homecare services and the continued use of agency social workers within the hospital assessment team (HAT). The former is offset to some extent through a positive variation in homecare private provision, however is exacerbated by pressure in relation to care home placements which have seen an increase throughout 2018/19. Work is underway to review in house homecare services to ensure a model of service that is sustainable and efficient moving forward and the creation of posts within the HAT to mitigate the need to rely on agency staff.
- Learning Disability Services (-£0.8m) – this overspend in this area relates primarily to the impact of children moving from children's social work services into adult learning disability services, often with complex needs, which require a package of care to support living independently in the community as young adults, or to support families in their ongoing caring role. This is compounded by increasing costs associated with a number of care packages where needs have increased or a breakdown in carer support has required significant care packages to be provided. This has been offset to some extent through vacancies within community health services. Work is underway through a review of learning disability services to ensure sustainability of services moving forward in relation to the provision of local

day care services and residential accommodation which is modern and fit for purpose to support adults with learning disabilities.

- Children's Services (-£0.2m) – this overspend relates to un budgeted costs associated with a number of services to support vulnerable children in relation to a Functional Family Therapy service, Parenting Capacity Assessment service and support to vulnerable families to sustain children safely in the community and avoid them becoming accommodated away from the family home. There was also pressure in relation to an increasing need for residential placements which was offset to some extent through efficiencies in the delivery of fostering services during the year and positive variations on payroll budgets.
- Strategic & Resources (-£1.1m) – this overspend relates to the impact of outstanding social care pressures where the planned use of reserves was approved as part of the budget setting process for 2018/19 (-£2.04m), the impact of the non delivery of savings programmes identified as part of the budget setting process for 2018/19 (-£0.3m) and provision for bad debts relating to the funding of care home placements for individuals who lack capacity and issues arising from the recovery of these monies (-£0.12m). These has been offset to some extent through additional funding identified through the social care fund and the impact of additional Scottish Government funding for Primary Care Improvement, Mental Health Strategy, Alcohol and Drug Partnership funding and Technology Enabled Care (+£1.3m).
- Other Services (+£0.6m) – there have been a number of smaller under spends across the Oral Health Directorate (+£0.2m), Prescribing (+£0.2m) and Private Sector Housing Grants (+£0.2m) which are offsetting partnership pressures. The former two areas have been taken to earmarked reserves to support plans for service redesign during 2019/20 and act as a contingency for anticipated cost and demand pressures on prescribing during 2019/20.

The financial performance for the partnership over the four years since it has been in existence is included in **Annex 3.**

Partnership Reserves

As detailed above, there was additional funding allocated during the year from the Scottish Government to support the development and implementation of a number of key initiatives which have been earmarked within reserves with planned expenditure during 2019/20. In addition there were some under spends in respect of oral health and prescribing which will be taken to earmarked reserves to support service redesign in public dental services and a contingency for cost and demand pressures relating to prescribing. These are set out below:

- Primary Care Improvement Plan £0.632m
- Action 15 Mental Health Strategy £0.121m
- Alcohol and Drugs Partnerships £0.073m

- Technology Enabled Care £0.011m
- Oral Health Directorate £0.2m
- Prescribing Contingency £0.176m
- **TOTAL** **£1.213m**

This will further the Partnership's earmarked reserves for specific initiatives, service re-design and transformation in furtherance of the priorities set out in the Strategic Plan and the need to maximise efficiencies across the partnership and deliver transformational change to manage pressures going forward.

The general reserves position, which has previously provided some resilience for managing in year financial pressures and any slippage in savings targets, has largely been utilised to mitigate pressures on social work services during 2018/19.

The total level of partnership reserves is now £1.89m as set out in the table on page 35.

Financial Planning

The HSCP continues to face significant financial pressures from demographic growth particularly amongst the elderly population placing demand on care at home and residential services, pressures in relation to increasing numbers of children moving on into adult services generating demand, and increased cost pressures across a range of adult social care services. This will be compounded during 2019/20 due to anticipated costs associated with the re-tendering of the Care at Home Framework, increased costs associated with the national care home contract, pressures in the delivery of the Scottish Living wage, continued prescribing demand and cost pressures and extremely challenging savings plans associated with service redesign, income generation, fairer access and eligibility to services.

A number of new Scottish Government initiatives are also expected to place pressures on partnership budgets in relation to anticipated demand from carers in line with their new entitlements with the continued implementation of the Carers Act and the extension in entitlement to free personal care for those aged under 65 years old. Although Scottish Government funding has been provided to offset these impacts it is not known at this time whether the additional pressures can be contained within the funding provided.

Both partner organisations continue to face significant financial challenge and this impacts on the consideration of the financial settlement to the partnership in the delivery of its key strategic priorities and the delivery of the services delegated to it.

The NHS settlement to the HSCP provided an uplift of 2.54%.on pays and general expenditure which provides a real terms increase on 2018/19 baseline funding.

The EDC settlement to the HSCP provided a flat cash position for pays and general expenditure and passed through specific funding from the Scottish Government including

specific provision in relation to funding for health and social care totalling £160m representing an additional £3.1m for the HSCP.

The total the level of savings on Partnership budgets to be delivered is £3.9m for 2019/20 and it is expected that this position will continue for future years given the challenging financial settlements expected to both EDC and NHS GG&C.

The partnership is therefore planning for the period 2018/19 to 2021/22 for a potential funding gap of £11.4m to £18.8m (being best and worst case scenarios) in the context of reducing resources set against increasing cost and demand pressures.

The partnership will focus on a number of areas to meet these financial challenges:-

Efficiency Savings

- Implementing a range of initiatives which will ensure services are delivered in the most efficient manner.

Demand Management

- Implementing a programme focussed on managing demand and eligibility for services which enable demographic pressures to be delivered without increasing capacity.

Transformation and Service Redesign

- Identifying and implementing opportunities to redesign services using alternative models of care in line with the ambitions of the IJB

Shifting the Balance of Care

- Progressing the work around the set aside to address a shift in the balance of care away from hospital based service to services delivered within the community.

Best Value

In terms of best value, it is the duty of the IJB to secure best value as prescribed in Part 1 of the Local Government in Scotland Act 2003. The Scottish Government have developed a best value framework to support public bodies in considering their responsibilities to secure best value, the partnership has assessed itself against this framework and this is set out in **Annex 4.**

Part 9. Inspection and Regulation

1. Joint Strategic Inspection

East Dunbartonshire HSCP was the subject of a joint strategic inspection by the Care Inspectorate and Healthcare Improvement Scotland between November 2018 and February 2019. The purpose of the inspection was to evaluate how well we plan and commission services to achieve better outcomes for people.

The inspection looked not just at the work of the HSCP Board, but at the partnership working across agencies and services in East Dunbartonshire.

The aim was to ensure that we have the building blocks in place to plan, commission and deliver high quality services in a co-ordinated and sustainable way, namely:

- a shared vision
- leadership of strategy and direction
- a culture of collaboration and partnership
- effective governance structures
- a needs analysis on which to plan and jointly commission services
- robust mechanisms to engage with communities
- a plan for effective use of financial resources, and
- a coherent integrated workforce plan which includes a strategy for continuous professional development and shared learning

To do this, the inspection assessed the vision, values and culture across the partnership, including leadership of strategy and direction, the operational and strategic planning arrangements (including progress towards effective joint commissioning), and improvements the partnership is making in both health and social care, in respect of the services that are provided for all adults.

The focus of the inspection is on quality indicators 1, 6 and 9:

1.0 Key performance outcomes

6.0 Strategic planning and commissioning arrangements

9.0 Leadership and direction that promotes partnership

The final report is awaited from the joint inspection team. When this is received, an Action Plan will be put in place to take forward any recommendations.

2. Service Inspections

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

Part 10. Transformational Change

The HSCP Board and Strategic Planning Group are supported by a Transformation Board, which coordinates activity relating to the Transformation Plan, which allows the Strategic Planning Group and the HSCP Board to oversee how well these aspects of the Strategic Plan are being implemented. The Transformation Plan contains improvement initiatives that are:

- Aligned to delivery of financial efficiencies and Best Value;
- Arising from the introduction of new national policy or legislation with cross-cutting implications;
- Associated with public sector reform;

The Transformation Plan is separately reported, but key initiatives successfully delivered through this mechanism during 2018-19 include:

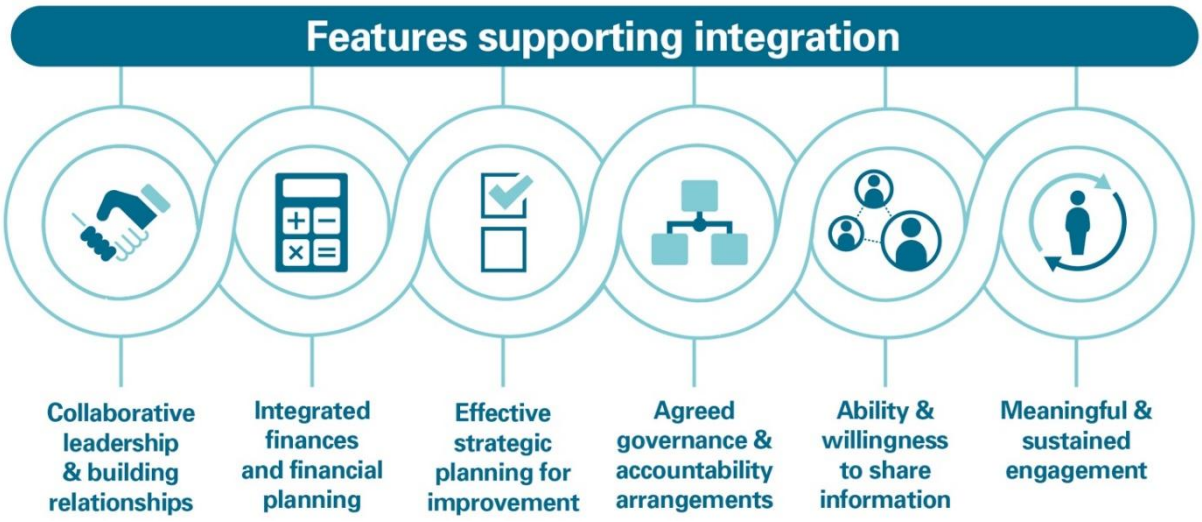
Initiative	Strategic Plan Priority	National Outcome
Implementation of new model of childhood immunisation	1	1, 9
Implementation of the Health Visiting Universal Pathway	1, 5, 8	9
Improved pathways to support individuals, families and communities experiencing alcohol related harm	1, 2, 3, 8	1, 3, 7, 9
Implementation of a new local smoking cessation service	1, 2	1, 5
Developed and approved a Fair Access to Community Care Policy and new Eligibility Criteria for service-users	4, 8	5, 9
Developed a Carers' Strategy and Short Breaks Statement	7	6
Implementation of Home For Me virtual service to support effective, timeous hospital discharge	2, 3, 8	2, 3, 4, 9
Implementation of Caring Together to support Care Home residents	2, 3, 6, 8	2, 3, 9
Appointment of Local Area Coordinators to support community-based alternatives to day-care for older people	1, 2, 8	2, 4, 9
Improved anticipatory care planning arrangements	2, 3, 5, 8	2, 3, 4, 9
Local housing needs research to inform future planning	1, 2, 4, 6	2, 4, 5, 9
Continued local implementation of the new GP contract	3, 5, 8	9
Establishment of GP clusters to enhance primary care collaboration	1, 3, 5, 8	9
Improved community prescribing practices	2, 3, 8	7, 9
Community Justice Outcomes Improvement Plan developed	1, 4	
Improved dental services for priority groups	1, 4, 8	1, 5, 7, 9
HSCP Property & Accommodation Strategy developed	8	8, 9

Part 11. Making Integration Work

Audit Scotland produced a report into the progress of Health and Social Care Partnerships in November 2018. The report demonstrated that good progress is being made in many aspects, but that there is still a significant programme of work ahead:

> *"Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but Integration Authorities are operating in an extremely challenging environment and there is much more to be done."*
>
> *Audit Scotland, Health and Social Care Integration – Update on Progress, November 2018*

The Scottish Government's Strategic Leadership Group has proposed 25 areas for improvement, of which 22 apply to local Partnerships. These areas for improvement are arranged under a framework of six heading, as illustrated below:



A programme of work will be undertaken and reported separately to the HSCP Board on our progress against this improvement framework. A summary of some of the improvements we have made across these themes in 2018-19 is set out on the next page.

Features Supporting Integration: Progress in 2018-19

Collaborative leadership and building relationships
• Collaborative Leadership in Practice (CLiP) being rolled out across the Partnership; • Workforce and Organisational Development Plan developed; • Regular HSCP Board development sessions; • Improved collaborative leadership with constituency bodies; • Improved Third Sector Interface representation at HSCP Board, Strategic Planning Group, Community Planning Partnership, Locality Planning Groups and on Service Planning Groups; • Strong consultative approaches with service and policy reviews; • Better preparatory engagement around efficiencies and financial planning.
Integrated finances and financial planning
• Improved financial planning between HSCP and constituency bodies; • 2019-20 delegated budgets were agreed by end March 2019; • HSCP Board reserves policy in place; • Regular in-year reporting and forecasting provided to the HSCP Board; • Pooled revenue budgeting has permitted flexible use of overall resources;
Effective strategic planning for improvement
• HSCP Strategic Plan 2018-21 published; • New Performance Management & Reporting Policy developed; • Learning Disability and Carers Strategies published; • Improved transformational and service planning arrangements established; • Improved partnership representation across the strategic and service planning arrangements.
Governance and accountability arrangements
• Established and improved reference and consultative arrangements to support the HSCP Board; • Regular development sessions to support the HSCP Board members; • Support to public, service user and carers on maximising and sustaining the representative role; • Revised processes to support Directions to constituent bodies; • Well established Clinical & Care Governance arrangements that span the totality of integrated functions;
Ability and willingness to share information
• Annual Performance Report format developed and extended for 2018-19.
Meaningful and Sustained Engagement
• Improved stakeholder involvement in strategic and service planning; • Strong communication and engagement practice to support strategy and policy development, and service redesign.

ANNEX 1: National Outcomes and Local Priorities

The National Health and Wellbeing Outcomes are high-level statements of what the HSCP aims to achieve through improving quality across integrated health and social care services. The table below cross-references these with HSCP's Strategic Priorities.

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

ANNEX 2: Care Inspectorate Evaluations – Local Services

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

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

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

The functions delegated to the HSCP Board include a statutory obligation to provide or arrange services to meet assessed care needs. The HSCP Board "directs" the Council to provide or arrange these services on its behalf. Some of these services are delivered directly by the Council and others are purchased from the third and independent sectors. It is important that the quality of the services we directly provide and those purchased are both of the highest quality. The Partnership works to improve its own services through direct management and operational oversight. Purchased services are subject to detailed specification and contract monitoring by the Partnership's Commissioning Team. The grades of the services delivered by the Council and those purchased by the Partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire, which covers the last two years:

Care Provider	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	4	4	4
Kelvinbank Day Service	5	5	5	5
Homecare Service	3	Not Applicable	2	2

Care Provider	Care and Support	Environment	Staffing	Management and Leadership
John Street House	5	5	5	5
Meiklehill	5	Not Applicable	5	4
Fostering Service	5	Not applicable	5	4
Ferndale Care Home for Children & Young People	5	5	4	5
Adoption Service	4	Not applicable	5	4
Community Support Team for Children and Families	5	Not applicable	5	6
Ferndale Outreach for Children & Young People	5	Not applicable	4	5
Supported Accommodation				
Cornerstone Community Care	5	Not applicable	5	5
Key Housing Association (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not applicable	4	5
Quarriers (Phase 3)	4	Not applicable	4	5
Quarriers (Phase 2)	4	Not applicable	4	4
Quarriers (Phase 1)	5	Not applicable	4	4
Real Life Options	5	Not applicable	5	5
Living Ambitions (Group registration covers Glasgow North & West Services)	3	Not applicable	3	3

CARE HOME	WELLBEING (previously Care & Support)	LEADERSHIP (previously Management & Leadership)	STAFFING	SETTING (previously Environment)	Care Planning (new Category)
Nursing Care Homes*					
Abbotsford House	4	6	4	6	Not assessed
Milngavie Manor	5	4	4	5	5
Antonine House	4	3	5	5	Not assessed
Birdston Care Home	5	5	5	5	Not assessed
Buchanan House	3	3	3	3	4
Buchanan Lodge	5	5	5	4	Not assessed
Campsie View	1	2	2	3	2
Canniesburn	3	3	3	3	Not assessed
Lillyburn	6	6	5	5	5
Mavisbank	3	3	3	3	3
Mugdock	6	6	Not assessed	Not assessed	Not assessed
Springvale	Not assessed	Not assessed	Not assessed	Not assessed	Not assessed
Westerton	4	4	4	4	4
Whitefield Lodge	3	Not assessed	Not assessed	Not assessed	3

* Revised National Care Standards have introduced new quality themes, beginning with Care Homes

ANNEX 3: Comparative Income & Expenditure 2015/16 - 2018/19

Objective Analysis****	2018/19	2017/18	2016/17**	2015/16*
STRATEGIC / RESOURCES	3,205	3,648		
ADDICTIONS	1,362	1,253		
OLDER PEOPLE	36,746	34,531		
LEARNING DISABILITY	18,559	18,068		
PHYSICAL DISABILITY	4,042	4,003		
MENTAL HEALTH	5,104	5,349		
ADULT SERVICES			55,546	24,064
CHILDREN & FAMILIES	13,514	13,056	6,906	-
CRIMINAL JUSTICE	258	226		
OTHER - NON SW	946	1,198	959	597
COMMUNITY HEALTH SERVICES			9,123	7,222
ORAL HEALTH	9,719	9,632	10,217	5,913
FAMILY HEALTH SERVICES***	25,848	24,724	43,431	25,355
PRESCRIBING	19,072	19,473		
OPERATIONAL COSTS	246	234	201	17
Cost of Services Managed By East Dunbartonshire HSCP	138,619	135,394	126,383	63,168
Set Aside for Delegated Services provided to Acute Services	19,116	17,381	17,381	9,570
Total Cost of Services to East Dunbartonshire HSCP	157,735	152,775	143,764	72,738
NHS Greater Glasgow & Clyde	(103,228)	(99,721)	(96,797)	(48,067)
East Dunbartonshire Council	(52,690)	(51,910)	(50,963)	(26,059)
Taxation & Non Specific grant Income	(155,918)	(151,631)	(147,760)	(74,126)
(Surplus) or deficit on Provision of Services	1,817	1,144	(3,996)	(1,388)
Movement in Reserves	2,193	1,144	(3,843)	(1,388)

** Relates to part year from 3rd September 2015 to the 31st March 2016 for adult social work and community health services only.*

*** Relates to full year for adult social work and community health services and part year for inclusion of childrens social work and criminal justice services from August 2016.*

*** Family health services includes prescribing for the years 2015/16 and 2016/17.

**** Objective analysis reflects care group split from 2017/18 onwards.

ANNEX 4: Achievement of Best Value

Best Value Audit February 2019 – HSCP Evaluation		
1.	Who do you consider to be accountable for securing Best Value in the IJB	• Integration Joint Board • Integration Joint Board Performance, Audit & Risk Committee • HSCP Chief Officer • HSCP Chief Finance & Resources Officer • Senior Management Team • Constituent bodies: support services, assets and staff who are involved in commissioning and procurement.
2	How do you receive assurance that the services supporting the delivery of strategic plans are securing Best Value	• Performance reporting on a quarterly basis to IJB. • Explicit links between financial and service planning through Transformation Board updates. • Annual Performance Report • Audit and Inspection Reports • Integration Joint Board Meetings – consideration of wide range of reports in furtherance of strategic planning priorities. • Transformation Board scrutiny • Finance and Planning Group (across partner organisations) • Performance, Audit & Risk Committee scrutiny • Clinical & Care Governance Group • Strategic Planning Group • Senior Management Team scrutiny (HSCP) • Corporate Management Teams of the Health Board and Council • The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery.
3	Do you consider there to be a sufficient by-in to the IJB's longer term vision from partner officers and members	Yes, the IJB has approved the 3 year Financial Plan aligned to its Strategic Plan which clearly sets out the direction of travel. There are challenges planning for the longer term because of annual budget settlements. The IJB has good joint working arrangements in place and has benefited from ongoing support, particularly in support of service redesign and transformation, from members and officers within our partner organisations over the past 12 months in order to deliver the IJBs longer term vision. Finance and Planning Group with partner organisation involvement to focus on budget performance, financial planning in support of delivery of strategic priorities.

Best Value Audit February 2019 – HSCP Evaluation		
4	How is value for money demonstrated in the decisions made by the IJB	Monthly budget reports at service level IJB development sessions Chief Finance & Resources Officer Budget Monitoring Reports to the IJB Strict compliance with Procurement rules through Parent Organisation processes in support of service commissioning. All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality and diversity and linkage to the IJBs strategic objectives. The IJB engages in healthy debate and discussions around any proposed investment decisions and savings proposals, many of which are supported by additional IJB development sessions. In addition IJB directions to the Health Board and Council require them to deliver our services in line with our strategic priorities and Best Value principles – 'Optimise efficiency, effectiveness and flexibility'.
5	Do you consider here to be a culture of continuous improvement?	The HSCP Clinical & Care Governance Group provides strategic leadership in developing a culture of continuous improvement with representation across all professional disciplines with a focus on improving the quality of services delivered throughout the partnership. There is a range of activity in this area: • A number of HSCP service areas now have service improvement plans in place and a focused approach to quality/continuous improvement (QI). Examples of these improvements are captured and reported through the Clinical & Care Governance Group and reported to the IJB. • The Public Service User and Carers group has been involved developing improvement activity on areas highlighted through engagement events. • In addition, a number of service review and redesign work strands are underway/or planned to maximise effectiveness, resources and improve the patient/service users journey across East Dunbartonshire. • The HSCP Transformation Plan is focussed on proactively developing our health and social care services in line with national direction and statutory requirements; optimising the opportunities joint and integrated working offers; and ensuring any service redesign is informed by a strategic planning and

Best Value Audit February 2019 – HSCP Evaluation		
		commissioning approach (subject to regular IJB reports). • HSCP Organisational Development and Training, Learning and Education resources support services in undertaking improvement activity. • There are opportunities for teams to be involved in Quality Improvement development, which includes ongoing support and coaching for their improvement activity through our organisational development lead.. • Workforce planning and OD/service improvement (SI) activity is planned, monitored and evaluated through our Workforce People and Change leads.
6	Have there been any service reviews undertaken since establishment – have improvements in services and/or reductions in pressures as a result of joint working?	A robust process for progressing service reviews is in place with support from the Council's transformation team. A number of reviews have been undertaken including: • Review of Integrated senior management structures – re focus of capacity within older people and adult services to progress work to deliver on strategic priorities. • Homecare Review - to undertake an objective and focused review of care at home services to identify improvements in service delivery, data gathering and benchmarking to inform analysis, preferred service delivery model and sustainability of service into the longer term. Initial service improvements made to support more effective discharge from and prevention of admission to hospital in line with strategic priorities, move to locality model, informed care at home framework requirements, roll out of CM2000 for externally purchased homecare to ensure best value on investment. • Review of Learning Disability Services - Whole System Review of services to support individuals with a learning disability including daycare provision and supported accommodation. Scoping work completed, data gathering and benchmarking undertaken, development of preferred service delivery model for provision of daycare. Initial improvements in enhanced local daycare provision to negate need for expensive out of authority placements, review of alternative to sleepover arrangements through the use of technology, development of Fair Access to Community Care Policy. • Review of Fostering Placements – review of balance of externally purchased fostering placements resulted in an increase in ED foster carers and efficiencies on budget for this area.

Best Value Audit February 2019 – HSCP Evaluation		

		• System wide review of Smoking Cessation
		• The HSCP is also participating in a number of reviews in collaboration with NHS GGC such as
		  • Unscheduled Care Review
		  • Mental Health Review and 5 year Strategy
		• There are a number of planned service reviews about to commence in relation to Children's Services, Transitions, Disability Services, Integrated Management structures to support service redesign and efficiencies as part of the transformation plan for 2019/20.

7	Have identified improvement actions been prioritised in terms of those likely to have the greatest impact.	The oversight for any improvement activity identified through service review, inspection reports, incident reporting or complaints learning is through the Clinical and Care Governance Group. This is reported through the SMT, the Performance, Audit & Risk Committee and the IJB to ensure priority is afforded to progress areas of high risk with scope for most improvement. The Transformation Board has a role to consider and oversee service redesign and transformation which will deliver service improvement including robust business cases and progress reporting to ensure effective delivery in line with strategic planning priorities and quality care governance and professional standards.
8	What steps are taken to ensure that quality of care and service provided is not compromised as a result of cost saving measures.	All savings proposals are subject to a full assessment which includes: • Alignment to Strategic Plan • Alignment to quality care governance and professional standards including risk assessment by Professional Lead • Equalities impact assessed • Risk assessment by responsible Heads of Service and mitigating actions introduced • Stakeholder engagement as appropriate Where possible, the HSCP look to take evidence based approaches or tests of change to ensure anticipated benefits are realised and there is no compromise to care.
9	Is performance information reported to the board of sufficient detail to enable value of money to be assessed	Regular budget and performance monitoring reports to the IJB give oversight of performance against agreed targets with narrative and improvement actions for areas where performance is off target. These reports are presented quarterly as well as the detailed Annual Performance Report. Financial performance reported every cycle to IJB. Plans to revise format of performance report to include finance narrative to provide linkages of impact of performance on the partnership financial position.

Best Value Audit February 2019 – HSCP Evaluation		
		The Transformation Plan aligns key priorities for service redesign and transformation to the delivery of efficiency savings which are regularly reported through the Financial monitoring reports to the IJB and regular scrutiny of the transformation plan through the Performance, Audit and risk committee.
10	How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable	Workforce and Organisational Development plan linked to strategic plan. Oversight through Staff Partnership Forum and reporting through the IJB. Service review process involves staff partnership representation for consideration of workforce issues. Regular budget and performance monitoring reports to the IJB give oversight of this performance. Financial planning updates to the IJB on budget setting for the partnership highlighting areas for service redesign, impact and key risks. Regular review and update on reserves positions as a means of providing contingency to manage any in year unplanned events. All IJB reports contain a section outlining the financial implications of each paper for consideration.

East Dunbartonshire Health & Social Care Partnership

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本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING IN THE EAST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP JULY 2019- ACTION PLAN AUGUST 2019

The inspection report was published on 30 July 2019 and can be accessed here. The areas for development identified through the inspection process and the actions agreed to address these are set out below.

1. The partnership should improve its approaches to performance measurement and management of: • **national and local datasets** • **teams, services and localities** • **benchmarking** • **qualitative data** • **outcome-focused data.** **It should ensure that it uses relevant information to identify priority areas for self-evaluation and self-assessment, and drive identified improvements.**			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress: Oct 19**
1 a) Implement the Performance Framework approach developed during 2018 – 2019	Initially Caroline Sinclair / Alan Cairns Followed by ownership in each service	End September 2019	**Complete:** • New annual, quarterly and monthly HSCP performance reports now established to support scrutiny, oversight and awareness at all levels; • New Service Performance Review process and schedule established for regular, inclusive and collective SMT oversight of operational services.

1 b) Develop an ISD work plan to support data reporting and analysis *This action is reflected in the HSCP SMT Action Plan at Financial Planning section*	Alan Cairns / Graham McTavish (ISD)	End September 2019	**Slippage – part complete** Outline of workplan established around: • Support with annual, quarterly and monthly performance reports; • Support with Unscheduled Care planning; • Support with demographic, demand and cost analyses and projections; • Ad-hoc support to the SMT in pursuance of strategic priorities. Finalising of workplan interrupted by departure of Senior Analyst in Sept 19, awaiting commencement of replacement. Delay out with scope of local services to control.
1 c) Work with EDC Performance Team via the Operational Reporting Requirements Group to put reporting actions in place to address areas ISD are unable to contribute to *This action is reflected in the HSCP SMT Action Plan at Financial Planning section*	Alan Cairns / Joseph Greatorex	October 2019	**On track:** Significant development work complete and underway: • Establishment of monthly social care performance reports on Pentana to support HSCP overall monthly performance report; • Preparation of new team activity reports that detail referrals allocations, assessments, reviews and closures by month. • Transfer of current manual quarterly HSCP report to Pentana to modernise reporting style, to maximise potential of the Pentana MIS system, to integrate performance reporting across systems and services and to maximise efficiency. • Establishment of regular joint meetings between corporate performance support leads

			across the NHS and Council to promote integrated processes, awareness and communication.
1 d) Develop and implement a Quality Assurance framework for use across the partnership and embed process for quality improvement across partnership team *This action is reflected in the MSG Action Plan at section 4.5*	Val Tierney	14 November 2019 for QA Framework approval. Delivery thereafter as per framework actions.	**On track:** Quality Management Framework developed and presented for approval to HSCP Board on 14 November 2019.
1 e) Work with the EDC Performance Team and Carefirst Team to explore how information in relation to meeting outcomes for individuals can be collated /aggregated and reported to inform service review and planning processes	Alan Cairns / Joseph Greatorex / Linda Topping	End December 2019	**On track:** As part of the implementation of the Fair Access to Community Care (Adults) Policy, existing Support Plan and Review tools are being completely updated. As well as aligning more effectively with the policy framework, these new tools will more effectively set out the relationships between need, risk, eligible support, informal support and personal outcomes. The new tools have been operationally tested and are now proceeding to technical review by the Carefirst Team and EDC Corporate Performance Team during October, to ensure that electronic versions of these tools will permit reporting and aggregating of personal outcome achievement.
1 f) The national Chief Officers Group will work collectively to agree common framework and	Susan Manion	Not yet set – needs to be discussed and	**Awaiting national CO agreement**

benchmarking processes to provide a consistent template for comparison and shared learning *This action is reflected in the MSG Action Plan at section 5.1*		agreed at national COs meeting	
2. The partnership should improve its strategic planning processes showing how: **• SMART principles are met** **• strategic and locality needs information is updated** **• priorities are to be resourced** **• organisational development planning will be taken forward** **• fully costed action plans including plans for investment and disinvestment will be implemented based on identified future needs** **• expected measurable outcomes will be delivered**			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress: Oct 19**
2 a) Review the approach to the structure and contents of HSCP's Strategic Plan with a view to taking a revised approach that addresses the issues highlighted for the next publication	Susan Manion / Caroline Sinclair / Alan Cairns	For 2021 – 2024 plan	**On track** Will follow on from action 1f) above
2 b) The national Strategic Commissioning and Improvement Network will work collectively to review the approach to Strategic Commissioning Plans to identify best practice and learning in relation to the points highlighted for local adoption	Alan Cairns	For 2021 – 2024 plan	**On track** The Scottish Govt is consulting on a new Framework for Health and Social care, which will form the basis of this national work. East Dunbartonshire HSCP has contributed to national workshop development and discussion around these proposals.

2 c) As part of our Quality Improvement Framework establish expectations around formal updating of needs assessments to inform service planning and ensure scrutiny and reporting of same to Clinical and Care Governance Group *This action is a sub set of an action reflected in the MSG Action Plan at section 4.5*	Val Tierney	14 November 2019 for QA Framework approval. Delivery thereafter as per framework actions.	**On track:** Quality Management Framework developed and presented for approval to HSCP Board on 14 November 2019. An action plan is set out in this Framework which will be taken forward across all services.
Additional specific actions in relation to costed investment and disinvestment plans are set out in section 5 below			
3. The partnership should improve its approaches to engagement and involvement with stakeholders in relation to: **• strategic and local planning** **• transformation** **• service redesign** **• commissioning** **• market facilitation.**			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress: Oct 19**
3 a) Develop a refreshed engagement strategy within the HSCP that includes engagement expectations in relation to strategic and local planning, and transformation	Linda Tindall / David Radford	End September 2019	**Complete:** A refreshed strategy has been developed and will be presented to the HSCP Board on 14 November 2019 for consideration/approval

This action is reflected in the MSG Action Plan at section 1.3			
3 b) Contribute to the Council's 10 stage service redesign review process to consider opportunities within process for engagement with service user / carers and care providers *This action is reflected in the MSG Action Plan at section 1.3*	David Radford / Pauline Halligan	End September 2019	**Complete:** Need to consider consultation and engagement with stakeholders as part of the Council's 10 stage review process discussed with Council Executive Officer lead and agreed this is to be considered on a case by case basis per each service review. Agreement achieved to incorporate consultation stages where required. Current review processes evidence of delivery of this action by including consultation and engagement stages. Formal re-writing of procedures to be undertaken aligned to receipt of updated new national guidance in due course.
Actions in relation to commissioning and market facilitation are set out in section 4 below			
4. The partnership should work closely with a full range of stakeholders to develop and implement a commissioning strategy and associated cross-sector market facilitation plans.			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress: Oct 19**
4 a) Finalise the Commissioning Strategy • Liaise with appropriate stakeholders to conclude the strategy • Take the finalised strategy to the HSCP Board meeting in November for approval	Jean Campbell	14 November 2019	**On track:** The Commissioning Strategy is currently being finalised. Following input from key stakeholders the draft Strategy will be submitted to the HSCP Board for approval Nov 19.

This action is reflected in the MSG Action Plan at section 1.3			
4 b) Further develop Provider Forums by ensuring attendance of senior managers to update / engage on key priority areas under development *This action is reflected in the MSG Action Plan at section 1.3*	Gillian Healey / ESMT members	End November 2019	**On track:** Agreement that bi-annual "generic" Provider Forums to be established from the start of 2020. Senior Managers to be involved and engage on key areas including strategic and financial priorities. Client group specific providers forums will continue with senior management input if/where required.
4 c) Use local third sector interface to improve engagement with larger national third sector providers *This action is reflected in the MSG Action Plan at section 1.3*	Gillian Healey	End September 2019	**Slippage:** Meetings planned with local TSI to review and improve engagement with the wider sector. Independent local representative to be included to help inform future engagement activity.
4 d) Engage with IHub and through the provider forum to develop an approach to cross-market facilitation which delivers on the priorities set out in the Commissioning Strategy	Gillian Healey	End December 2019	**On track:** Established links with IHub and the Third and Independent sectors to support development and roll out of the Strategy – via a number of agreed market facilitation workshops – commencing early 2020, aimed at progressing agreed commissioning priorities

5. The partnership should develop and implement a detailed long-term financial plan to ensure a sustainable financial position is achieved by the HSCP board			
Action and Cross Referencing	**Lead**	**Timescale**	**Progress: Oct 19**
5 a) Scope EDC Financial planning assumptions 5 b) Scope NHS GG&C financial planning assumptions 5 c) Scope service delivery activity and financial data to inform planning assumptions 5 d) Produce HSCP Medium Term Financial Plan *These actions are reflected in the MSG Action Plan at section 2.2*	Jean Campbell	End November 2019	**On track:** Substantial preparatory work has been undertaken to analyse current and projected demographic, demand and cost pressures across key service areas, in addition to the potential impacts of efficiencies and transformative service redesign. These analyses provide an evidential framework to support the long-term financial planning exercise.

Agenda Item Number: 10

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14th November 2019
Subject Title	Financial Performance Budget 2019/20 – Month 6
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216. Jean.Campbell2@ggc.scot.nhs.uk

Purpose of Report	To update the Board on the financial performance of the partnership as at month 6 of 2019/20.

Recommendations	The SMT is asked to: a. Note the projected Out turn position is reporting an over spend of £2.5m as at month 6 of 2019/20. b. Note and approve the progression of the additional transformation activity outlined to mitigate the financial position in 2019/20 and in preparation for 2020/21**.(Appendix 1**) c. Note the progress to date on the achievement of the current, approved savings plan for 2019/20 as detailed in (**Appendix 2)**. d. Note the HSCP financial performance as detailed in (**Appendix 3).** e. Approve the use of an element of ear marked reserves to mitigate the year end position as set out in paragraph 1.23. f. Note the risks associated with the delivery of a balanced budget as detailed in 2.0.

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

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	The financial performance to date is showing that the budget is under significant pressure as a result of cost and demand pressures for social work services exceeding the budget provision available. Management actions are in place to mitigate the position there are very limited reserves to cushion the impact of these pressures which will require ongoing discussions with our statutory partners to manage this during 2019/20.

Legal:	None.

Economic Impact:	None

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

Risk Implications:	There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 2.0.

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

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

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

MAIN REPORT

1.1 Summary

The consolidated position for the Health & Social Partnership as at the 30th September 2019 (Month 6) for each care group area is outlined in the table below:-

Care Group	Annual Budget (£000) Total	Projected Variance (£000) Total (Mth 6)	Projected Variance (£000) Total (Mth 3)	Movement
Mental Health, Learning Disability, Addictions & Health Improvement	24,229	(168)	(617)	449
Community Health & Care Services	41,076	(3,139)	(3,097)	(42)
Children & Criminal Justice Services	14,740	133	4	129
Business Support	4,787	234	68	166
FHS - Prescribing	19,658	0		0
FHS - GMS	13,171	0		0
FHS - Other	12,858	0		0
Oral Health - hosted	10,138	0	0	0
Set Aside	19,602	0		0
TOTAL Per Care Group	**160,258**	**(2,940)**	**(3,642)**	**702**
Application of Ear-marked Reserves		346		346
Additional Transformation		57		57
Projected Year End Variance	**160,258**	**(2,538)**	**(3,642)**	**1,105**

1.2 The current position indicates a projected year end adverse variance on directly managed partnership budgets of £2.5m at this point in the financial year (an improvement of £1.1m on that reported at month 3). This relates to ongoing demand and cost pressures exceeding the available budget for 2019/20, particularly in the area of older people's social care. There has been a review of partnership earmarked reserves and ongoing work to identify further recovery measures and additional transformation activity which will provide further resilience in year and this has been factored into the updated position.

1.3 There is still potential for movement in this position during the remainder of the financial year given the volatility of social work and prescribing budgets.

1.4 The projected variance at this stage relates to a combination of factors for the HSCP relating to:-

- assumptions on the performance of payroll budgets particularly in relation to homecare (overtime, turnover), learning disability and mental health. In addition there are increasing activity levels placing demand pressures on older people care homes, homecare, supported living and daycare (alternatives) budgets (£1m),
- cost increases in relation to the care at home framework and national care home contracts (£1m), and
- the impact of the non delivery of aspects of transformation activity to the extent identified and agreed by the HSCP Board in March 2019 (£1.5m).
- Capacity across community health budgets in relation to the improved settlement from the NHS, additional continuing care monies and some surplus from mainlining spend on initiatives funded through delayed discharge and Integrated Care funding (£0.5m).
- Additional capacity from the review of earmarked reserves and additional transformation activity (£0.4m).

1.5 The pressures at this stage relate to social work activity and this is being offset by some capacity within community health budgets, planned use of reserves and transformation activity:-

	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Projected Variance
Social Work	55,071	25,793	25,311	482	(3,495)
NHS Community	75,448	36,274	36,380	(106)	555
Total Partnership	130,519	62,067	61,691	376	(2,940)
Oral Health (hosted)	10,138	4,701	4,595	106	0
Set Aside (SA)	19,602	9,801	9,801	0	0
Total (incl: hosted + SA)	160,258	76,569	76,087	482	(2,940)
Application of Ear-marked Reserves					346
Additional Transformation					57
Projected Year End Variance					**(2,538)**

1.6 The year to date position is showing a positive variance on budget of £0.5m which relates primarily to the phasing of social work budgets and the impact of vacancies on payroll budgets across the partnership.

1.7 Recovery Plan

Given the projected position for the partnership, a recovery plan was approved at the IJB meeting on the 5th September 2019 in order to put in place measures to mitigate the anticipated financial challenges. An update on the work done to date and the financial impact of the recovery plan is set out below:-

	NHS	Social Work	Total
Vacancy Managment	300,000	734,000	1,034,000
Care Home Placements		358,000	358,000
Application of Reserves:			
Prescribing	146,000		146,000
OHD	200,000		200,000
PCIP	50,000		50,000
New Initiatives / Transformation	tbc	56,500	56,500
TOTAL	696,000	1,148,500	1,844,500
Cost Avoidance			
- Implementation of Fairer Access Policy		17,500	17,500
- Enhanced In house day care service		318,000	318,000
		335,500	335,500

1.8 This shows that through robust vacancy management and management of care home placements (a planned reduction of 10 placements each month) that the partnership expects to achieve in the region of £1.4m over the year which will mitigate the financial position and avoid further pressure on care home placements. This has been reflected in the projected partnership position and will continue to be monitored in terms of ongoing demand and impact on other service areas such as care at home which may be used as an alternative to residential care.

1.9 In addition there has been a review of HSCP ear marked reserves, which if applied, provides a further £396k towards the financial challenge (£50k in relation to PCIP already applied to mainline spending) and identification of additional transformation initiatives, of which £56.5k will be delivered in year with further work underway to scope any further savings which can be achieved within 2019/20. A breakdown of the additional transformation work is attached as **Appendix 1.**

1.10 As part of the current programme of transformation, an assessment has been undertaken of the impact of implementing new policies and practices across the HSCP which indicates that there has been £335k of costs avoided through the implementation of the Fairer Access policy and an enhanced in house daycare service.

1.11 The programme of service redesign and transformation was agreed as part of the budget setting process for 2019/20 and includes a range of priorities in support of delivery of the strategic plan as well as efficiencies in service delivery models, income generation options and review of access and eligibility to social work services. The progress on the delivery of these savings programmes is showing a shortfall of £1.5m on planned delivery. This is reflected within the above projection within the service areas to which this activity applies and is summarised within the breakdown included as **Appendix 2**.

1.12 The increasing demand and cost pressures for health and social care services are expected to continue over the medium to long term and the HSCP is embarking on a programme of fundamental change to the way these services are delivered into the future which provides sustainability going forward and delivers services within the financial framework available.

1.13 Adult Services

The projected outturn for adult services is that of **an overspend of £168k.** This represents an improved position of £449k since the position reported at period 3 and relates to a downturn in the commitments for residential, daycare and supported living activity for mental health and learning disabilities and robust vacancy management having a positive impact on payroll variances.

There continues to be some payroll variances (-£212k) in respect of ongoing recruitment issues with mental health officers requiring the use of agency staff to meet our statutory duties, Pineview payroll costs as a consequence of bringing this service in house and a potential shortfall on the delivery of savings relating to delays in creating review capacity to progress the Fairer Access policy (-£100k). However this is offset by a downturn in residential, daycare and supported living activity for mental health and learning disabilities (+£119k) and additional income included for therapeutic supports (+£25k).

1.14 Older People & Physical Disability Services

The projected outturn for older people services is that of **an overspend of £3.1m**. This represents no overall movement since the position reported at period 3 but reflects a worsening picture relating to increasing demands for older people's care at home services and the impact

of a further delay in implementing the new service model for homecare, offset by some capacity across community health services.

This projected overspend relates to:-

- pressures expected on the payroll budget relaying to overtime and challenging turnover savings within homecare to meet demand increases for care at home support -(£0.6m);
- pressure in relation to demand levels for care home placements and cost increases associated with the national care home contract beyond the levels built into the budget (-£1.0m);
- increased demand for care at home services met through external homecare provision and cost increases associated with the re-tendering of the care at home framework beyond the levels built into the budget for 19/20, (-£0.9m);
- increased demand for daycare (alternatives) and supported living (-£0.3m), and
- a shortfall on the delivery of the savings target for the review of homecare services, now projected at (-£0.7m).
- this is offset by positive variation within community health budgets relating to additional income for continuing care and mainlining of projects in respect of integrated care funding and delayed discharge (+£0.4m)

1.15 Children & Families Services

The projected outturn for Children services is that of **an under spend of £133k.** This represents an improved position of £129k since the position reported at period 3 relating to robust vacancy management (+£119k) and additional income anticipated in relation to Lowmoss Prison (+£23k). There continues to be pressure in relation to fostering and kinship payments, however this is offset by a reduction in activity across care at home, adoption and support to access day supports.

Given the ring fenced nature of criminal justice budgets, these are expected to breakeven at the year end.

1.16 Business Support

The projected outturn for business support is that of **an under spend of £234k**. This represents an improved position of £166k since the position reported at period 3 relating to the impact of the improved health offer being reflected as a positive variation at year end. This is in addition to the income expected in respect of veterans funding now reflected and anticipated income to deliver on free personal care for those aged under 65 which will address some the pressures above.

1.17 Family Health Service (FHS)

There are no projected year end variations at this stage. The actual projected expenditure relating to GMS and Other are expected to match budget throughout the year.

GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means expenditure is only available for April – July (4 months). It is early in the financial year for any trend analysis to inform year end projections, however at this stage it is anticipated that the additional funding allocated to prescribing through the budget process for 19/20 of £744k along with expected rebates in year will be sufficient to meet the current known demand and cost pressures. This will be closely monitored throughout the year as more data emerges and the potential impact from Brexit assessed.

There are a number of points to note in respect of prescribing, namely:-

- The cost per item is below that projected within the budget, albeit a number of drugs remain on short supply and having an adverse impact on budget performance
- The overall performance on prescribing is being driven largely by volumes with a decline forecast for July (based on previous years experience) where in fact an increase in volumes was seen across GG&C. For East Dunbartonshire we experienced a spike in June with a slight decline in July.
- List sizes for East Dunbartonshire have seen an increase of 1.06% since the same period last year (Apr – July).
- There are anticipated savings from discounts (patented drugs) and discount clawback (generic drugs) in 2019/20 having a positive impact on this budget.

1.18 Oral Health

There are no projected year end variations at this stage. If the current payroll variances continue then it is expected that there will be some capacity at the year end to mitigate in year pressures, this has yet to be fully quantified and will be reported in the next cycle. An assessment of the impact of the reduction to the bundled funding of £133k for Oral health has been concluded and this will be fully reflected within month 7. This is funding to provide delivery of Childsmile, Improvement programmes for our priority groups, clinical waste uplift in GDS and out of hours service provision for GDS and a number of options are being explored..

1.19 Set Aside

There are no projected year end variations as at present this remains a notional budget and a neutral position is reported.

1.20 **Appendix 3** provides a detailed breakdown of the partnership budget performance for the year to the 30th September 2019.

1.21 **Appendix 4** provides a detailed breakdown of the partnership NHS budget performance for the year to the 30th September 2019.

1.22 **Appendix 5** provides a detailed breakdown of the partnership Social Work budget performance for the year to the 30th September 2019.

1.23 **HSCP Reserves**

Partnership reserves as at the 31st March 2019 total £1.894m (£1.853m earmarked reserves and £0.041m general (contingency) reserves). There has been a review of earmarked reserves and it has been identified that the elements relating to prescribing and oral health will not be required in year and can be utilised to mitigate the in year position. An element of the prescribing reserve has been used to meet year end costs associated with the final position for prescribing leaving a balance of £146k and £200k in relation to Oral Health provide £346k to offset the partnership financial position.

1.24 The reserves position is set out in the table below:-

2017/18					2018/19		
Balance at 1 April 2017	Transfers Out 2017/18	Transfers In 2017/18	Balance at 31 March 2018		Transfers Out 2018/19	Transfers In 2018/19	Balance at 31 March 2019
£000	£000	£000	£000		£000	£000	£000
(106)	4		(102)	Scottish Govt. Funding - SDS	24		(78)
(36)			(36)	Mental Health project	36		-
(29)	29		-	Delayed Discharge – HAT Funding			-
(1,704)	73	(34)	(1,665)	Social Care Fund	1,665		-
(11)	5		(6)	Keys to Life Funding	6		-
(19)	19		-	Autism Funding			-
(5)	5		-	Police Scotland – CPC Funding			-
(523)			(523)	SG - Integrated Care / Delayed Discharge Funding			(523)
-		(198)	(198)	SG - Primary Care Cluster funding	159		(39)
(138)		(462)	(600)	Oral Health Funding	600	(200)	(200)
				SG - Primary Care Improvement		(632)	(632)
				SG – Action 15 Mental Health		(121)	(121)
				SG – Alcohol & Drugs Partnership		(73)	(73)
				SG – Technology Enabled Care		(11)	(11)
				Prescribing		(176)	(176)
(2,571)	135	(694)	(3,130)	Total Earmarked	2,490	(1,213)	(1,853)
(2,660)	1,955	(252)	(957)	Contingency	3,513	(2,597)	(41)
(5,231)	**2,090**	**(946)**	**(4,087)**	**General Fund**	**6,003**	**(3,810)**	**(1,894)**

2.0 Financial Risks

The most significant risks that will require to be managed during 2019/20 are:

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. This represent the largest budget for the partnership and the previous risk sharing arrangement in place across GG&C ceased from the 1st April 2018. The pressures in relation to the increased costs associated with the short supply of certain drugs and demand increases have presented a significant risk to this budget in previous years.
- Achievement of Savings Targets – there are challenging savings targets to deliver efficiency and transformational change to achieve a balanced budget position for 2019/20. There are significant dependencies and complexities to be considered in order to effectively deliver on these.
- General Reserves – the lack of general reserves held by the partnership will provide limited ability to manage any in year financial pressures or smooth the impact of savings plans where there are unexpected delays in implementation. This will place a reliance on the constituent bodies to provide additional resource where management actions have been exhausted.
- Demographic Pressures - Increasing numbers of older people is placing additional demand on a range of services including Care homes and Home Care. In addition, achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- Contractual Price increases – assumptions were built into the budget for contractual price increases, however these increases are subject to procurement processes and negotiation through COSLA for the care at home framework and the national care home contract respectively. The former has yet to be concluded and may present further increases, which given the scale of the budget involved could be significant.

- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial costs directed to partnerships in delivery of the board wide financial improvement plan.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on kinship payments, external fostering placements and residential placements which will increase the risk of overspend which will impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which will have recurring cost implications.
- The continued implementation of the Carers Act could result in significant increase in demand from carers for services to enable them to continue in their caring role.
- The implementation of Free Personal Care to those aged under 65 years of age (Frank's Law) could result in additional demand pressures beyond the allocation from the Scottish Government to deliver on this priority. This will be monitored throughout the course of the year for impact.
- Independent / Private Providers – the sustainability of independent and private providers to effectively support the provision of a range of social care services presents risks to the delivery of services for the partnership. There are a range of contracts that are due for renewal over the short term where there is an expectation of increases in the rates paid for services to align with neighbouring local authority areas.

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ED HSCP Financial Planning 2020/21
Efficiencies 2020/21

APPENDIX 1

Business Plan Ref	Action / Status	Item	2019/20 Saving Identified £(k)	2020/21 Saving Identified £(k)	Responsible Officer	Carry forward from last financial year
						New Initaives
20_21	Service Review	Review of management & leadership arrangements	0.0	tbc	Derrick / Caroline	Incorporates integrated structure review, implementation of single point of access,disabilities review and locality working - 20/21
20_21	Mgt Action	Re-invigorate On line Asset Map	0.0	tbc	Caroline	GGC Action 15 - 20/21
20_21	Mgt Action	Ensure full implementation of all existing charging policies	6.5	26.0	Jean	Assumes £50 per week for an additional 10 individuals
20_21	Mgt Action	Tighter integrated control of equipment ordering	tbc	tbc	Derrick	Review across social work and community health ordering, stargae requirements to be considered
20_21	Mgt Action	Double funding daycare for those in supported accomodation	tbc	tbc	Caroline	Currently under scope
20_21	Mgt Action	Review of cost ceiling for care at home	50.0	tbc	Derrick	Currently applied to new service users, consider application to current service users - 20/21
20_21	Mgt Action	Stricter management of the nursing rate	0.0	tbc	Derrick	Cost avoidance - scope potential to commission 20 residential beds - 20/21
20_21	Mgt Action	Robust prescribing management	tbc	tbc	Derrick	Consider impact of brexit
20_21	Mgt Action	Improve fleet management / booking system for pool cars	tbc	tbc	Derrick	Potential saving on mileage
20_21	Mgt Action	Re-structure of Adult OT service	0.0	tbc	Caroline	Service Redesign required - 20/21
20_21	Mgt Action	Re-provisioning Waterloo / pineview	0.0	tbc	Caroline	Refurbishment work required to progress re -provisioning - 20/21
20_21	Mgt Action	Review of Canal Project - options appraisal	0.0	276.0	Claire	Service review underway to look at ongoing requirements for social work - 20/21
	Mgt Action	Review approach to assessment, support planning & review	0.0	tbc	Derrick / Caroline	Re-training staff on approach for undertaking assessment - 20/21
	Mgt Action	Maximise alternatives to accommodation for LAAC	0.0	tbc	Claire	Ongoing - investment required to pump prime - 20/21
20_21	Mgt Action	Review of staffing levels within registered services	0.0	tbc	All	Already factored in through vacancies
Total - New Transformation Activity			**56.5**	**302.0**		

ED HSCP Financial Planning 2019/20
Efficiencies 2019/20

APPENDIX 2

Business Plan Ref	Action / Status	Item	2019/20 Saving Identified £(k)	Responsible Officer	2019/20 Saving Expected Sept 2019 £(k)	2019/20 Shortfall	Reason for Shortfall
19_20 BP5	Business Case	CM2000 External Inv	300.0	Derrick/Stephen	-	300.0	Timing - linkages to re tendering of the care at home framework - expected July 2020.
19_20 BP11	Business Case	Day Care /Transport Charging	65.0	Jean	43.3	21.7	Timing - delays in progressing in year due to further benchmarking work, engagement with key stakeholders.
19_20 BP12	Business Case	Transport Policy	52.5	Claire/David	52.5		
19_20 BP20	Business Case	Review of Out of School provision for children with disabilities	0.0	Claire	-		
19_20 BP22	Business Case	3rd Sector Grants	185.0	Jean	185.0		
19_20 BP25	Business Case	Charging Policies	38.0	Jean	38.0		
19_20 BP1	Mgt Action	Sleepovers	50.0	Caroline/David	68.5	(18.5)	Over delivered
19_20 BP4	Mgt Action	LD In house Enhanced Day Care	100.0	Caroline/ Alan C	100.0		
19_20 BP7	Mgt Action	Review of Fostering	60.0	Claire	-	60.0	Reviewed and not achievable
19_20 BP9	Mgt Action	Smart Flat /TEC	15.0	Derrick/Stephen	10.0	5.0	Timing - other options emerging to be scoped in year
19_20 BP10	Mgt Action	Review of Day Care East	150.0	Derrick/Stephen	54.0	96.0	Timing - Double running costs in yr 1 linked to transition of placements to new provider.
19_20 BP13	Mgt Action	Fair Access to CC	100.0	Caroline/Alan C	100.0		
19_20 BP14	Mgt Action	Review of Respite	10.0	Derrick/Stephen	10.0		
19_20 BP15	Mgt Action	Blue Badges In House	36.0	Derrick	5.0	31.0	Reviewed and not achievable
19_20 BP17	Mgt Action	MHO Agency Spend	0.0	Caroline	-		
19_20 BP18	Mgt Action	HAT / Community Care Agency Spend	0.0	Derrick	-		
19_20 BP19	Mgt Action	West Day Care Rationalisation	26.0	Derrick	-	26.0	Reviewed and not achievable under current scope - to be revised and considered for 2020.
19_20 BP21	Mgt Action	Maximising Use of Equipment	0.0	Derrick	-		
19_20 BP23	Mgt Action	Ordinary Residence MH	100.0	Caroline	50.0	50.0	Timing - dependancy on legal advice
19_20 BP24	Mgt Action	Ordinary Residence OP	0.0	Derrick	-		
19_20 BP26	Mgt Action	Care Home Placements	300.0	Derrick	300.0		Reviewed and considerable risk in context of current demand pressures - monitoring ongoing
19_20 BP28	Mgt Action	Review of All LAAC Residential Placements	150.0	Claire	208.0	(58.0)	Over delivered
19_20 BP29	Mgt Action	ASP Training	0.0	Caroline	-		
19_20 BP31	Mgt Action	Allotments	88.5	Caroline	68.0	20.5	Timing - enagement with care provider and service users
	Mgt Action	OT Post Rehab Team / vacancy mgt	30.0	Derrick	-	30.0	Reviewed and not achievable within current scope - to be revised and considered for 2020
	Mgt Action	Review of LD RAM	50.0	Caroline	50.0		
	Mgt Action	MH / Addictions health commissioning	30.0	Caroline	-	30.0	Timing - dependant on outcome of needs assessment currently underway.
	Mgt Action	Vacancy Resourcing	400.0	Jean	400.0		
	Mgt Action	Continuing Care (one off)	260.0	Derrick	260.0		
	Mgt Action	Mainline ICF	100.0	Derrick	100.0		
19_20 BP2	Service Review	Disabilities Function (Transitions)	80.0	Claire /Caroline	-	80.0	Timing - awaiting outcome of Transitions Review
19_20 BP3	Service Review	Review of Transitions	0.0	Claire			
19_20 BP6	Service Review	Homecare Review	825.0	Derrick/Stephen	150.0	675.0	Reviewed and outcome did not match intial assumptions driving financial target.
19_20 BP8	Service review	Review of Children & Families Staffing Structure	150.0	Claire	-	150.0	Timing - delay in progressing review
19_20 BP27	Service Review	Integrated Structure Review	0.0	Susan			
		TOTAL £k	**3751.0**		**2,252.3**	**1,498.7**	

East Dunbartonshire HSCP
Budget Performance 2019/20
Month 6

Care Group	Annual Budget (£000) Total	Projected Variance (£000) Total (Mth 6)	Projected Variance (£000) Total (Mth 3)	Movement	Comment
Mental Health, Learning Disability, Addictions & Health Improvement	24,229	(168)	(617)	449	Relates to a combination of adverse payroll variances in respect of ongoing recruitment issues within mental health requiring the use of agency staff to meet statutory duties, Pineview payroll costs as a consequence of bringing this service in house (£212k) and potential shortfall on delivery of savings relating to delays in creating review capacity to progress the Fairer Access policy (£100k). This is offset by additional income included for therapeutic supports (£25k) and a downturn in residential, daycare and supported living activity for mental health and learning disabilities.
Community Health & Care Services	41,076	(3,139)	(3,097)	(42)	Relates to pressures expected on payroll budget in respect of overtime and challenging turnover savings within homecare (-£600k), pressure in relation to demand levels for care home placements, supported living, homecare and daycare (alternatives) - (-£2.2m) and shortfall on delivery of savings target for review of homecare (-£700k). This is offset by positive variation in additional continuing care funding, mainlining of ICF and DD (+£382k).
Children & Criminal Justice Services	14,740	133	4	129	Relates to capacity within payroll budgets as a consequence of robust vacancy management (+£119k) and additional income aniticipated in relation to Lowmoss Prison (+£23k).
Business Support	4,787	234	68	166	Relates to improved health offer within financial planning and addl monies for continuing care. Relates to income in respect of veterans funding now reflected and aniticipated income to deliver on free personal care for those aged under 65 which will adress some the pressures above.
FHS - Prescribing	19,658	0		0	No variance expected at this stage - on budget.
FHS - GMS	13,171	0		0	Budget = Actual
FHS - Other	12,858	0		0	Budget = Actual
Oral Health - hosted	10,138	0	0	0	No variance rpeorted at this stage, however ongoing scrutiny of payroll underspends may provide some capacity to offset year end position.
Set Aside	19,602	0		0	Budget = Actual
TOTAL Per Care Group	**160,258**	**(2,940)**	**(3,642)**	**702**	
Application of Ear-marked Reserves		346		346	
Additional Transformation		57		57	
Projected Year End Variance	**160,258**	**(2,538)**	**(3,642)**	**1,105**	

East Dunbartonshire HSCP
Budget Performance 2019/20
Month 6

	Annual Budget			YTD Budget			YTD Actual			YTD Variance			Projected Variance			Comment
	Health	SW	Total	Health	SW	Total	Health	SW	Total	Health	SW	Total	Health	SW	Total	
Adult Services																
Alcohol & Drugs	314.6		314.6	115.8		115.8	118.5		118.5	(2.7)	0.0	(2.7)	0.0		0.0	Payroll pressure in relation to an Alcohol and Treatment post and challenging turnover savings.
Learning Disability Community	639.3		639.3	317.4		317.4	317.5		317.5	(0.1)		(0.1)	0.0		0.0	
Mental health - Adult Community	1,381.5		1,381.5	552.4		552.4	541.6		541.6	10.8	0.0	10.8	0.0		0.0	
Planning & Health Improvement	464.0		464.0	222.5		222.5	212.5		212.5	10.0	0.0	10.0	0.0		0.0	Pressure in relation to challenging prior year savings attributed to health improvement.
Mental Health, Learning Disability, Addictions & HI		21,430.0	21,430.0		9,949.0	9,949.0		9,338.0	9,338.0	0.0	611.0	611.0	0.0	(168.0)	(168.0)	Relates to a combination of adverse payroll variances in respect of ongoing recruitment issues within mental health requiring the use of agency staff to meet statutory duties, Pineview payroll costs as a consequence of bringing this service in house (-£212k) and potential shortfall on delivery of savings relating to delays in creating review capacity to progress the Fairer Access policy (-£100k). This is offset by additional income included for therapeutic supports (+£25k) and a downturn in residential, daycare and supported living activity for mental health and learning disabilities (+£119k).
	2,799.4	21,430.0	24,229.4	1,208.1	9,949.0	11,157.1	1,190.1	9,338.0	10,528.1	18.0	611.0	629.0	0.0	(168.0)	(168.0)	
Older People Services																
Older People Community Services	4,449.2	35,067.0	39,516.2	1,878.4	16,405.0	18,283.4	1,895.7	17,735.0	19,630.7	(17.3)	(1,330.0)	(1,347.3)	150.0	(3,521.0)	(3,371.0)	Relates to pressures expected on payroll budget in respect of overtime and challenging turnover savings within homecare (-£600k), pressure in relation to demand levels for care home placements, supported living, homecare and daycare (alternatives) - (-£2.2m) and shortfall on delivery of savings target for review of homecare (-£700k). This is offset by positive variation in additional continuing care funding, mainlining of ICF and DD (+£382k).
Physical Disability			0.0			0.0			0.0		0.0	0.0			0.0	
Mental Health - Elderly Services	1,044.3		1,044.3	522.1		522.1	408.1		408.1	114.0	0.0	114.0	155.0		155.0	
Integrated Care Fund	515.1		515.1	59.3		59.3	0.5		0.5	58.8	0.0	58.8	77.0		77.0	
Other	0.0		0.0	0.0		0.0	0.0		0.0	0.0	0.0	0.0	0.0		0.0	
	6,008.6	35,067.0	41,075.6	2,459.8	16,405.0	18,864.8	2,304.3	17,735.0	20,039.3	155.5	(1,330.0)	(1,174.5)	382.0	(3,521.0)	(3,139.0)	
Children & Families																
Child Services - Community	1,828.8	12,911.0	14,739.8	914.4	6,600.0	7,514.4	952.5	5,767.0	6,719.5	(38.1)	833.0	794.9	0.0	133.0	133.0	Relates to capacity within payroll budgets as a consequence of robust vacancy management (+£119k) and additional income aniticipated in relation to Lowmoss Prison (+£23k).
Criminal Justice			0.0			0.0			0.0	0.0	0.0	0.0	0.0		0.0	
	1,828.8	12,911.0	14,739.8	914.4	6,600.0	7,514.4	952.5	5,767.0	6,719.5	(38.1)	833.0	794.9	0.0	133.0	133.0	
Business Support																
Administration & Management	1,373.6		1,373.6	602.2		602.2	679.5		679.5	(77.3)	0.0	(77.3)	0.0	0.0	0.0	Relates to pressures on accomodation costs within KHCC and Lennoxtown.
Resource Transfer	16,470.8	(16,372.0)	98.8	8,235.4	(8,207.0)	28.4	8,235.4	(8,346.0)	(110.6)	0.0	139.0	139.0	0.0	0.0	0.0	
Financial Planning & Reserves	1,279.7		1,279.7	(174.8)		(174.8)	(10.9)		(10.9)	(163.9)		(163.9)	173.0		173.0	Relates to improved health offer within financial planning and addl monies for continuing care.
Planning & Commissioning / Strategy		2,035.0	2,035.0		1,046.0	1,046.0		817.0	817.0	0.0	229.0	229.0	0.0	61.0	61.0	Relates to income in respect of veterans funding now reflected and aniticipated income to deliver on free personal care for those aged under 65 which will adress some the pressures above.
	19,124.1	(14,337.0)	4,787.1	8,662.8	(7,161.0)	1,501.8	8,904.0	(7,529.0)	1,375.0	(241.2)	368.0	126.8	173.0	61.0	234.0	
FHS - Prescribing	19,657.7		19,657.7	9,607.7		9,607.7	9,607.7		9,607.7	0.0	0.0	0.0	0.0		0.0	
FHS - GMS	13,170.6		13,170.6	6,994.3		6,994.3	6,994.3		6,994.3	0.0	0.0	0.0	0.0		0.0	
FHS - Other	12,858.4		12,858.4	6,426.9		6,426.9	6,426.9		6,426.9	0.0	0.0	0.0	0.0		0.0	
	45,686.7	0.0	45,686.7	23,028.9	0.0	23,028.9	23,028.9	0.0	23,028.9	0.0	0.0	0.0	0.0	0.0	0.0	
Total Partnership Exepnditure	75,447.6	55,071.0	**130,518.6**	36,274.0	25,793.0	**62,067.0**	36,379.8	25,311.0	**61,690.8**	(105.8)	482.0	**376.2**	555.0	(3,495.0)	**(2,940.0)**	
Oral Health - hosted	10,137.8		10,137.8	4,700.7		4,700.7	4,594.9		4,594.9	105.8	0.0	105.8	0.0		0.0	
Set Aside	19,602.0		19,602.0	9,801.0		9,801.0	9,801.0		9,801.0	0.0	0.0	0.0	0.0		0.0	
Total Partnership Expenditure (Incl hosted + Set Aside)	**105,187.4**	**55,071.0**	**160,258.4**	**50,775.7**	**25,793.0**	**76,568.7**	**50,775.7**	**25,311.0**	**76,086.7**	**0.0**	**482.0**	**482.0**	**555.0**	**(3,495.0)**	**(2,940.0)**	

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2019 (Month 06)

Care Group	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000
Alcohol + Drugs - Community	387.2	188.4	191.1	(2.6)	28.0	28.3	(0.3)
Adult Community Services	4,976.4	2,405.6	2,422.9	(17.3)	492.0	404.0	87.9
Integrated Care Fund	515.1	59.3	0.5	58.9	37.4	0.0	37.3
Child Services - Community	1,829.4	915.0	953.1	(38.1)	152.4	201.9	(49.5)
Fhs - Prescribing	19,689.5	9,639.5	9,639.5	0.0	1,713.6	1,713.6	0.0
Fhs - Gms	13,170.6	6,994.3	6,994.3	0.0	1,268.2	1,268.2	0.0
Fhs - Other	14,268.7	7,122.4	7,122.4	0.0	1,238.6	1,238.6	0.0
Learn Dis - Community	639.3	317.4	317.5	(0.1)	57.0	53.5	3.5
Men Health - Adult Community	1,751.7	798.6	787.8	10.8	137.0	136.4	0.5
Men Health - Elderly Services	1,192.6	596.3	482.3	114.0	141.0	78.3	62.6
Oral Health	10,936.6	5,516.2	5,410.4	105.7	919.1	909.6	9.5
Administration + Management	1,670.5	840.1	917.4	(77.3)	90.7	136.3	(45.7)
Planning & Health Improvement	494.7	240.7	230.7	10.0	45.3	42.0	3.3
Resource Transfer - Local Auth	16,816.9	8,408.5	8,408.4	0.0	1,401.4	1,401.4	0.0
Financial Planning + Reserves	1,290.6	(163.9)	0.0	(164.0)	(109.2)	0.0	(109.2)
Expenditure	89,629.8	43,878.4	43,878.3	0.0	7,612.5	7,612.1	(0.1)
Alcohol + Drugs - Community	(72.6)	(72.6)	(72.6)	0.0	0.0	0.0	0.0
Adult Community Services	(527.2)	(527.2)	(527.2)	0.0	0.0	0.0	0.0
Child Services - Community	(0.6)	(0.6)	(0.6)	0.0	0.0	0.0	0.0
Fhs - Prescribing	(31.8)	(31.8)	(31.8)	0.0	(31.8)	(31.8)	0.0
Fhs - Other	(1,410.3)	(695.5)	(695.5)	0.0	(121.3)	(121.3)	0.0
Men Health - Adult Community	(370.2)	(246.2)	(246.2)	0.0	(20.7)	(20.7)	0.0
Men Health - Elderly Services	(148.3)	(74.2)	(74.2)	0.0	(12.4)	(12.4)	0.0
Oral Health	(798.8)	(815.5)	(815.5)	0.0	(275.2)	(275.2)	0.0
Administration + Management	(296.9)	(237.9)	(237.9)	0.0	(97.7)	(97.7)	0.0
Planning & Health Improvement	(30.7)	(18.2)	(18.2)	0.0	0.0	0.0	0.0
Resource Transfer - Local Auth	(346.1)	(173.1)	(173.1)	0.0	(28.8)	(28.8)	0.0
Financial Planning + Reserves	(10.9)	(10.9)	(10.9)	0.0	0.0	0.0	0.0
Income	(4,044.4)	(2,903.7)	(2,903.7)	0.0	(587.9)	(587.9)	0.0
East Dunbartonshire Hscp	**85,585.4**	**40,974.7**	**40,974.6**	**0.0**	**7,024.6**	**7,024.2**	**(0.1)**

NHSGG&C - East Dunbartonshire HSCP - Period Ending 30th September 2019 (Month 06)

Expenditure

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Senior Managers	PA0	261.7	189.0	201.3	(12.3)	23.0	14.2	8.8	1.5	1.5
Medical & Dental	PA1	4,041.9	2,005.0	2,097.4	(92.4)	302.7	373.7	(71.0)	44.2	43.1
Nursing & Midwifery	PA2	7,167.9	3,650.1	3,164.0	486.1	654.9	591.9	63.1	168.3	148.2
Allied Health Professionals	PA3	1,403.8	719.8	695.1	24.7	185.1	120.7	64.3	29.8	28.2
Healthcare Sciences	PA4	85.0	42.5	37.1	5.4	7.1	6.2	0.9	1.6	1.6
Other Therapeutic	PA5	640.1	320.0	246.1	73.9	53.3	41.4	12.0	6.5	6.7
Medical Dental Support	PA6	4,870.9	2,433.8	2,399.8	34.0	405.6	397.0	8.6	141.0	140.7
Support Services	PA7	47.0	23.5	26.4	(2.9)	3.9	4.2	(0.3)	1.0	1.0
Admin & Clerical	PA8	2,136.8	1,078.0	988.0	90.0	183.3	162.5	20.8	61.9	61.1
Personal Social Care	PA9	505.0	255.0	239.8	15.2	47.7	37.4	10.3	8.7	9.6
Budget Reserves -pay	PB1	(798.7)	(399.3)	0.0	(399.3)	(64.4)	0.0	(64.4)		0.0
Pay		**20,361.4**	**10,317.4**	**10,095.0**	**222.4**	**1,802.2**	**1,749.2**	**53.1**	**464.5**	**441.6**
Drugs	S10	95.5	47.8	71.6	(23.9)	8.0	10.1	(2.1)		
Surgical Sundries	S11	511.4	255.8	300.6	(44.9)	42.6	41.8	0.8		
Cssd/diagnostic Supplies	S12	41.9	20.9	22.9	(1.9)	3.5	2.9	0.6		
Equipment	S13	306.4	149.1	92.7	56.5	26.0	10.8	15.2		
Other Admin Supplies	S14	1,533.2	656.4	749.6	(93.1)	93.3	107.8	(14.5)		
Hotel Services	S15	921.3	180.2	59.2	121.0	41.9	5.8	36.1		
Property	S16	315.2	157.6	159.2	(1.6)	26.3	30.1	(3.8)		
Heating Fuel And Power	S17	0.0	0.0	0.0	0.0	0.0	0.0	0.0		
Other Therapeutic Supplies	S18	17.0	8.5	6.2	2.3	1.4	1.1	0.3		
Other Supplies	S19	660.3	205.0	189.3	15.6	25.8	38.1	(12.3)		
Budget Reserves - Non Pay	S1X	1,279.7	(103.9)	0.0	(103.9)	(49.2)	0.0	(49.2)		
Non Pay		**5,681.9**	**1,577.4**	**1,651.3**	**(73.9)**	**219.6**	**248.5**	**(28.9)**		
Resource Transfer	S20	16,816.9	8,408.5	8,408.4	0.0	1,401.4	1,401.4	0.0		
Purchase Of Healthcare	S30	32.9	15.1	66.4	(51.3)	1.4	9.3	(7.9)		
Purchase Of Healthcare		**16,849.8**	**8,423.6**	**8,474.8**	**(51.3)**	**1,402.8**	**1,410.7**	**(7.9)**		
Gms	9	13,170.6	6,994.3	6,994.1	0.2	1,268.2	1,268.2	0.0		
Gps	0	23,649.8	11,571.3	11,571.1	0.2	2,155.2	2,155.3	(0.1)		
Gds	1	7,969.0	4,007.6	4,007.6	0.0	588.4	588.4	0.0		
Gos	2	2,142.2	1,084.4	1,084.4	0.0	192.2	192.2	0.0		
Family Health Services		**46,931.6**	**23,657.6**	**23,657.2**	**0.4**	**4,204.0**	**4,204.1**	**(0.1)**		
Savings	S50	(195.0)	(97.5)	0.0	(97.5)	(16.3)	0.0	(16.3)		
Savings		**(195.0)**	**(97.5)**	**0.0**	**(97.5)**	**(16.3)**	**0.0**	**(16.3)**		
East Dunbartonshire Hscp		**89,629.7**	**43,878.5**	**43,878.3**	**0.1**	**7,612.3**	**7,612.5**	**(0.1)**	**464.52**	**441.6**

Income

Expense	4AC - Level 4 Acco	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000	Period Budget £'000	Period Actuals £'000	Period Variance £'000	Current WTE	Ave WTE
Scot Bodies	I30	(1,106.7)	(973.4)	(973.4)	0.0	(302.3)	(302.3)	0.0		
Other Hch	I31	(1,437.4)	(1,192.8)	(1,192.8)	0.0	(158.4)	(158.4)	0.0		
Hch Income		**(2,544.1)**	**(2,166.2)**	**(2,166.2)**	**0.0**	**(460.7)**	**(460.7)**	**0.0**		
Unified Fhs	I20	(85.7)	(38.9)	(38.9)	0.0	(5.8)	(5.8)	0.0		
Non Disc Fhs	I21	(1,410.3)	(695.5)	(695.5)	0.0	(121.3)	(121.3)	0.0		
Fhs Income		**(1,496.0)**	**(734.4)**	**(734.4)**	**0.0**	**(127.1)**	**(127.1)**	**0.0**		
Other Operating Income	I40	(4.4)	(3.1)	(3.1)	0.0	(0.2)	(0.2)	0.0		
Other Operating Income		**(4.4)**	**(3.1)**	**(3.1)**	**0.0**	**(0.2)**	**(0.2)**	**0.0**		
East Dunbartonshire Hscp		**(4,044.5)**	**(2,903.7)**	**(2,903.7)**	**0.0**	**(588.0)**	**(588.0)**	**0.0**		

GENERAL FUND REVENUE MONITORING 2019/20

SUMMARY FINANCIAL POSITION

As at : 29 September 2019	BUDGET		ACTUAL		VARIANCE	
Accounting Period 06	Annual Budget	Budget Period 06	Expenditure Period 06	Projected Annual	At Period 06	Projected Period 12
Integrated Health & Social Care Partnership						
Community Health & Care Services	35,067	16,405	17,735	38,588	1,330	3,521
Mental Health, Learning Disability, Addictions & Health Improvement	21,430	9,949	9,338	21,598	(611)	168
Children & Families and Criminal Justice	12,911	6,600	5,767	12,778	(833)	(133)
Social Work Strategic / Resources	(14,337)	(7,161)	(7,529)	(14,398)	(368)	(61)
HSCP Overspend Position for Discussions at HSCP Board					482	(3,495)
Total	**55,071**	**25,792**	**25,310**	**58,565**	**0**	**0**

	GENERAL FUND REVENUE MONITORING 2019/20 DETAILED FINANCIAL POSITION as at Period 06: 29 September 2019	Annual Budget £000	Budget Period 06 £000	Expenditure Period 06 £000	Projected Annual £000	Variation Period 06 £000	Projected Year End Variation £000
	INTEGRATED HEALTH AND SOCIAL CARE						
	COMMUNITY HEALTH & CARE SERVICES (ALL)						
1	**Employee Costs**	8,923	4,388	4,850	9,971	462	1,048
	At this stage projections show that there will be an unfavourable variation to budget. This is predominantly within the homecare service, is due to increased demand pressures covered through the use of overtime, and also non delivery of turnover as a result of continued requirement to cover frontline service delivery to a vulnerable customer group. Projections assume some vacancies will be filled with commencement dates as discussed with managers. Projected overspends in overtime and other pay are based on profiles of spend and have been adjusted in line with recruitment. Payroll variations will continue to be monitored as an area of recurring pressure.						
2	**Property Costs**	3	2	19	18	17	14
	There is additional pressure through security at KHCC, this is hoped to be reviewed in the current year.						
3	**Supplies and Services**	756	376	290	715	-86	-40
	Budgets relate to Homecare PPE, telecare costs and disabled adaptations. Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract. The current underspend is in relation to a invoices still to be processed. At this stage in year savings for adaptations and employee clothing can be expected.						
4	**Agencies and Other Bodies**	26,316	12,052	13,184	28,823	1,132	2,507
	At this stage there is an increase in the commitment against all types of service package, however, mainly in residential accommodation and homecare. Care At Home rate increases reflected in the budget were 5%, these have materialised at between 12 - 15% causing a pressure on budget of circa £0.667m, similarly the assumptions built in for the NCHC were 2.5% and the actual uplift agreed through COSLA was over 3% causing additional pressures of circa £0.09m , the remaining relates to increasing demand pressures across care homes, alternatives to daycare etc.These commitments include estimated values for packages still to go onto the Carefirst system. For these client contributions have been estimated as they are unknown at this stage. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5	**Budget Savings**	0	0	0	0	0	0
	No variation on budget is expected						
6	**Transport and Plant**	34	17	9	34	-8	0
	No variation on budget is expected						
7	**Admin and Other Costs**	253	126	222	244	96	-9
	Underspends are epxected in this area through the independent living fund.						
8	**Health Board Resource Transfer Income**	-7	-3	-3	-7	0	0
	No variation on budget is expected						
9	**Other Income**	-1,211	-552	-836	-1,210	-284	1
	No variation on budget is expected						
	Total - Community Health & Care Services	35,067	16,405	17,735	38,588	1,330	3,521
	MENTAL HEALTH, LEARNING DISABILITY, ADDICTIONS & HEALTH IMPROVEMENT (ALL EDC only)						
1	**Employee Costs**	5,166	2,551	2,617	5,378	66	212
	At this stage projections show that there will be an unfavourable variation to budget. Projections assume some vacancies will be filled with commencement dates as discussed with managers. At this stage it is assumed that staff turnover savings will not be achieved. Projected overspends in overtime and other pay are based on profiles of spend and have been adjusted in line with recruitment. Variation to budget is also in relation to a £0.4m saving allocated to the Pineview service. For this report, although the original saving will not be achieved, it will be partly offset with a delay in the recruitment process, to fill a number of vacancies, while one client placement remains void. There are also pressures within Learning disability and mental health where agency costs have been included. Projections include a six month secondment to the Addictions team which will be funded from health. Payroll variations will continue to be monitored as an area of recurring pressure.						
2	**Property Costs**	127	77	63	127	-14	0
	No variation on budget is expected.						
3	**Supplies and Services**	132	66	57	132	-8	0
	No variation on budget is expected.						
4	**Agencies and Other Bodies**	16,691	7,583	6,844	16,572	-738	-119
	At this stage there is a significant reduction in the Commitments against Care Packages for Residential, Daycare and Supported Living. There is, however, increased commitment against Supported Accommodation and Homecare. This is volatile area for the partnership as any changes in caseload or packages can have a significant impact on commitments.						
5	**Budget Savings**	-100	-50	0	0	50	100
	The fair access to community care policy is ongoing. At this stage, the assumption is that savings will not materialise until next financial year.						
6	**Transport and Plant**	390	189	243	390	54	0
	No variation on budget is expected						
7	**Admin and Other Costs**	161	80	77	161	-4	0
	No variation on budget is expected						
8	**Health Board Resource Transfer Income**	-447	-224	-224	-447	0	0
	No variation on budget is expected						
9	**Other Income**	-690	-324	-340	-715	-16	-25
	Additional income in relation to Keys to life funding and Creative Scotland can be assumed this financial year however delays to the transformation saving re daycare and transport charging has resulted in underachievement of income within the Learning Disabilty service. Also included is income in relation to a prior year overcharge of agency costs.						
	Total - Mental Health, Learning Disability, Addictions & Health Improvement	21,430	9,949	9,338	21,598	-611	168
	CHILDREN & FAMILIES AND CRIMINAL JUSTICE (ALL)						
1	**Employee Costs**	5,888	2,918	2,727	5,770	-191	-119
	Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. At this stage projections show that there will be a small underspend in this budget and that all staff turnover savings will be achieved. This is due to a number of vacancies that remain unfilled.						
2	**Property Costs**	50	35	9	50	-26	1
	The variation reported is in relation to washing machine repairs at Buttercup House.						
3	**Supplies and Services**	98	49	36	98	-12	0
	No variation on budget is expected						
4	**Agencies and Other Bodies**	7,812	3,971	3,386	7,820	-585	7
	Projections are indicating pressures in fostering and kinship placements (an increase of 19 clients in these areas from budgeted). This, however, has been partly offset by savings in homecare, supported living, supported carers, adoption and daycare.						
5	**Transport and Plant**	81	40	38	81	-2	0
	No variation on budget is expected						
6	**Admin and Other Costs**	168	84	62	168	-21	0
	No variation on budget is expected						
7	**Income**	-1,186	-496	-492	-1,209	5	-23
	Additional income is expected in relation to Low Moss recharges.						
	Total - Children & Families and Criminal Justice	12,911	6,600	5,767	12,778	-833	-133
	SOCIAL WORK STRATEGIC / RESOURCES						
1	**Employee Costs**	628	312	285	635	-27	7
	Detailed analysis of payroll costs to date are continually reviewed. This involves comparison of actual posts to budgeted and liaison with service managers. The projected variation is in relation to unachievable staff turnover savings.						
2	**Property Costs**	0	0	6	6	6	6
	The variation reported is in relation to furniture an fittings expenditure and health and safety equipment.						
3	**Supplies and Services**	6	3	5	6	2	0
	No variation on budget is expected						
4	**Agencies and Other Bodies**	1,309	685	526	1,309	-158	-0
	No variation on budget is expected						
5	**Budget Savings**	-214	-107	0	-214	107	0
	No variation on budget is expected						
6	**Transport and Plant**	0	0	0	0	0	0
	No variation on budget is expected						
7	**Admin and Other Costs**	306	152	-5	306	-157	0
	No variation on budget is expected						
8	**Health Board Resource Transfer Income**	-10,422	-5,211	-5,211	-10,422	0	0
	No variation on budget is expected						
9	**Other Income**	-5,950	-2,995	-3,135	-6,023	-140	-73
	This budget currently includes funding for free personal care for under 65'sand will be redictributed in a future report which may offset overspends elsewhere. We can also now report additional income in respect of Veteran's funding received.						
	Total - Social Work Strategic / Resources	-14,337	-7,161	-7,529	-14,398	-368	-61
	Total Integrated Health and Social Care Variances	55,071	25,792	25,310	58,565	-482	3,495

Agenda Item Number: 11

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	ED HSCP Corporate Risk Register
Report By	Jean Campbell, Chief Finance and Resources Officer Jean.campbell@ggc.scot.nhs.uk 0141 232 8237
Contact Officer	Jean Campbell, Chief Finance and Resources Officer Jean.campbell@ggc.scot.nhs.uk 0141 232 8237

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

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

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

Implications for Health & Social Care Partnership

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

Equalities:	Nil

Financial:	Nil

Legal:	The H&SCP Board is required to develop and review strategic risks linked to the business of the Board twice yearly.

Economic Impact:	Nil

Sustainability:	Nil

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

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

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

1.0 MAIN REPORT

1.1 The HSCP Corporate Risk register (attached as **Appendix 1**) reflects the HSCP Board's Commitment to a culture of improved performance in the management of Corporate Risks.

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

1.3 The Corporate Risk Register is reviewed twice per year by the Senior Management Team and updated.

1.4 The Corporate Risk Register has been scrutinised by the HSCP Performance , Audit and Risk Committee on the 24th September 2019.

1.5 The Risk Register provides full details of all current risks, in particular high level risks, and the control measures that are in place to manage these.

1.6 There are a total of 11 risks included within the HSCP Corporate Risk register, 1 is considered as Very High risk (Priority 1), 7 are considered as High risks (Priority 2) and 3 considered as medium risks (Priority 3).

1.7 In light of the current financial position for the partnership, the risk associated with the ability to achieve financial balance has been reviewed and the likelihood increased to that of 'likely' moving this to a priority 1 risk. Similarly, the risk in relation to the delivery of the HSCP transformation plan has been re-assessed as 'likely'. The additional measures to mitigate this risk are detailed within the register and through regular reporting to the HSCP Board.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

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

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

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

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

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

Risk Appetite/Tolerance matrix

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

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

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 12

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Chief Social Work Officer's Annual Report 2018/2019
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
Contact Officer	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435

Purpose of Report	The purpose of this report is to present the Chief Social Work Officer's (CSWO) Annual Report for the period 2018 - 2019.

Recommendations	Board members are asked to • note the content of this report.

Relevance to HSCP Board Strategic Plan	Social Care and Social Work Services support the key priorities of the HSCP Strategic Plan.

Human Resources	None

Equalities:	None

Implications for Health & Social Care Partnership

Financial:	The work described in this report is carried out within the financial resources allocated to social work and social care services.

Legal:	This report relates to the delivery of statutory duties.

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	This report is intended to inform members and officers of East Dunbartonshire Council about matters relating to social work and social care. This report was presented to East Dunbartonshire Council on 26 September 2019.

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0 MAIN REPORT

1.1 Each year, the CSWO is required to produce a summary report advising the Council of performance in relation to the discharge of statutory duties and responsibilities, as well as the functions of the CSWO. With the commencement of the Public Bodies (Joint Working) (Scotland) Act 2014, this reporting arrangement was extended to include Integration Authorities (IAs).

1.2 The Chief Social Work Advisor to the Scottish Government developed a standardised framework for reporting in order to ensure consistency across Scotland. This report utilises that framework and provides the annual report for the period 1 April 2018 to 31 March 2019. (Appendix 1).

1.3 Local authorities are legally required to appoint a professionally qualified Chief Social Work Officer under section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to local authorities and Integration Authorities in relation to the delivery of social work services as outlined in legislation. The statutory guidance states that the CSWO should assist local authorities, IAs, which in the case of East Dunbartonshire is the Health and Social Care Partnership, and their partners in understanding the complexities and cross-cutting nature of social work service delivery, as well as its contribution to local and national outcomes.

Key matters such as child protection, adult protection, corporate parenting and the management of high risk offenders are covered in this report. The report also provides

information relating to the following:

- Summary of Performance – Key Challenges, Developments and Improvements;
- Partnership Working - Governance and Accountability Arrangements;
- Social Services Delivery Landscape;
- Resources;
- Service Quality, Performance and Delivery of Statutory Functions;
- Workforce Planning and Development; and
- Improvement Approaches

1.4 The information contained within the report reflects the key matters affecting Social Care and Social Work Services over the reporting period.

1.5 This report was submitted to East Dunbartonshire Council at the Full Council meeting of the 26 September 2019.

Appendix 1: Chief Social Work Officer Report 2018 - 2019

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East Dunbartonshire
Health & Social Care
Partnership

Chief Social Work Officer's Annual Report

1 April 2018 – 31 March 2019

Contents

1. Introduction

I am pleased to present the Chief Social Work Officer's Annual Report for East Dunbartonshire for the period 1 April 2018 to 31 March 2019.

The purpose of this report is to provide East Dunbartonshire Council and other key stakeholders, including the East Dunbartonshire Health and Social Care Partnership Board, staff and people who use services, with information on the statutory work undertaken during the period 1 April 2018 to 31 March 2019. The report follows the suggested guidance and format provided by the Office of the Chief Social Work Advisor to the Scottish Government.

The Local Government (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer. The Chief Social Work Officer (CSWO) provides professional governance, leadership and accountability for the delivery of social work and social care services whether these are provided by the local authority or purchased from the third or independent sector. The Chief Social Work Officer is also responsible for duties and decisions relating to the curtailment of individual freedom and the protection of both individuals and the public. The specific role and functions of the CSWO are set out in guidance issued by Scottish Ministers, first issued in 2009, and updated in July 2016, for which a link is provided here.

Social work and social care services enable, support, care for and protect people of all ages in East Dunbartonshire, by providing or purchasing services designed to promote their safety, dignity and independence and by contributing to community safety by reducing offending and managing the risks posed by known offenders. Those services, which are required to meet national standards and provide best value, are delivered within a framework of statutory duties and powers. Where possible, services are delivered in partnership with a range of stakeholders, including people who use them.

Social work and social care services are delivered within a complex landscape of increasing demands, high levels of public expectation, economic uncertainty and a constantly evolving legislative and policy landscape. The challenge is increasingly manifest in a number of areas, for example, despite considerable efforts, key trends such as numbers of people being delayed in their discharge from a hospital setting continue to be a challenge, and recent national reports have returned a concerning picture in relation to issues such as the suicide rate in Scotland, and drug related death rates. Within this complex context, the Chief Social Work Officer has a duty to champion a focus on delivery of front line services to our vulnerable community members wherever possible, and to advise where policy direction potentially compromises this core duty.

As we look to future years we must consider how these complex challenges are met, in a way that fits with our vision and values, and our aspirations for the type of community that we want East Dunbartonshire to be. Looking to the future, we will be asking our staff, people who use our services, stakeholders and community to think differently about how we can achieve that, so that we can continue to focus our efforts on supporting the most vulnerable in our communities safely and effectively.

C. Sinclair

Caroline Sinclair

Interim Chief Social Work Officer

East Dunbartonshire Council

2. Summary of Performance - Key challenges, Developments and Improvements

The ongoing upturn in demand for most areas of social work services highlighted in previous reports has continued to be felt in the year 2018 – 2019. Alongside this, services have also been working to prepare for and respond to ongoing legislative changes which bring with them additional service demands and requirements for changes to both policy and practice. Generally these changes are welcome as they continue to build on Scotland's approach to the provision of a fair and socially just system of support for those who need it however, it must be recognised that these changes are taking place at a time when the public sector financial challenge has never been greater.

The challenges that these competing demands place on services and the staff who deliver them are considerable. Most areas of service continue to report not just increasing levels of demand but also increasing levels of complexity of needs for people accessing services. This is set alongside a significant and growing gap between the available budget and resources, and the demand for needs led and statutory services. Despite the substantial challenges that our services face, we have continued to make good progress on a number of practice fronts.

Notably, in the past year we have;

- Successfully implemented the Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018, known as Frank's Law, which extends the right to free personal care to people under the age of 65
- Successfully implemented the Carers (Scotland) Act 2016
- Prepared to respond to new statutory duties to ensure provision of, and effective training for, Appropriate Adults. The role of an Appropriate Adult is primarily to facilitate communication during Police procedures where the person being interviewed, whether as a suspect, victim or witness, has communication difficulties as a result of a mental disorder
- Implemented an enhanced day care service for adults with learning disabilities within Kelvinbank Resource Centre to ensure that we can meet the needs of some of our most vulnerable citizens with some of the most complex and challenging needs, in our local area
- Improved waiting times from referral to alcohol and drug treatment within our local service, ensuring that assessment appointments are offered where possible within three weeks, in line with national best practice
- Introduced a Fair Access to Community Care policy for adult services. This is a whole system policy approach aimed at ensuring our allocation of resources to meet assessed needs is fair and equitable across all service user groups
- Delivered our first East Dunbartonshire Public Protection Conference which was very well attended and received
- Sustained our Children and Families service focus on early and effective interventions in order to prevent escalation of issues and to work to keep children safe in their own families and developed a Locality Liaison Group with Education Services to ensure prioritisation of early intervention and improve information sharing
- Begun working in partnership with the Life Changes Trust to develop a Care Leavers Champions Board, an important forum for seeking the views of people who have experienced the care system, to inform our ongoing service development and planning work
- Increased our commitment to young Modern Apprentices who have care experience;
- Developed of a specialist young person's service to address problematic drug and alcohol issues as part of our whole systems approach
- Developed in house training for staff who support young people who suffer from suicidal ideology or experience difficulties with their mental health
- Refreshed our Corporate Parenting strategy and established a Throughcare Forum aimed at improving young people's independent living skills
- Further developed the Intermediate Care Services to include aligned homecare reablement to enable people to maximise their functional ability and independence

- Introduced an evidenced based programme to address domestic violence aimed at to reducing the risk of reoffending and building safer communities and trained all justice staff in the delivery of this programme. The service now screens 100% of all domestic matters for inclusion in the programme
- Completed and submitted our 2nd Community Justice Outcome Improvement Plan for the three year period 2018- 2021 and completed and submitted the Community Justice Annual Report for 2017-2018
- Hosted a very successful inaugural East Dunbartonshire Justice Conference which saw 150 people from a wide range of organisations across all sectors come together to consider how to make our community a safe place to live in and visit
- Trained all criminal justice social work staff, prison and community based, in trauma informed practice in line with level 3 NHS Education Scotland framework (enhanced skill). All unpaid work staff received training in line with level 2 NHS Education Scotland framework (skilled level)
- Developed and prepared to implement a new Performance Reporting Framework from April 19 to improve understanding of our performance throughout the year so we can target our efforts where they are needed most
- Successfully retained our 2 hour homecare access standard to support people being discharged from hospital
- Implemented Local Area Co-ordination in Older People's Services
- Delivered on the review of day care strategy for older people
- Made good progress reviewing and redesigning our services for people with Learning Disabilities in line with our recently produced Learning Disability Strategy
- Agreed an implementation plan and began work delivering on the Scottish Government's commitment to additional mental health staffing in key services areas, working with our partners across NHS Greater Glasgow and Clyde.

The examples above are just a few of our achievements. More information on social work and social care services can be found on the Council and the HSCP website.[1]

During the year we also received a formal inspection, with the Care Inspectorate and Healthcare improvement Scotland working together to deliver a Joint Inspection (Adults): The Effectiveness of Strategic Planning in East Dunbartonshire Health and Social Care Partnership. The inspection team were 'on the ground' in East Dunbartonshire in January and February 2019, with a great deal of preparatory work taking place in the run up to the visit. The inspection focussed on answering the question "*How well do we plan and commission services to achieve better outcomes for people?"* To do this, the inspection assesses the vision, values and culture across the partnership, including leadership of strategy and direction, the operational and strategic planning arrangements and improvements the partnership is making in both health and social care, in respect of the services that are provided for all adults.

The results of the inspection were not published during the time frame of this report and will be subject to separate discussion and reflection in next year's CSWO report.

[1] For more information on services, reports to Committees and the HSCP Board etc. please see https://www.eastdunbarton.gov.uk/

3. Partnership Working - Governance and Accountability Arrangements

Within East Dunbartonshire the duties of the CSWO are discharged by a Head of Service within the Health and Social Care Partnership senior management structure. The CSWO has a key role to play in shaping the planning agenda for social work within the Council, the Health and Social Care Partnership and the Community Planning Partnership. The CSWO has also had the opportunity to influence budgetary decisions to ensure the needs of vulnerable people within our community are met, and resources are deployed effectively.

Within the Council and the Health and Social Care Partnership there are clear structures and processes that have enabled the CSWO to fulfil their role and function.

The CSWO attends a range of key internal and external partnership meetings including;

- East Dunbartonshire's Health and Social Care Partnership Board – the CSWO is a non-voting member of the HSCP Board
- East Dunbartonshire's Health and Social Care Partnership Strategic Planning Group, which reports to the Health and Social Care Partnership Board and receives reports from the partnership's locality planning groups
- East Dunbartonshire's Child Protection Committee – the CSWO is the Chair of the Committee
- East Dunbartonshire's Adult Protection Committee
- East Dunbartonshire's Multi Agency Public Protection Arrangements (MAPPA) Level 3 Meetings - the CSWO is the Chair
- the Community Planning Executive Group and Board
- East Dunbartonshire's Community Justice Partnership - the CSWO is the Chair of the partnership Board
- The CSWO meets regularly with the Chief Executive of East Dunbartonshire Council

The CSWO is also a key member of the HSCP's Clinical and Care Governance Group (CCGG). The Chair of the CCGG is the HSCP's Clinical Director and membership includes the Chief Officer and a range of senior health and social work professionals. The role of the CCGG is to provide the HSCP Board with assurance that services are delivering safe, effective, person-centred care to the residents of East Dunbartonshire. The CCGG group meets on a bi-monthly basis and has covered a variety of diverse issues including; the reviewing of significant clinical incidents, complaints, quality improvements and the reviewing of quality improvement activity undertaken within teams. The CCGG Annual Report 2018-19, which details the range of work undertaken, can be found on the Council and HSCP website. Within the CCGG we have been working hard to develop a balanced approach that provides scrutiny and assurance in equal measure across health, social work and social care services and believe we have made good progress in that area. Notably, the CCGG is now routinely provided with information on the performance of registered care services, as assessed by the Care Inspectorate, to enable scrutiny of this area of work. In the coming year we look forward to further national guidance on continuing to develop the form and functioning of the CCGG and we will incorporate any changes required in due course.

In April 2017, East Dunbartonshire Council amended the Administrative Scheme to disestablish the Social Work Committee and to create an Integrated Social Work Services Forum (ISWSF), in line with the revised integration and governance arrangements. The forum has had sight of, and provided comment on, a range of social work and social care issues such as inspection outcomes, policy development considerations, service review issues and quality improvement work. The debate and discussion that takes place in the forum contributes to the final shape of policy and strategy, while recognising and respecting the overall accountability and governance of the Health and Social Care Partnership Board itself.

A key partnership working arrangement for social work and social care services is the Community Planning Partnership. We are well embedded in this partnership working arrangement. Our Joint Health Improvement Plan serves as the delivery vehicle for local outcome five (adult health and wellbeing) of the Community Planning Partnership's Local Outcome Improvement Plan and the Health and Social Care Partnership also leads on delivery of outcome six (older adults, vulnerable people and carers), co-leads outcome three (children and young people) and makes a significant contribution to outcome four (safer and stronger communities).

Over the past year social work and social care services have continued to work closely with the Community Planning Partnership to ensure clear alignment between the work of the Health and Social Care Partnership's two established Locality Groups, East and West, and the Community Planning Partnership's Place based initiatives which are aimed at working together with local people to target interventions and design services aimed at regenerating their area. We will continue this area of work in the coming year. More can be found on the work of the Community Planning Partnership here.

4. Social Services Delivery Landscape

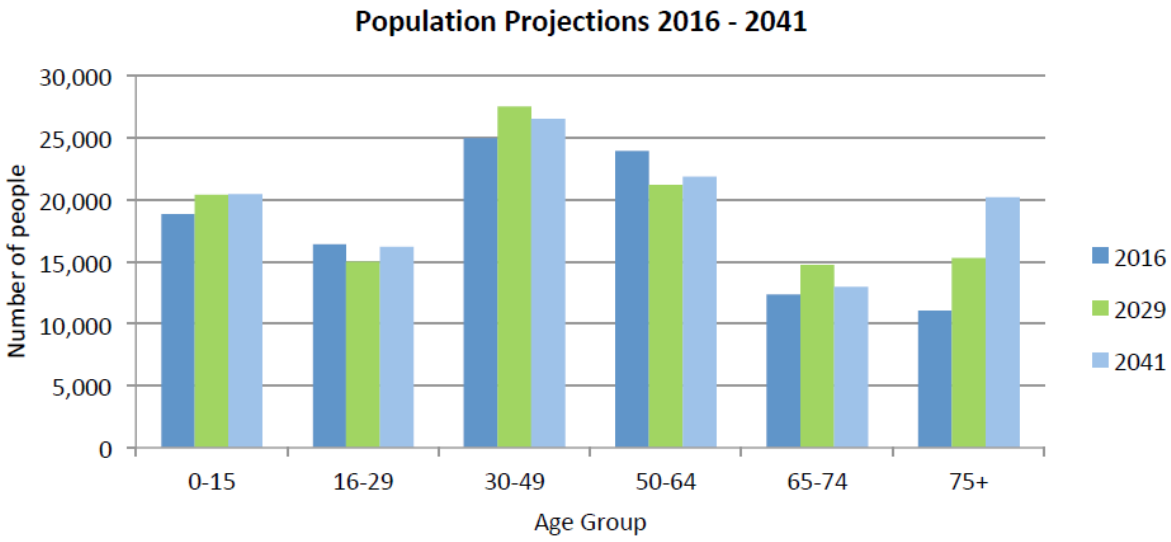
East Dunbartonshire lies to the north of Glasgow and has a population of 108,100[2]. The Council covers a geographical area of 77 square miles and is in the mid-range of Scottish local authorities (i.e. a middle-sized council, 20th in size out of a total of 32). East Dunbartonshire is recognised as an excellent place to live based on health, life expectancy and school performance. However, considerable inequalities do exist across the authority with pockets of significant deprivation. Recent analysis of local data confirms a continuing gap in equalities between our most and least deprived communities.

The 2016-based population projections published by National Records of Scotland suggest that by 2041, the population of East Dunbartonshire will be 118,171. This would be a 9.9% increase over 25 years.

Projected Age Structure. By 2041;

- Children aged 0-15 are projected to increase by 8.6%
- The working age population is predicted to decrease by 4.4%
- Those of pensionable age and over are projected to rise by 25.1%
- The highest population increase is expected to be seen in those aged 75 and over with a predicted increase of 82.5%

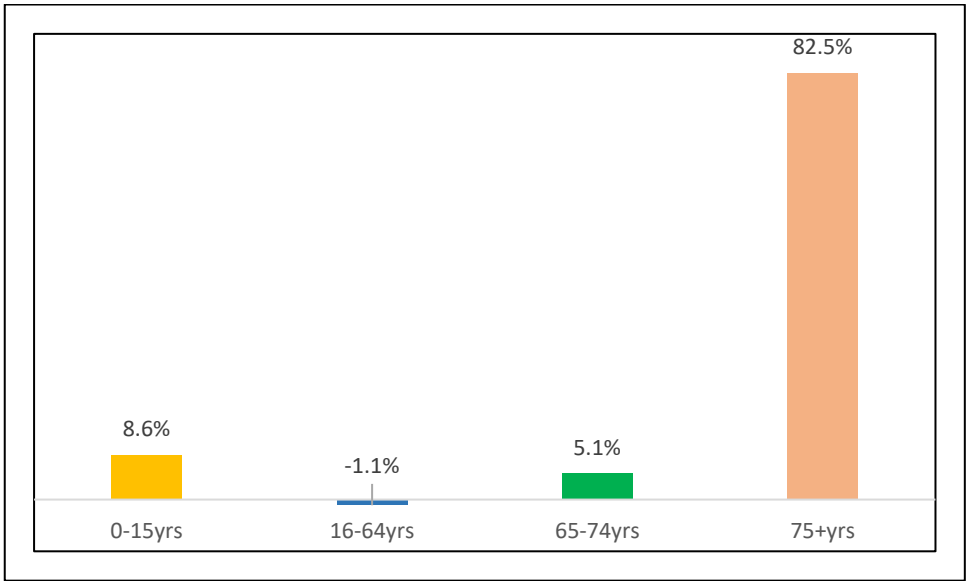
The chart below shows the projected change in age groups for East Dunbartonshire:



Source: National Records of Scotland, Population Projections for Scottish Areas (2016 based)

[2] Mid-year estimates for 2017 from the Office for National Statistics

Projected % Population Change 2016 – 2041



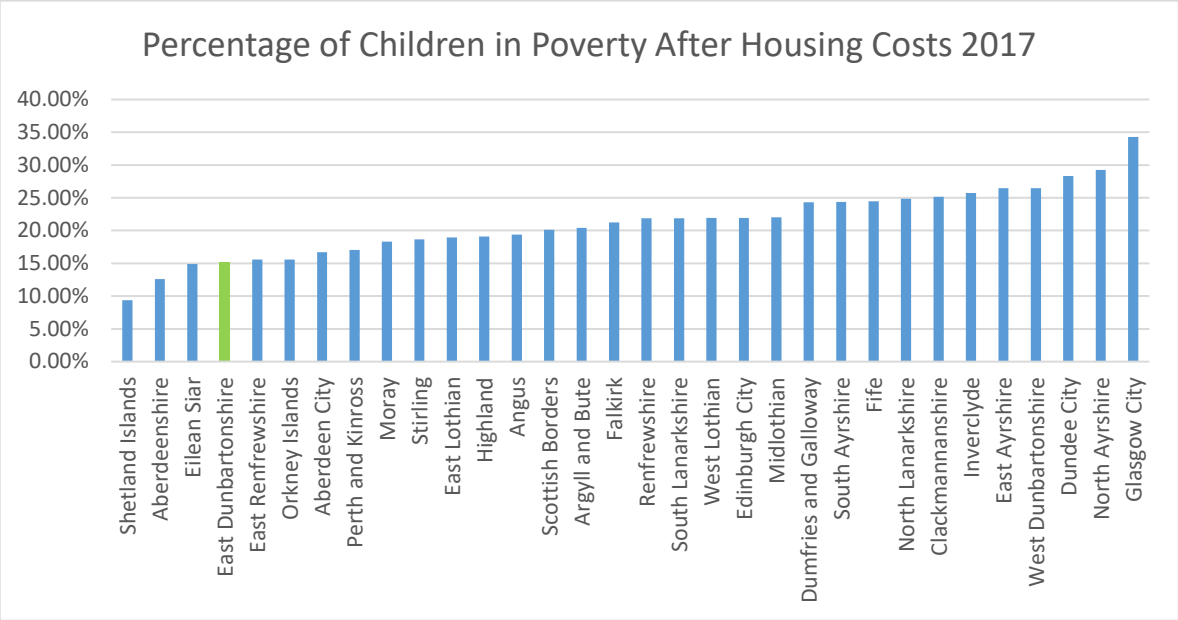
The projected demographic changes indicate challenges for health and social care services in a number of areas. The reduction in working age population may lead to workforce challenges across the health and social care labour market, potentially compounding the recruitment and retention challenges already experienced in a range of areas such as home care and care home staffing, affecting not just in-house services, but also third and independent sector providers.

While an increased life expectancy is good news for residents of East Dunbartonshire, this does not always equate with an increased healthy life expectancy. Age UK undertook research which indicated that the current UK healthy life expectancy is around 65, while life expectancy overall is around 85. In East Dunbartonshire we see a longer healthy life expectancy than that; however there is a significant difference between the life expectancy in our most, and least, deprived areas, meaning that not all of our residents benefit from this positive difference. It is also worth noting that it is now estimated that around a fifth of people alive today will live to see their 100th birthday[3]. The higher up the age range you go, the closer the correlation between numbers of people in the community and numbers of people who require care. By the age of 85 the ratio, on average, reaches roughly one to one, meaning that an increase in the population aged over 85 means a direct increase in service requirements. At present, the average age of service users in contact with the older people's service case management team is 85. These people have often had no involvement with care services prior to experiencing a significant health incident, such as a fall leading to a fracture, a stroke, or a dementia that has progressed significantly, suggesting many older people in the East Dunbartonshire area are looking after their own health and wellbeing effectively up until this point. The number of people over 85 in the UK is predicted to more than double in the next 23 years to over 3.4 million. The projections for East Dunbartonshire suggest an even steeper growth in numbers.

The Council has a relatively diverse community, the sixth most diverse community by local authority area at the time of the 2011 census, with 4.2% of the population regarding themselves as being from a Black/Minority Ethnic Community (BME). The Asian population was the largest minority ethnic group (3.3%) however recent area assessment work indicates this is a growth area.

[3] Age UK March 2018 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf?dtrk=true

East Dunbartonshire is, in the main, a prosperous area where employment rates are high and levels of crime significantly below the Scottish average. That said, there are pockets of deprivation where major inequalities exist and the quality of life falls below the national average. Within the authority, seven data zones fall into the top 25% most deprived in Scotland. These data zones are located in Hillhead, Lennoxtown, Auchinairn and Kirkintilloch West. The Scottish Index of Multiple Deprivation (SIMD) ranks in the Hillhead area have improved with two datazones moving out of the 5% most deprived in Scotland and the majority of datazones showing less deprivation than in SIMD 2012. However, Hillhead remains the most deprived area in East Dunbartonshire, with one datazone in the top 10% most deprived in Scotland; the same datazone also appears in the top 5% most deprived in the Health domain. Child poverty rates had been falling in Scotland for many years, but have recently started to rise again. East Dunbartonshire is at the lower end of the table below which captures the percentage of children living in poverty once housing costs have been removed from the calculation but there is significant variation in this figure across different areas in East Dunbartonshire. For example Hillhead has the highest percentage of children in low income families in East Dunbartonshire, at 27.8%, although it must be noted that there will be similar area by area variations within many of the overall figures noted below.



Social care and social work services are working with key partners through the Community Planning Partnership through place based initiatives to ensure that our collective contributions can help tackle inequality and improve the life chances for individuals in these communities. This place based approach is aimed at strengthening the focus on prevention and targeted support.

In this reporting period, East Dunbartonshire's social work services operated within a landscape that has been significantly affected by austerity, changing demographics, increasing demand for services, new legislative and policy imperatives and the increasing complexity of risk/need. The economic downturn resulted in financial constraints for East Dunbartonshire Council, as it has done for all other Scottish local authorities and public bodies.

In adult services, there was, and continues to be, increasing demand on services for older people, for those individuals with a learning disability and for those people with substance misuse and mental health difficulties. Across this year within Learning Disability services there was increase in the numbers transitioning annually from Children's to Adult Services of approximately 25% but what was most striking this year was the level and complexity of need in those transitioning through to our Adult Services. In older people's services we continue to experience a high demand for home care and care home services and despite expanding this area of provision considerably there continues

to be a challenge around being able to sufficiently impact on the use of acute hospital services. If this impact cannot be demonstrated in coming years NHS Greater Glasgow and Clyde will continue to experience significant pressures on in patient services meaning that there will little to no scope to further transfer resources including staff and funding to community settings to continue to support the shift in the balance of care that we aspire to achieve, and that the Scottish Government tasks us with prioritising.

In children services, we see a fairly steady rate in the numbers of vulnerable children coming to the attention of social work services. There have been fluctuations in the numbers of children on the child protection register however, as with all issues of relatively small numbers, variation can most often be related to individual case circumstances.

In the field of criminal justice, in the coming year we expect further growth in community disposal work as the presumption against short term custodial sentences extends from a period up to three months to a period of up to one year. While we are supportive of this agenda as a means of better addressing the criminogenic needs of those accessing the justice service, and therefore improving community safety, the additional work load may prove a challenge to meet.

The Social Care/Social Work Marketplace

In the current reporting period, social care service provision continued to be a mixture of in-house delivery and commissioned provision. 70% was provided by the third and independent sectors, with the remainder provided in-house by the Council on behalf of the Health and Social Care Partnership. In the past year the Health and Social Care Partnership has been working to set out a clear policy led Commissioning & Market Facilitation Plan that will clearly signal to the market where the commissioning opportunities and intentions of the partnership lie. This transparent approach will enable key stakeholders including service users, carer groups, and the third and independent sectors to see how the partnership aims to bring its Strategic Plan to life. We aim to produce this document before the end of 2019.

Advocacy

Social work services recognise the importance of independent advocacy for service users and their families and carers. Advocacy is often focused on individuals who require support in their engagement with public bodies. However, advocacy also plays an important part in our engagement with service users and carers in respect of helping shape the social care marketplace.

Over the past year the approach to commissioning advocacy services has been reviewed, recognising that there was not the spread of access to advocacy services across the age range that was required. We now plan to tender for a new service which reflects current needs and incorporates advocacy support to children, adults and older people. It is anticipated that the new advocacy service will be up and running by the end of 2019 - 2020.

5. Resources

As previously noted, managing public sector austerity and reducing financial resources within a climate of increasing demand for services is a key risk area for the Council and the Health and Social Care Partnership. Like other local authorities, East Dunbartonshire Council has faced increasingly difficult financial challenges over recent years, and the reduction in public sector budgets will continue over at least a medium term financial planning period.

The most significant uncertainties to the delivery of service objectives are;

- The demographics associated with an ageing population and increased populations of people with learning and / or physical disabilities and multiple long term health conditions. This challenge is seen in community settings and also in our ageing prison population, for whom the increasing needs for what would otherwise have been community care support and community equipment is a growing issue for consideration. People aged over 60 are now the fastest growing age group in the prison population and we can expect to see this trend continue. Lowmoss Prison, along with HMP Greenock, have been selected as a Test of Change area with a focus on better assessing, understanding, and meeting the social care needs of the prison population. This Test of Change will commence in 2019 – 2020
- Complexity of care required; there are numerous areas where complex care packages are required and these are costly to deliver. There are examples in child protection; in working with children/young adults with significant mental health problems and a history of self-harm; and with offenders who pose significant risk of serious harm to the public. Increased child and adult survival rates for complex and life limiting conditions are also a factor in this area
- Inflation; limited provision is available to address price movements in the market. Containing spend pressures will be difficult in areas like care fees, recycling costs and utility costs
- Future Scottish Government funding; the medium term financial future indicates a need of ongoing efficiency in service delivery in order to avoid service reductions as far as possible
- New, unfunded, legislation; for example, the current penal reform agenda includes the presumption against <12 month sentences and results in increasing demand on criminal justice to manage increasing numbers of offenders in the community.

Reductions in central government funding are such that there continues to be a financial gap between our projected expenditure commitments and the anticipated budget settlement. Measures to address this financial gap are contained in East Dunbartonshire Health and Social Care Partnership Strategic Plan and Annual Business Development Plan which can be accessed through East Dunbartonshire Council's web site[4], but it is fair to say that the challenge is considerable and requires all involved partners to work collaboratively to accelerate the pace of change. Social work and social care services have delivered significant financial efficiencies in recent years and have set an ambitious programme of work to continue this. However, the scale of the challenge is now so significant that it will not be possible to meet it without consideration of different ways of working for the future.

The financial performance of the Health & Social Care Partnership is regularly reported to the Health and Social Care Partnership Board and to both East Dunbartonshire Council and NHS Greater Glasgow and Clyde, as the key funding partners. For the year 2018 – 2019 there was a year-end overspend position of £1.8m as reported in the Final Audited Accounts for the partnership. Key factors contributing to the final financial position were continued pressure on care at home services for older people, the impact of children transitioning into adult learning disability and mental health services and residential and a general rise in children requiring to be accommodated. Overspends for any given year used to be underwritten through the planned use of partnership general reserves, however these reserves are now depleted and this is no longer an option for future years. This

[4] https://www.eastdunbarton.gov.uk/

places a greater reliance on identifying areas for service redesign and opportunities for efficiency at the fore going forward.

Looking Ahead

Key activities that were to be delivered in the year to achieve the best possible financial outturn are set out in the Health and Social Care Partnership's Annual Business Development Plan which can be found through East Dunbartonshire Council's web site. We are also working closely with our Council and Health Board colleagues to develop a new joint approach to our financial planning processes.

Notable amongst our change plans are the following;

- Improving transition arrangements for children moving from children to adult services;
- Improve the availability of supportive placements for looked after children within East Dunbartonshire
- Prevent children reaching the thresholds for specialist social work provision by utilising prevention approaches
- Developing sustainable services for people with learning disabilities
- Supporting adults with mental ill-health to live as independently as possible within the community
- Supporting individuals, families, and communities experiencing alcohol related harm to recover and be resilient
- Developing a range of services to support more effective, timely discharges from hospital, and prevent unnecessary admissions
- Developing and delivering early intervention, preventative based approaches to support older people to remain in the community
- Promoting independence through the uptake of telecare and telehealth solutions through the implementation of the Technology Enabled Care Strategy
- Developing and promoting a range of preventative and sustainable approaches to self-management and anticipatory care.

In addition to the tasks outline above, in the year 2019 – 2020 we will be asking our staff, people who use our services, stakeholders and community to think about how we can achieve sustainable services for the future in our local area. This consultation and engagement work will lay the ground towards the next Strategic Commissioning Plan. Key areas to progress with be the development of a 'digital first' approach, where appropriate and an increased focus on the development of informal and community led forms of support.

6. Service Quality, Performance and Delivery of Statutory Functions

East Dunbartonshire Council and the Health and Social Care Partnership have robust performance monitoring, management and quality assurance systems in place. Social work services report on a monthly, quarterly, six monthly and annual basis.

There are a range of fora within which performance data or management information was reported or discussed in 2018 - 2019.

These included;

- The Health and Social Care Partnership Senior Management Team and Board
- The Integrated Social Work Forum
- The Community Planning Partnership
- Protection Chief Officer's Group
- The Delivering for Children and Young People's Partnership (DCYPP)
- The Child Protection Committee (CPC)
- The Adult Protection Committee (APC)
- The MAPPA Strategic Oversight Group (SOG)
- A range of forums within NHS Greater Glasgow and Clyde including forums focussed on children's services, services for older people, mental health forums, and learning disability service forums amongst others.
- East Dunbartonshire Council's Corporate and Strategic Management Team meetings and forums

Performance management systems utilised a range of data that informed the deployment of resources and the development of services. This included:

- statistical data highlighting patterns and trends
- outcomes from quality assurance activity
- the outcome of case file audits – both thematic and case specific
- consultation activity involving service users and carers
- benchmarking activity
- the outcome of external inspection by the Care Inspectorate and joint inspections.

We are working to embed a culture of self-evaluation and continuous improvement across all services and we are seeking to build on last year's good works in this area, which saw us develop a performance framework led approach to scrutiny of performance and service quality through all levels of our services, from front line to Board. As we look towards 2019 - 2020 we will roll this performance framework out into our operational services.

We have also continued to deliver a programme of systematic case file audits and quality assurance processes have also been amongst a number of tools used which have contributed to improved standards. We consider this to be a robust and valuable process, reflecting our commitment to continuous improvement and a culture of sharing learning to support improvement.

Supervision and training also remains a key priority to ensure our staff are supported to maintain the knowledge and understanding required to deliver on our statutory functions.

Detailed below are a number of tables showing performance data for the reporting period 2018 - 2019.

Children's services

A review of our performance shows the following:

Performance Indicator	2017/18 Target	2017/18 Delivery	2018/19 Target	2018/19 Delivery
% of child care Integrated Comprehensive Assessments (ICA) for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target	**75%**	**88%**	**75%**	**64%**
% of first Child Protection review case conferences taking place within 3 months of registration	**95%**	**100%**	**95%**	**96%**
% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	**100%**	**100%**	**100%**	**94%**
Balance of Care for looked after children: % of children being looked after in the Community	**89%**	**83%**	**89%**	**85%**

Performance in the area of submission of completed assessment to Scottish Children's Reporter Administration was an area of concern. Scrutiny showed that there were a number of factors out with our control that led to the drop in performance. We do not expect these factors to recur in 2019 – 2020 and Team Managers have been monitoring this indicator and are supporting staff with a view to ensuing improved performance. Performance in other areas was generally close to target with areas of variation most often arising from relatively small case numbers translating into larger percentage variations.

Case Study

Person centred approaches in children's services – delivering better outcomes

East Dunbartonshire Council Befriending Service for Children and Young People was established in 1998 and currently provides a service to 17 children and young people, many of whom have been on the Child Protection Register and all of whom who have been socially isolated from peers and community. The Befrienders are volunteers who are recruited, trained and supported to work with an allocated child or young person. Befrienders have contact with children and their parents / carers some times over several years to improve confidence and wellbeing and promote inclusion in school and community life. Some befrienders go on to provide support to the same child or young person in a different way, such as becoming a foster carer or going on to be employed as a personal assistant when the young person transitions into adult services. Befrienders have helped children and young people to achieve things that many people take for granted such as accessing college, entering employment, and travelling independently. This is an example of a very person centred approach that makes a big difference to the lives and opportunities of children and young people in need of support.

Looked After Children: Balance of Care

Placement Type	31 Mar 2014	31 Mar 2015	31 Mar 2016	31 Mar 2017	31 Mar 2018	31 Mar 2019	% over 6 years
At Home with Parents	44	65	51	47	30	33	**-25%**
Semi-Independent Living / Supported Accommodation	0	*	*	0	0	*	
With Friends/Relatives	52	47	54	52	40	41	
With Foster Carers	29	41	40	43	48	48	
With Prospective Adopters	*	0	*	0	*	0	
Total Community	**126**	**157**	**147**	**142**	**119**	**123**	**-2%**
Close Support Unit	*	0	*	0	*	0	
Hospital	0	*	*	0	0	0	
In Custody	0	0	*	0	0	0	
Local Authority Children's Home	7	9	10	6	9	7	
Residential School	6	*	*	*	5	*	
Secure Accommodation	*	0	0	*	*	*	
Third Sector Children's Home	7	*	6	11	9	10	
Total Residential	**23**	**16**	**23**	**22**	**25**	**22**	**-4%**
% COMMUNITY PLACEMENTS	**85%**	**91%**	**86%**	**87%**	**83%**	**85%**	

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.

The number of children and young people Looked After At Home has decreased by 25% over the last 3 years. This may be due to the fact that, following assessment of need and risk, more vulnerable families are engaging with their Social Workers on a voluntary basis. The Social Work Managers work in partnership with the Authority Reporter to ensure this is closely monitored and appropriate referrals are made to the Scottish Children's Reporter Administration when compulsory measures of care are deemed necessary.

The number of children and young people Looked After and Accommodated in Foster Care has increased over the same time period. It has been recognised that Foster Care can lead to very positive outcomes for children and young people who cannot remain safely at home. For the last two years a Foster Care recruitment campaign has been underway which has resulted in an increase in capacity.

Criminal Justice Service

A review of our performance shows the following:

Performance Indicator	2017/18 Target	2017/18 Delivery	2018/19 Target	2018/19 Delivery
% of Criminal Justice Social Work Reports submitted to Court by due date	**95%**	**98%%**	**95%**	**100%**
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order	**80%**	**66%**	**80%**	**80%**
The % of cases allocated within 2 working days	**100%**	**98.89%**	**100%**	**97.29**

Performance in Criminal Justice services continues to be strong and in 2018 - 2019 Criminal Justice Services furnished local Courts with 240 reports including assessments of risk and need to assist the sentencing process. In meeting the target set, Criminal Justice Services have in turn allocated resources to those on community sentences in terms of risk and need to ensure that East Dunbartonshire is a safe place to live and visit.

In 2018 - 2019 the trend regarding community payback orders steadily increased, showing an overall increase of 65% since they were introduced in 2011. The increase of community payback orders places a strain on service delivery and expected to experience a further 7% increase with the extension of the presumption against short term sentences from 3 months to 12 months. Furthermore, analysis confirms the projected 7% increase will have a range of complex needs re mental health and drug and/or alcohol issues which will require more intensive intervention to create stability and positive outcomes. It is important that Community Payback Order placements begin in a timely manner after the individual's Court appearance to maintain public trust and the connection between the crimes, the Court's finding for the person, and their payback activity. While 2017 - 2018 performance was just below target for beginning unpaid work in 7 days, there was a significant investment in resources in 2018 - 2019 to successfully achieve an 80% success rate which is higher than the national average at 59%. Unpaid work and other activity requirements feature in 78% of the total community payback orders.

Noted below are some of the key activities undertaken in the community**;**

- Justice Service played a significant role in clearing and improving the cycling route to assist East Dunbartonshire prepare for the European Cycling Time Trial on Thursday 31 July 2018 as part of the summer's Commonwealth Games
- A local gritting service is available in winter to help vulnerable people in the community. In December 2018, the team were involved in clearing snow and ice and gritting footpaths around sheltered housing complexes, health centres and residential units for elderly people in the local area
- Unpaid work provide CPR courses in partnership with Scottish Fire and Rescue which enable for service users to learn lifesaving skills
- Ongoing work at Antermony Loch to rebuild the pathway to ensure it is wheelchair accessible;
- Individual placements with DEBRA and Barnardos charity organisations
- Food parcel uplift and delivery to vulnerable residents
- Painting work and restoration at the Anand Bhavan Asian centre Union Street

- Creating a willow tunnel at Merkland School and a sensory garden at Holy Family Primary School
- Slabbing, Decking, creating allotments at Auchinairn community centre.

Throughout the year a total of 21,669 hours of unpaid work was invested in our communities. This equates to the value of around £154,000, based on the National Living Wage.

Case Study

A time for giving and paying back – delivering better outcomes

Justice Service hosted a festive project called: '**A time for giving and paying back'.** The team collected and delivered approximately 36 parcels of donations per day for the 20 days leading up to Christmas, with an average of around ten items per parcel. That means around 720 people or families benefitted from this scheme in East Dunbartonshire, with more than 7,000 donations being received and distributed. This project was commented on by the **Scottish Government and Cabinet Secretary for Justice Humza Yousaf,** said: "*This is a fantastic example of how people serving community sentences can help give back to their local communities*".

One recipient said: *"I burst into tears when I saw the wonderful gifts that people had donated for my kids that I could never have afforded. I am so grateful to all the kind people who made this happen for my family"*

The service users stated they found it rewarding and satisfying, knowing that they are helping those in need during the festive period.

We plan to repeat this project in the future.

Prison Based Social Work

In the reporting year, Justice continues to meet expectation and deliver a high quality of service despite significant challenges. Low Moss is designed to house 784 prisoners and currently soon to experience an additional 100 prisoners increasing to 860. In 2018 - 2019 requirements for reports to the Parole Board and the Scottish Prison Service saw a 40% increase from 138 to 188. Furthermore contribution to case management work has seen an 18.25% increase from 400 to 475. The focus of this work is on public protection, alongside rehabilitation and reintegration, to promote safe and positive outcomes for those returning home to their communities.

Multi Agency Public Protection (MAPPA) (snapshot 31st March 2019)

Criminal justice continues to fulfil their responsibilities with respect to registered sex offenders (**RSO)** and MAPPA Arrangements. The majority of cases are managed at the lowest level of MAPPA, Level 1, with a very small number of cases falling in the two higher categories. MAPPA Level 3 cases are chaired by the CSWO. These cases require intensive planning and risk management strategies, reflecting the higher levels of risk presented. The table below is a snapshot, which indicates a reduction due to the number of men completing registration in March 2019. These figures are expected to increase again in line with local crime rates for sexual offending (mainly internet based) within the North Strathclyde area and in line with national figures.

Performance remains excellent. 100% of Level 2 MAPPA cases were reviewed within twelve weeks. MAPPA level 2 meetings were held within 20 days of receipt of referral by the MAPPA Coordinator and MAPPA Level 3 within 5 working days of receipt of referral by the MAPPA Coordinator. All stage 1 notifications were made within 3 working days of receipt of community sentences, stage 2 referrals were made within 5 working days.

East Dun	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
	RSO 31(-4)	**RSO** 35(+4)	**RSO** 38(+3)	**RSO** 44(+6)	**RSO** 37(-7)	**RSO** 44(+7)	**RSO** 34(-11)

Adult and Older People's Services

We reported our overall performance against the national core indicators in our annual performance report for the year 2018 – 2019. The full report can be found in the Health and Social Care Partnership pages of East Dunbartonshire Council's website. We reported improved performance in 6 areas, steady performance in 11 areas, and negative performance in 2 areas. Key area of challenge are around the rate of falls people over the age of 65 have in the East Dunbartonshire area and the number of days people aged over 75 spend in hospital when they are ready to be discharged.

The national Health & Social Care Experience survey, which is undertaken ever two years, focuses on the importance of a personal outcomes focussed approach. The most recent survey return showed that the HSCP had improved or maintained performance against all outcome areas in 2017 / 2018. In addition, many services regularly use customer/service user/patient feedback mechanisms to assess how the service is being received. In the coming year we look towards bringing this information together more effectively to enable us to understand views on our services, and tell others about these views more easily.

During the year we have been working hard to ensure that people of East Dunbartonshire don't get admitted to, or remain in hospital, unnecesarily. During the year nearly 100 people were discharged from hospital into the Health and Social Care Partnership's Intermediate Care Unit and the Hospital Assessment Team received over 400 referrals. The Home Care Service received nearly 2,500 referrals, delivering well over one million home vists in the year and the Rapid Response Service prevented around 150 admissions to hospital.

A great deal of work has continued in 2018 and 2019 around preventing and responding to falls. We have continued to keep the key message of falls prevention moving with the 'Taking the Balance Challenge ' being distributed and carried out at every opportunity; most recently, with our Private Care at Home providers. Our localised Falls Checklist, which was developed by the Community Safety Partnership, has been distributed in all Community Pharmacies and been introduced to the Scottish Fire and Rescue Service and others through the collaborative Operational Falls Group. Work continues to implement agreed Pathways for those who have fallen within Adult Social Work Teams and work on this area will continue in the coming year. In addition, a District Nursing Falls Pathway has been introduced and in the last two months, enhanced the Home Care Falls Pathway utilising Telecare and ensuring all who have fallen are offered a multi-factorial Falls assessment, where relevant, to support prevention and avoidance of hospital admission. The year ahead will focus on ensuring implementation of the National Falls Strategy across HSCP; currently under consultation till 12th August.

Case Study

Listening to people who use our services - Hospital Discharge Leaflet

The HSCP Public, Service User and Carer (PSUC) Group undertook a survey to better understand how to improve the hospital discharge experience. This led them to develop a discharge leaflet for patients and carers that covered key issues such as; patient transport, valuables and belongings, medication and any follow up appointments and/or home care requirements, combining as an aid to a more seamless and cohesive discharge.

This initiative had positive impact on the experience and quality of life outcomes for patients on discharge from hospital. It also helped establish a vibrant and constructive engagement role for the PSUC group. The leaflet was recognised as a positive development by NHS Greater Glasgow and Clyde and has been agreed for implementation across its hospital sites.

Numbers of attendance at Accident and Emergency departments per 1000 of the population also continues to be a challenging area to make progress in, with attendances going up, instead of down. In the coming year our PSUC group plan to work on an information leaflet for people in East Dunbartonshire outlining the options for accessing health and care advice and support when it is needed, without inappropriately attending an Accident and Emergency department.

One of the challenges of the past year has been the rise in numbers of people whose discharge from hospital is delayed because they do not have the ability to make their own decision about their best long term care options, and no other person is legally able to make that decision for them. These delays are referred to as relating to the Adults with Incapacity (Scotland) Act 2000. Delays for this reason are difficult to address as there is a legal process which must be followed to ensure someone is able to make decisions for that person. This process can be lengthy. In the coming year we look forward to some revisions to the legislation which we hope will improve this area however in the short term, this will continue to be an issue affecting our ability to move people on from a hospital stay in a timely manner.

Supporting people with dementia, and their carers, is a key area of work and over the past year older people's service have been embedding the national quality approach into their work with people after they have received a diagnosis of dementia. This is referred to as 'post diagnostic support' and the Scottish Government has set a target for people to receive this support for a period of a year following diagnosis. The support aims to maintaining quality of life for those with a diagnosis of dementia. In partnership with third sector organisations, a range of further initiatives have been established and over the next year this work will be refreshed to include;

- Reviewing and updating the local Dementia Action Plan
- Embedding the Stress and Distress in Dementia model within the Older People's Community Mental Health Team and working towards rolling this out across the wider HSCP

- Developing Dementia Friendly Communities
- Implementing the Dementia Standards Framework

Drug and Alcohol Services

The number of Alcohol Brief Interventions completed for 2017 - 2018 was 633, 29% above target of 487. The uptake of ABI's within the wider community setting was very positive, but there was a low uptake within the primary care setting. In the coming year we will work to encourage and support uptake of Alcohol Brief Interventions in this setting as well as working to ensure interventions are offered appropriately to older people in the community. This reflects analysis of our adult protection work in recent years which indicated that alcohol misuse in older people was a significant factor in issues of risk and harm to self and/or others.

The integrated East Dunbartonshire Alcohol & Drugs Service (EDADS) has been working to improve the waiting times from referral to alcohol and drug treatment. The team has redesigned the referral process to improve performance, allocating all referrals for assessment within one week. The team aims to offer assessment appointments within three weeks, recognising the importance of providing a rapid and responsive service to people with drug and alcohol misuse issues. However, unfortunately due to staffing challenges, the team has not been meeting the target for rapid access to services in the past year. With a better staffing position now developing, the team will work to ensure the target is met during the coming year. In the past year the team have developed greater partnership working with Homeless services, Criminal Justice and enhanced the Blood Borne Virus testing and treatment provision. Community based Alcohol Care and Treatment services have also been developed in partnership with Auchinairn Medical practice. In addition, the team has been regularly scrutinising the circumstances around all local drug related deaths and working to further develop the preventative services that are available as well as ensuring the local provision of Naloxone to service users, family and carers in response to increasing demand; Naloxone blocks or reverses the effects of opioid overdose and is a vital harm reduction measure.

Case Study

Involving Families in Recovery Services

The East Dunbartonshire Alcohol and Drugs Service has been working to enable people accessing the service to involve their families or other chosen people in their recovery journey. This is one of the Scottish Government's Quality Principles for drug and alcohol services. The service asked the Scottish Drugs Forum to undertake an independent evaluation of how well this approach was being embedded. The evaluation was carried out by peer research volunteers. These are people who have lived experience of problem substance use. The peer researchers spoke with people who use the local service and concluded that the local service was performing well in this area and a number of people who participated in the research commented positively on their experience.

One person commented '*I think the service has got it spot on'.*

Mental Health Services

Mental Health Social Work Services have seen a continued increase in demand with 59 suitability reports prepared for court by Mental Health Officers. Legislative changes have been successfully

implemented into practice and the service has continued to develop information protocols and a hospital admission information pack, which aims to ensure people who require a mental health in patient stay understand their rights and the basis on which their treatment is provided. The service has also been promoting the use of Advanced Statements, which are an effective means of ensuring that the person's wishes and preferences for care and treatment are understood by those supporting them in times of ill health.

During the year the team has reviewed all Adults with Incapacity cases and improved monitoring of cases where the Chief Social Work Officer is the legal welfare guardian. At present there are 20 people for whom the Local Authority has decision making responsibility. In addition, there are a further 194 private Financial and Welfare Guardianship Orders held for people in East Dunbartonshire and in these cases there is a legal duty to supervise and support those holding these legal powers. Statutory work under the Mental Health (Care & Treatment) Scotland Act continues to be challenging and complex in nature and there are 39 cases where a compulsory order is in place for someone in the community requiring social work management and intervention. Over the year there were a further 68 cases where a Mental Health Officer was required to consider a Short Term Detention and an additional rise in the use of Emergency Detention Certificates which mirrors national trends.

The provision of psychological therapies for people continues to be a key area of priority for services and it is very positive that the national target of 18 week from referral to the commencement of treatment has been met (98.9% for 2017/18). In order to achieve this excellent performance the team has adapted the way services are delivered, now offering a localised clinic, and evening clinic opportunities.

Case Study

A Staff Led Whole System Review with the Goal of Improving Access to the Service

The staff of the Community Mental Health Team reviewed their approach to the provision of assessment appointments in order to better respond to rising demand, reduce waiting times, reduce the number of appointments that are not attended (DNAs), and improve flexibility of approach for people accessing the service. The team updated their guidelines, developed a rolling staff rota that was, for the first time, inclusive of social work staff, and introduced the option of home visits for assessment appointments. The revised approach reduced waiting times, significantly reduced the DNA rate, increased assessment appointment capacity from 16 per month to 58 per month and, due to the ability to respond more promptly to people in need of support, reduced the overall amount of input from the team that individuals' required. This staff led service improvement was the overall winner for the HSCP's 2017 – 2018 Staff Awards for Excellence.

Services for People with Learning Disabilities

The Joint Learning Disability Team has continued to provide a quality service to over 400 individuals including individual care packages and a range of group work opportunities to assist people with learning disabilities to build their skills in managing the tasks of daily living, and looking after their health and wellbeing. The team has also delivered a significant number of specialist supports to colleagues in the private and voluntary sector by way of staff training. During the year 17 young people transitioned from children's services to adult services. The support these young people require ranges from light touch levels of community support right through the continuum of supports to full 24 /7 care packages for those with very complex care needs. This is reflective of a year on year increase in demand for services. The effectiveness of this transition process has been an area of concern for staff, people who use services, and their families and carers for a number of years.

During the year a full review of the process was initiated and the outcome of this will be reported in the coming year. This is an important area in which we wish to improve practice.

The day service provision for people with learning disabilities has been under review during the year and this has led to a number of very positive developments. Agreement has been reached to reconfigure the current staffing model to enable the service at Kelvinbank to offer enhanced levels of support. This will enable the service to offer day placements to a number of additional people who would otherwise have had to access service out of area. There has also been consultation with stakeholders which helped establish the main principles for our day services which has enabled us to take the next steps forward in planning the model for a much needed new build community resource centre. This will continue to be an exciting area of work in the coming year and in that time the service will also seek to establish a set of principles to underpin the further development of accommodation with support services. In addition the service also hosted a number of very successful events celebrating the artistic and creative work of people with autism spectrum conditions, learning disability and mental health issues including a community art project in the main Kirkintilloch shopping centre and East Dunbartonshire's second Festival of Celebration, with a focus on art and music. This took place from 21st March to 23rd March in the run-up to World Autism Awareness Week. Over 100 members of the community took the opportunity to access the drop-in autism information and advice service that was available over the Friday and Saturday of the festival.

Support for Carers

It is estimated that there are around 788,000 people in Scotland who are caring for a relative, friend or neighbour. This includes 44,000 who are under the age of 18. The contribution of unpaid carers to the overall health and care service delivery landscape across Scotland can therefore not be underestimated and supporting carers and valuing their skills, abilities and opinions, is therefore a key area for all Health and Social Care partnerships.

The social care service user feedback demonstrates good performance in the provision of carer support, exceeding the local target. The partnership commissions a third sector organisation, Carer's Link, to provide support, information and advocacy to carers. During the year Carers Link had direct or telephone contact with 1,326 carers and completed 39 Carer Support Plans.

The Carers (Scotland) Act 2016 came into force on 1 April 2018 and was implemented locally following considerable work by dedicated working group which was inclusive of carers' representatives.

The key areas completed during the year 2018 – 2019 were:

- Production of a Short Breaks Statement
- Completion of a Carer Strategy 2019 - 2021
- Development and roll out of the Adult Carer Support Plan
- Development and roll out of the Young Carer Statement

In 2019 – 2020 we will focus on monitoring the implementation of the Act.

Performance of Registered Services

The partnership commissions and provides a range of registered care services to meet assessed care needs. All registered care services are regulated and evaluated by the Care Inspectorate. The following grading system is used;

Grade 6 – Excellent	Grade 3 – Adequate

Grade 5 – Very good	Grade 2 – Weak
Grade 4 – Good	Grade 1 – Unsatisfactory

The grades of the services delivered by the Council and those purchased by the partnership are set out below. The grades below are the most recent assessed by the Care Inspectorate for services based in East Dunbartonshire, which covers the last two years:

Care Provider	Care and Support	Environment	Staffing	Management and Leadership
HSCP / Council In-house Services				
Milan Day Service	5	4	4	4
Kelvinbank Day Service	5	5	5	5
Homecare Service	3	Not Applicable	2	2
John Street House	5	5	5	5
Meiklehill	5	Not Applicable	5	4
Fostering Service	5	Not applicable	5	4
Ferndale Care Home for Children & Young People	5	5	4	5
Adoption Service	4	Not applicable	5	4
Community Support Team for Children and Families	5	Not applicable	5	6
Ferndale Outreach for Children & Young People	5	Not applicable	4	5
Commissioned - Supported Accommodation				
Cornerstone Community Care	5	Not applicable	5	5
Key Housing Association (Group registration covers Milngavie, Kirkintilloch, Clydebank, Alexandria & Dalmuir)	5	Not applicable	4	5
Quarriers (Phase 3)	4	Not applicable	4	5
Quarriers (Phase 2)	4	Not applicable	4	4
Quarriers (Phase 1)	5	Not applicable	4	4
Real Life Options	5	Not applicable	5	5
Living Ambitions (Group registration covers Glasgow North & West Services)	3	Not applicable	3	3

CARE HOME	WELLBEING (previously Care & Support)	LEADERSHIP (previously Management & Leadership)	STAFFING	SETTING (previously Environment)	Care Planning (new Category)
Commissioned - Nursing Care Homes*					
Abbotsford House	4	6	4	6	Not assessed
Milngavie Manor	5	4	4	5	5
Antonine House	4	3	5	5	Not assessed
Birdston Care Home	5	5	5	5	Not assessed
Buchanan House	3	3	3	3	4
Buchanan Lodge	5	5	5	4	Not assessed
Campsie View	1	2	2	3	2
Canniesburn	3	3	3	3	Not assessed
Lillyburn	6	6	5	5	5
Mavisbank	3	3	3	3	3
Mugdock	6	6	Not assessed	Not assessed	Not assessed
Springvale	Not assessed	Not assessed	Not assessed	Not assessed	Not assessed
Westerton	4	4	4	4	4
Whitefield Lodge	3	Not assessed	Not assessed	Not assessed	3

Of particular note in the above table are the services assessed as providing lower quality services. The in-house Care at Home services is included in this cohort. Since the inspection visit that saw the grades reduced considerable work has been underway to review the service arrangements and address the improvement areas identified in the inspection. The next formal inspection will consider whether these actions are sufficient to result in improved grades.

In relation to Campsie View Care Home, during the year we undertook an Adult Support and Protection Large Scale Investigation into the quality of care and services provided. These concerns coincided with reduced inspection grades. Over a 52 day period, a joint social work and nursing team worked together to review the quality of care, identifying five key themes for improvement, including information and communication, health care, support, environment and registration & regulatory requirements. The joint approach to the investigation enabled an effective and efficient process and provided valuable learning for both Social Work and Health staff about each other's role and task. In the longer term, this experience has been seen to have accelerated the integration and development of health and community care services in East Dunbartonshire.

On a positive note, the Pineview service, which provides residential care for adults with complex learning disabilities, has continued to make significant and dramatic improvements since the service was brought in-house from the previous third sector service provider. From a starting point in

December 2016, when it was graded as 'Weak' it has improved to the point where the most recent inspection report from October 2018 graded the service as 'Very good'.

We are also pleased to report the progress we have made in our fostering and adoptions services. For both inspections it was recognised that all the recommendations from the previous inspection in 2017, which had not been so positive, had been completed and there were no recommendations or requirements made in either of the most recent inspections.

Child Protection

As noted earlier, the CSWO chairs East Dunbartonshire's Child Protection Committee. The Committee consists of representatives from a range of agencies including education, social work and housing services, Police Scotland, NHS Greater Glasgow and Clyde, the Scottish Children's Reporter's Administration and the third sector. The Chair and Committee are supported by the Council's Child Protection Lead Officer. Working in partnership, these representatives carry out the core functions of the CPC, which the National Guidance for Child Protection in Scotland (2014) specifies as continuous improvement, strategic planning and public information & communication. The multi-agency Committee produces an annual business plan and manages the required work through three standing sub-groups:

- Management Information & Self-evaluation
- Public Information & Communication
- Joint Learning & Development (shared with the Child Protection Committee)

In addition, in 2018 - 2019 the sub group focussed on the learning from Initial and Significant Case Reviews (SCR's) was re-established. The SCR sub group, as well as reviewing the current protocol for Significant Case Reviews, has sought to disseminate the learning from national SCRs. For example the Lauren Wade SCR which was published by Glasgow CPC.

Key Developments in Child Protection

Key national developments have influenced the work of the Child Protection Committee over 2018/19. The main focus continues to be the implementation of recommendations from the Child Protection Improvement Programme (March 2017) which has informed the work of Child Protection Committees Scotland [CPCS] and led to a comprehensive CPCS National Development Plan being agreed in this forum. East Dunbartonshire's Child Protection Committee provides active representation within CPCS and has supported work relating to the development plan through engagement in CPCS Subgroups. This has included the National Neglect Group and the Working Group tasked with considering the dissemination of learning from Significant Case Reviews, as well as the National Child Protection Learning and Development sub group, which actively considers the training needs for the national workforce.

There has been significant progress this year in the development of a National 'Minimum Dataset', a workbook with 17 indicators and accompanying scrutiny questions. It is hoped that it will be adopted by all CPC's in Scotland. Multi-agency partners from East Dunbartonshire have taken part in a workshop, which provided training on the tool. Work will take place in 2019 - 2020 to consider its implementation locally.

Over 2018/19 the Management Information and Self-evaluation Subgroup continued to progress and oversee the implementation of a comprehensive quality assurance calendar. This included a further significant multi-agency case file audit in January 2019, an audit of Joint Investigative Interviews in Oct 2018, analysis of statistical information provided to the CP and evaluation of Child Protection Processes.

This quality assurance work has led to a number of significant developments including the setting up of a total of five Test of Change groups looking at different aspects of the child protection process and how improvements can be made and implemented. A notable achievement from the multi-agency Test of Change process has been the introduction of a new Child's Plan and Shared Referral form.

The Public Information and Communication Subgroup created and distributed publicity materials. The subgroup has also embedded a process for responding to national campaigns. Moving forward, a particular focus will be to continue to consider ways to ensure children and young people's voices are heard throughout the Child Protection Process and planning stage.

The Learning and Development sub group has continued to develop and implement a comprehensive multi-agency training programme and this sub group has now formally joined with the adult protection subgroup focussed on learning thus strengthening the public protection links and focus of these two committees.

The year culminated in the inaugural Joint Adult and Child Protection Conference, ' More Than Just a Number': Age, Stage and Protection'. The event considered themes which have an impact on residents of East Dunbartonshire across the lifespan, including Child Sexual Exploitation, Adverse Childhood Experiences and Trauma, Personality Disorder and Cuckooing and County Lines. Evaluations were positive showing an enthusiasm for joint working and more opportunities for multi-agency learning.

"A well put together conference with lots of links between child and adult protection"

Figure 2 - Quote from participant evaluations from Joint Child and Adult Conference 2019

The tables below provide a broad overview on the number of children and young people with whom East Dunbartonshire's Child Protection Services have had contact over the past six reporting periods. Although the number of child protection investigations has dipped slightly over 2018 - 2019 the overall number subject to a case conference has increased again with a significant number of these children being placed on the child protection register.

Child Protection Statutory Activity 2018 - 2019

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
CP Investigations	171	154	171	185	215	170
Children subject to CP Conference	265	301	313	294	336	353
CP Registrations	80	69	83	73	102	84
CP De-registrations	68	73	73	83	101	71
Total on CP Register at Year End	**44**	**40**	**50**	**40**	**41**	**54**

Type of Case Conference	Number of Children Subject to Case Conference
Pre-birth	6
Initial	93
Review	254
Transfer In	0
TOTAL	**353**

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.

A detailed breakdown of additional information including length of registrations is available via the Child Protection Committee information on the web

Trends

The above tables indicate a number of key trends within Child Protection locally some of which are reflected nationally. Overall, there has been a general increase in Child Protection investigations over the past 6 years although figures are affected by the high level during 2017 - 2018. Case conferences and numbers of children subject to child protection registration continue to be relatively high and this upward trend over the past years reflects the national picture;

- 21% decrease in the number of children subject to CP Investigation in – 2018 - 2019
- 5% increase in the number of children subject to a CP Case Conference in – 2018 - 2019
- 18% decrease in the number of children subject to CP Registration in –2018 - 2019
- 33% increase in the number of children on the CP Register at year end – 2018 - 2019

Adult Support & Protection

Work around adult protection is grounded in the Adult Support and Protection (Scotland) Act 2007. There is a statutory duty to set up and support East Dunbartonshire's Adult Protection Committee; to make inquiries where an adult is suspected to be at risk of harm; and to apply for protection orders where these are required to safeguard the adult. The lead duties have been delegated to the Health and Social Care Partnership, with the establishment of East Dunbartonshire Integration Joint Board. Qualified social workers and occupational therapists continue to be trained and authorised to carry out "Council Officer" duties in East Dunbartonshire, as required by the legislation.

The Adult Protection Committee is independently chaired and has representation from all key agencies. The convenor and Committee are supported by the Council's Adult Protection Coordinator. A report on the Committee's activity is submitted to the Scottish Government on a biennial basis, most recently on 31 October 2018. The Committee's governance structure was

reviewed in 2018 - 2019, and as well as reporting to the Protection Chief Officers Group, it is now supported by three standing sub-groups in respect of its statutory functions:

- Continuous Improvement
- Quality and Development Partnership
- Joint Learning & Development (shared with the Child Protection Committee)

The Significant Case Review sub-group is convened when required.

Key Developments in Adult Support and Protection

Following the national thematic review of adult support and protection in 2017, a local improvement plan was put in place to progress the recommendation '*The partnership should make sure that social workers prepare well-balanced, valid chronologies for all adults at risk of harm who require them'.* The plan includes actions to secure appropriate oversight and governance, improve information and recording systems, develop policy and guidance to improve practice, and measure and monitor progress. The practice development work is being taken forward by a practitioner-led task group and is expected to complete by the end of the calendar year. Wider work has been done to align some aspects of the project to a parallel CPC Test of Change, and it will feed into a multi-agency review of adult risk assessment and management policy during 2019 - 2020. A national ASP improvement plan for 2019 - 2023 was developed from the thematic review and has now been authorised by the Scottish Government. It follows similar lines in focussing on six improvement areas including assurance, governance, data and information, policy and guidance, practice improvement and prevention. East Dunbartonshire will not be involved in the main improvement action, which is to complete inspections of the 26 remaining ASP partnerships, but we will contribute to other significant workstreams, such as the legislative review, outcome-focussed adult support and protection, and the development of national training, for example around LSIs.

The Adult Protection Committee has an established approach to annual multi-agency case file audit, and sponsors annual multi-agency learning events. The 2019 audit identified a range of areas for review by partners, including some which were also reflected in the CPC's audit, for example, staff supervision and quality assurance. These areas already feature in the Committee's business improvement plan and were scheduled for action in 2019 - 2020. During 2018 - 2019, the Committee introduced a "Partners in Protection" multi-agency learning event to enable providers to review and refresh their understanding of ASP reporting thresholds, processes and roles. It involved a significant level of input from different partners, including Social Work, Police Scotland, the Care Inspectorate, Community Nursing, Trading Standards, Scottish Fire and Rescue Service and Advocacy on their individual protection role, as well as a consultation session on the review of our LSI and Providers protocols and our ASP Thresholds framework.

A number of additional interventions have been introduced over the year to support vulnerable adults including;

- Introducing a multi-disciplinary virtual care home liaison team to monitor and target advice and support following learning from a Large Scale Investigation.
- Working with Police Scotland and other partners to introduce the Herbert protocol to support older adults with dementia who are at risk of going missing
- Working with NHSGGC to introduce ASP guidance for staff working in Prison healthcare services
- Providing a Partners in Protection learning event for care providers involving inputs from key partners

The performance of the social work service in respect of ASP activity is reported regularly via the Adult Protection Committee and its structures, providing a reliable indicator of demand on and the efficiency of our systems and processes.

Adult Support and Protection Statutory Activity 2018 - 2019

Nature of Activity	Number 2017/18	Number 2018/19
Duty to Inquire	571	434
Planning meetings (including those convened under the Repeat Referrals Protocol)	10	5
Investigations	19	34
Case conferences	15	18
Review case conferences	20	10
Protection plans initiated	6	6
Temporary Banning Orders	0	*
Banning Orders	0	0

Note - * denotes a number <5. Details are not further disclosed in the interests of protection of confidentiality.

A detailed breakdown of additional information is available via the Adult Support and Protection Committee information on the web

Trends

ASP referral figures for 2018 - 2019 have fallen compared to the previous year for the first time since we began monitoring ASP activities in 2010. There was a significant rise in demand for ASP inquiry services in the 2016 - 2018 period, which was linked to the increasing numbers of our older people. The Committee agreed to establish a specific workstream to review and improve services for older adults at risk of harm, or at risk of causing harm. The Older adults and ASP project has six strands: older adults going missing; working with older perpetrators; recovery from harm; living well with dementia in the community and care homes; sexual harm and domestic abuse; and causing harm to self and others through alcohol misuse. The rise in ASP inquiries in 2016 - 2018 was also linked to an increase in ASP referrals raised by Police Scotland. The Committee agreed to pilot an Inter-agency Referral Discussion (IRD) process for adults in East Dunbartonshire. The process allows social work, police and health colleagues to share information at an early stage where more serious harm was reported, and agree a provisional multi-agency protection plan. An equivalent process for children is already in place across the Greater Glasgow area, but separate reporting pathways and data protection considerations in working with adults at risk meant that the adult IRD process had to be built from scratch. Following the success of the East Dunbartonshire pilot, Police Scotland is planning to rollout the IRD process across Glasgow City and East Renfrewshire.

Over the course of the year we have been working to bring the oversight of our public protection focussed social work and social care activities together under scrutiny of a refreshed Public Protection Chief Officers' Group which takes in child and adult protection, multi-agency public protection arrangements, multi-agency risk assessment case conferences, and work with those who have been radicalised through the PREVENT framework. In addition, the group now receives key highlights from other groups such as the Drugs Death Group when it is felt this is warranted.

Looking to the future, East Dunbartonshire are working towards further embedding a Public Protection approach, recognising the value of working partnership to protect people across the lifespan. The recent development of the Joint Learning and Development Sub-group and the joint conference are important steps towards this goal.

7. Workforce Planning and Development

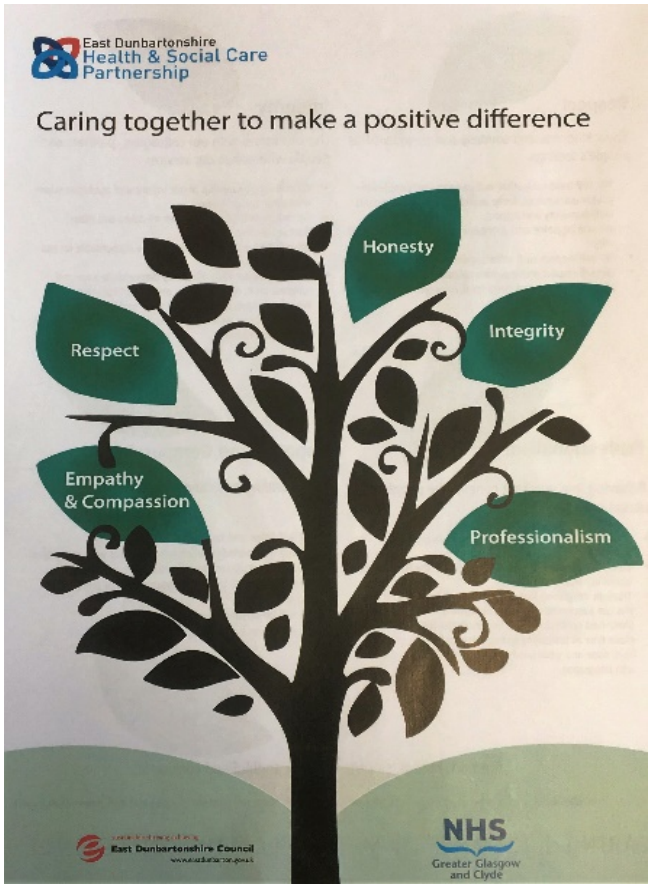
East Dunbartonshire Council and NHS Greater Glasgow and Clyde have systems for staff performance appraisals: respectively Personal Development Reviews (PDRs) and Employee – Skills and Knowledge Framework (e-SKF), replaced by TAURAS. These are important processes for ensuring that staff are supported in maintaining their skills and knowledge to effectively undertake their roles.

With respect to training, the CSWO Chairs the Social Work Training Sub Group, which considers the training requirements of staff and sets out the training plan to meet existing and future demands. This plan serves as a focus for planning with colleagues in human resources and finance.

During the year national work commenced on reviewing the approach to social work training and post qualification training and learning opportunities. The CSWO is engaged as a member of the national strategy group and will therefore be well placed to make a good connection between the emerging national direction of travel and local objectives, and to influence national strategy. This work will continue into the coming year.

In terms of local professionally qualified social work workforce challenges the key issue remains the recruitment and retention of Mental Health Officers. Mental Health Officers are qualified social workers who have undertaken a formal post qualifying award to enable them to undertake the statutory functions set out in a range of legislation. Mental Health Officer numbers are of national concern and succession planning for them is a key issue, recognising the age profile of the existing Mental Health Officer workforce. East Dunbartonshire has a good track record of successfully recruiting potential Mental Health Officers to the training course, and through their qualification process, however retention is a significant issue as nearby areas offer enhanced levels of pay for those holding the award. We are actively working with our human resources colleagues on options to address this issue and look forward to resolution in the near future as the workforce challenge is now such that it is increasingly difficult to meet current statutory requirements.

During the year there has also been a significant amount of work undertaken to agree a shared vision and set of values for all staff working on the partnership. This is represented in the Vision and Values tree. Work will continue to over the coming year to embed this within all areas of service.



8. Self Directed Support (SDS)

East Dunbartonshire Health and Social Care Partnership has seen a continued increase in the uptake of all four Self Directed Support options during 2018-2019. These statistics have aided the approach taken to deliver on the actions associated with the implementation of the local Self Directed Support Strategy 2018 – 2021 which was approved by the Health and Social Care Partnership Board in April 2018.

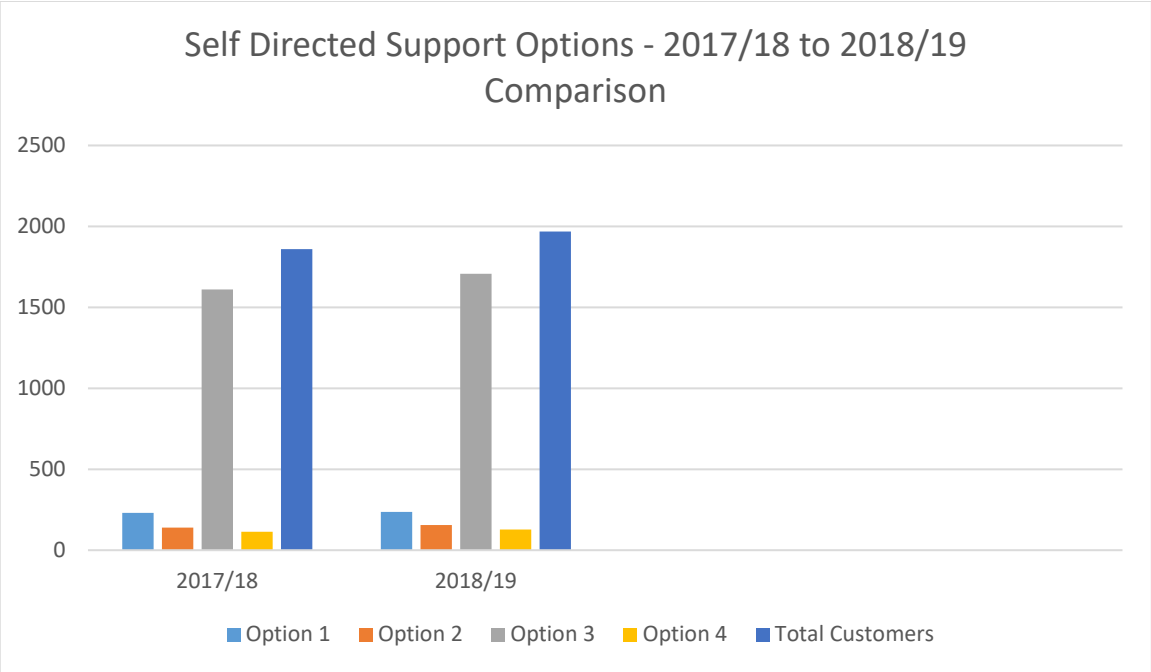
The actions contained with the Self Directed Support Strategy focused on achieving four outcomes:

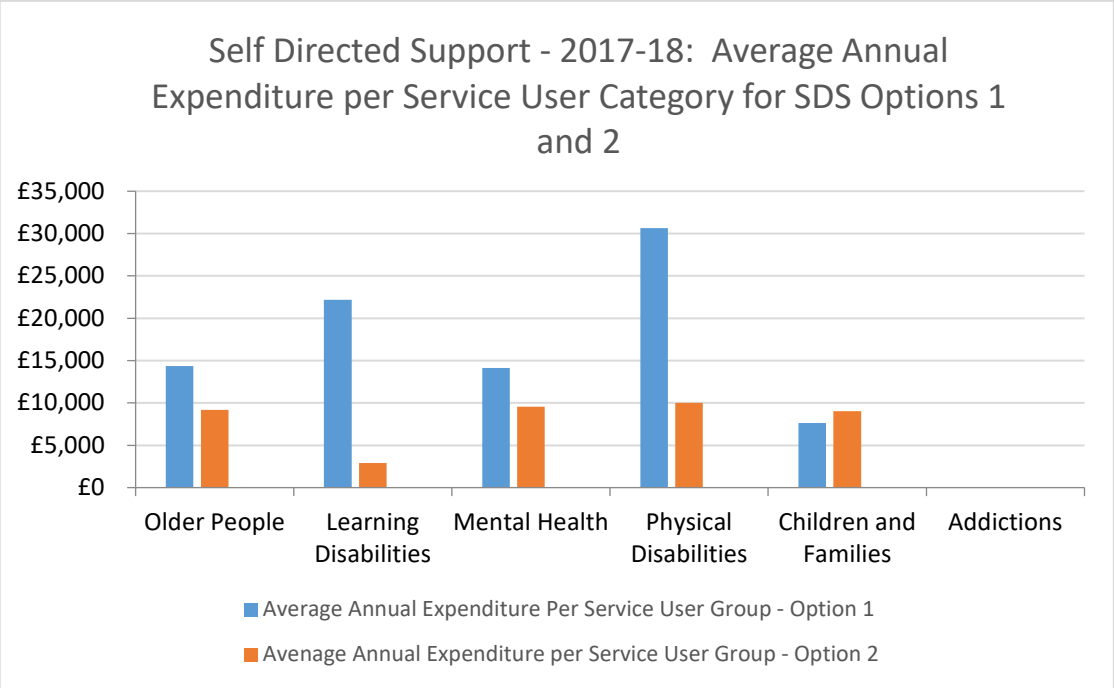
- Supported people and carers have more choice and control;
- Workers are confident and valued;
- Commissioning is more flexible and responsive;
- Systems are more widely understood, flexible and less complex.

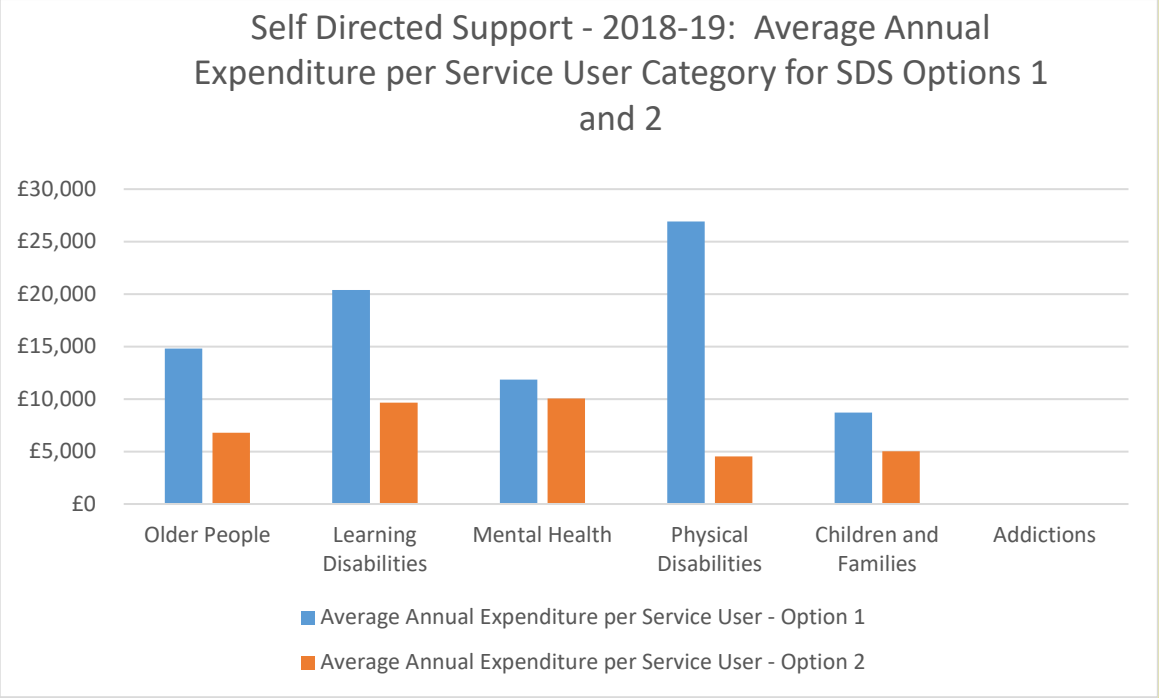
The Action Plan for 2018 – 2019 were led on by the Self Directed Support Lead Officer, in partnership with other Health and Social Care colleagues, the private social care sector and colleagues within the voluntary sector. These actions focused on;

- Building knowledge and confidence about Self Directed Support amongst the social care providers operating in East Dunbartonshire. Information relating to training and awareness sessions was offered to all providers with a small uptake requesting training sessions. The Self Directed Support Lead Officer also developed an easy read 'Self Directed Support Process Pathway' specifically for provider organisations
- A lot of work was undertaken, in partnership with the local Self Directed Support information, advice and support service, 'Take Ctrl East Dunbartonshire' to gather and analyse self directed support statistics relating to geographical uptake of each option. This work provided an opportunity to arrange and invite the local public, service users and carers to information sessions specifically targeted within geographical areas where a low uptake of Self Directed Support Options 1 and 2 was evident.
- A survey amongst the health and social care workforce within East Dunbartonshire HSCP has provided the baseline knowledge to target Self Directed Support training appropriately. Opportunities for team learning and classroom style sessions have been provided to staff and the Self Directed Support Lead Officer is currently working in partnership with the Council's Organisational Development Section to explore the future use of locally produced e-modules.
- The Planning and Commissioning Section has reviewed the current contracting and procurement process associated with Self Directed Support Option 2. This has resulted in decisions being taken to implement an Option 2 Provider Framework to ease the contracting administration required for all parties whilst also providing the service user and carer with peace of mind regarding the quality checks undertaken by officers.
- As part of the Learning Disability Review, a full options appraisal was undertaken to consider the development of an alternative resource allocation system. The result of the options appraisal, approved by the Health and Social Care Partnership Board, resulted in the HSCP continuing to develop its equivalency approach for all Self Directed Support options.

The change in Self Directed Support usage can be seen from 2017 – 2018, to 2018 – 2019 as follows







Case Study

Using Self Directed Support to Address Homelessness

The HSCP agreed to allocate funding from the SDS implementation fund to work on a project with the Council's Homelessness Service. £5000 was allocated to support individuals who may be experiencing or at risk of homelessness, who would not be eligible for support through the Homelessness Team's funding criteria.

Ten individuals were supported through this scheme, which resulted in significantly reduced or entirely avoided homelessness, improving outcomes for the individuals as well as making substantial financial savings compared to cost, for the Council.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2018 - 2019
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
Contact Officer	David Aitken, Joint Services Manager, Adult Services David.Aitken@eastdunbarton.gov.uk Tel : 0141 232 8218

Purpose of Report	To present to the HSCP Board the East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2018 - 2019 which was submitted to Scottish Government, as required, on 30 September 2019.

Recommendations	The Health and Social Care Partnership Board is asked to: • note the East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2018 – 2019.

Relevance to HSCP Board Strategic Plan	The East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2018 - 2019 supports delivery of the HSCP's Strategic Plan and the National Health and Wellbeing Outcomes in relation to addressing substance misuse issues and their impact on individuals and communities.

Implications for Health & Social Care Partnership

Human Resources	none

Equalities:	none

Financial:	Implementation of the work of the Alcohol and Drugs Partnership is fully contained within the funding made available from the Scottish Government for this purpose.

Legal:	none

Economic Impact:	none

Sustainability:	none

Risk Implications:	Overall, delivery of the work of the Alcohol and Drugs Partnership aim to minimise the impact, and therefore risks, of substance misuse issues, therefore makes a positive impact on management of risk.

Implications for East Dunbartonshire Council:	There are no immediate direct implications for East Dunbartonshire Council.

Implications for NHS Greater Glasgow & Clyde:	There are no immediate direct implications for NHS Greater Glasgow and Clyde.

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

1.0 MAIN REPORT

1.1 The Scottish Government allocates funding for area based Alcohol and Drugs Partnerships to support delivery of services that aim to address and minimise the impact of harmful substance misuse on local people and communities, structured around a suite of ministerial priority areas.

1.2 Each Alcohol and Drugs Partnership is required to submit an annual report on the use of the funding, and the impact it is having. Each annual report requires to be signed off by the Chair of the local Alcohol and Drugs Partnership and the Chief Officer of the Health and Social Care Partnership. The 2018 – 2019 annual report was due for submission by 30 September 2018. The completed submission is attached as appendix 1 to this report.

2.0 BACKGROUND

2.1. Key successes in the past year that should be noted are as follows:

2.1.1 that East Dunbartonshire's ADP continues to meet their Alcohol Brief Intervention target;

2.1.2 a local Alcohol & Drug Death Prevention Group is in place which will review all local deaths, the learning from these, and considers what changes can be made across services to reduce alcohol and drug related deaths. This group will also consider the findings of the most recent publication on drug related deaths in Scotland;

2.1.3 Naloxone training is still being provided to families and carers, and third sector partners locally and Naloxone is still being provided for harm reduction purposes;

2.1.4 continuing to build on a joined up working approach between substance misuse and criminal justice services to minimise harm and support recovery for those requiring support; and

2.1.5 the partnership has commissioned an up to date needs assessment to inform future planning. This needs assessment will be available before the end of the calendar year 2019.

2.2 Key challenges in the past year that should be noted are as follows:

2.2.1 there has been no ADP Coordinator in place to drive forward some of the ADP strands of work, this has been picked up by other staff within the partnership as far as possible. A successful recruitment has now been undertaken and a new post holder will shortly be in place. This will improve capacity and support delivery of local ADP objectives; and

2.2.2 the national Drug and Alcohol Information System (DAISy) that was due to be implemented in 2018 - 2019 has been subject to further postponement until late 2019 - 2020. DAISy is a database being developed to collect Scottish Drug and Alcohol Treatment, Outcomes and Waiting Times data from staff delivering specialist drug and alcohol interventions. Staff have been preparing for the implementation, but training has been delayed. The impact of the implementation of DAISy, is not known at this point, due to this delay.

2.2. In the year ahead the Alcohol and Drugs Partnership will focus on continuing to prepare staff across all services for the implementation of the new DAISy system in 2020. The partnership will also review the outcome of the new local needs assessment to inform further service planning. The partnership will also continue to be instrumental in driving forward the priorities in the HSCP Strategic Plan and HSCP Business Plan, with a particular focus around prevention and early intervention related to substance misuse.

3.0 **Appendix 1** - East Dunbartonshire Alcohol and Drugs Partnership Annual Report 2018 - 2019

ADP ANNUAL REPORT 2018-19 EAST DUNBARTONSHIRE ADP

Document Details:

ADP Reporting Requirements 2018-19

1. Financial framework

2. Ministerial priorities

3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to:
alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

July 2019

1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£423,689
Additional funding from Integration Authority (excludes Programme for Government Funding)	£936,815
Funding from Local Authority	
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	
Total Funding from other sources not detailed above	
Carry forwards	
Total (A)	**£1,360,504**

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£408,151
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£680,252
Dealing with consequences of problem alcohol and drug use in ADP locality	£272,101
Total (B)	**£1,360,504**

C) 2018-19 Total Underspend from all sources: (A-B)

Income (A)	Expenditure (B)	Under/Overspend
£1,360,504	**£1,360,504**	**£0**

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	**£423,689**	**£423,689**	**£0**
Carry-forward of Scottish Government investment from previous year (s)	**£0**	**£0**	**£0**

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	• System wide preparedness for implementation of DAISy involving all relevant partners and third sector providers. (100% where applicable) • DAISy to be implemented across all commissioned services via contracts (100% where applicable)	• A DAISy Implementation Group has been in place since 2017. There is still regular attendance from information technology, information governance, performance, operational leads, commissioning and administration reps. • There are continued links with local third sector providers: ➢ GRACE ➢ Addaction ➢ SFAD ➢ GCA ➢ SAMH • ADP and partners are fully committed to the implementation of DAISy, and will continue to follow any revised timelines and provide local updates. • ADP members and third sector providers have identified staff members as Champions and Super Users and are continuing to review systems, processes and paperwork in line with any DAISy updates.	• The EDADS Team manager is attending the Scottish Government DAISy implementation meetings. • The East Dunbartonshire Service Information requested in June 2019 was submitted to the Data Management Officer. There was however a delay in the submission due to the absence of an ADP Coordinator.

		• EDADS and third sector providers, where possible, are fully compliant with the DATWT LDP Standard, with 100% of clients waiting no longer, than 3 weeks from referral to treatment. There have been some issues around administration, but these are being addressed.	
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.	• EDADS Staff to receive training and have access to a separate supply of Naloxone for staff use only. (100%, all new staff to be trained) • Regular local Drug Death meetings – the group will meet monthly to review all local deaths and any learning. • Provide more support to prisoners regarding their health and social care support • Naloxone continues to be provided by prescription to all known Opiate users open to ORT clinics. • Naloxone supply available locally for new presentations for immediate harm reduction purposes. • Naloxone training provided to families and carers, third sector partners locally. (SFAD/Addaction)	• All current EDADS Staff have received training and have access to a separate supply of Naloxone for staff use only. Any new staff will be trained. • EDADS workers are providing monthly advice & harm reduction clinics at two local homeless services (First stop and Ravenswood). This has resulted in referrals that are more appropriate to EDADS, improving the link between local homelessness, and alcohol and drugs services. • The new advocacy service will include support to prisoners regarding the care and treatment they receive in prison • Family members are supported in their own right to help improve their ability to provide appropriate support and positively affect recovery outcomes of their loved ones. • Naloxone training for families will continue to be facilitated – Addiction nurses deliver naloxone training and supply naloxone to family members attending local support groups.	• ADP priorities and planning are aligned to the national strategy 'Rights Respect and Recovery - Scotland's Strategy to Improve Health by Preventing and Reducing Alcohol and Drug Use, Harm and Related Deaths' (2018) which focuses upon: ➢ Prevention and early intervention ➢ Developing recovery orientated systems of care ➢ Getting it right for children, young people and families ➢ A public approach to justice

		• The ADP has continued to fund and enhance the Blood Borne Virus testing and treatment provision as part of our harm reduction measures	• Additionally the ADP has sought to take forward the recommendations within the national 'Suicide Prevention Action Plan: Every Life Matters' (2018) to develop work across suicide prevention locally recognising the interface with mental health and alcohol and drug services and suicide prevention. • Priorities and actions for the ADP in 2019/20 were developed during an ADP development day held in April of this year in the Bishopbriggs Memorial Hall at which over forty representatives from local partners attended.
3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by	• CJSW Protocols • Direct link to the ADP • Within HMP Low Moss there are a number of offender behaviour	• The Scottish Government awarded each local authority in Scotland Whole Systems Approach reinvigoration funding. We proposed a substance use service for young	• ORT integrated clinic model has been developed and is being implemented

problem drug and alcohol use and their associated through care arrangements, including women	programmes/initiatives which target alcohol and drug use linked to offending • Advocacy service to be provided to prisoners	people and via tender Addaction were awarded the contract. Addaction are currently in the process of recruiting staff. Referrals will be via EEI, via WSA lead (Duncan Tate) or self-referrals and the service aims to address problematic substance use issues for those between the ages of 12-17, reducing substance use and linked offending and associated anti-social behaviour. The service links to Local Outcome 3 in the plan. • Approximately 60 cases co worked by EDADS and CJ teams. Improved partnership working with criminal justice. CJ team manager is attending treatment and recovery sub group. CJ workers invited to attend the EDADS MDT where relevant. EDADS addiction nurse now proving advice clinic on Wednesday mornings at CJ office to staff and service users. Preliminary plans to develop a local DTTO service in coming year to benefit service users. • East Dunbartonshire Council's Homelessness and Prevention Team have a specialist Homelessness Officer who visits households in prison. Housing Advice is provided in accordance to the SHORE standards and regular visits are carried out where appropriate. For households being discharged from prison a pre-release visit is carried out to complete relevant applications and housing support referrals	• Shared Care Clinics established in Woodhead and Auchinairn medical practices.

		i.e. homelessness application, Housing First, Housing Support referral. • New advocacy service being commissioned will support prisoners based in Low Moss to have a voice with regards to their care and treatment within the prison setting	
4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the Care Inspectorate Report, which examined local implementation of the *Quality Principles.*	• SDF will continue to measure the impact of the quality principles across commissioned and internal services on an annual basis. • ADP Sub Groups will support the continued implementation of the Quality Principles and embed the ethos.	• SDF are due to undertake their next report on the Quality Principles. The previous report contained 22 recommendations, which we are working to implement. An action plan was developed in response to this report by the EDADS team and actioned. • East Dunbartonshire Alcohol and Drugs Service addiction workers are using ROW tool with service users as required. (Until the new tool has been agreed) • There are two ADP Sub Groups: 1. Treatment and Recovery 2. Alcohol, Drugs Intervention and Awareness Group (ADIAG) Both sub groups support the continued implementation of the Quality Principles. • The ADIAG was formed to support the delivery of alcohol brief interventions, and develop design deliver and review education and awareness raising activities. In so doing, partners held a development session to consider the key local needs, the core actions described	• The work of this sub group is also attributed to the East Dunbartonshire Community Planning Partnerships, Local Outcome Improvement Plans (LOIP), in particular to the; • The Delivering for Children & Young People's Partnership (LOIP 3): "our children and young people live in a safe and accessible environment where they are ready to learn and physical and mental health and wellbeing is maximised". • The Adult Health and Wellbeing Partnership (LOIP 5): "our people

		within The Scottish Governments Alcohol Framework 2018 and the outcomes noted within the Scottish Governments strategy to improve by preventing and reducing alcohol and drug use, harm and related deaths; Rights Respect and Recovery (Scottish Gov. 2018). • The ADIAG held its first meeting in Jan 2019 and has developed ➢ A Terms of Reference ➢ An Action Plan ➢ Coordinated the process towards the delivery of Alcohol Brief Interventions (ABI's) • The Scottish Governments LDP standard 2018-19 indicates the annual target for ABIs in East Dunbartonshire was set at 487. The actual delivery totalled 516. In addition the following was achieved: ➢ The delivery of a suit of capacity training opportunities to raise awareness and capacity of partners from a range of organisations who engage with East Dunbartonshire residents. ➢ The development and delivery of a tool to support East Dunbartonshire Mental Health Practitioners to screen their client's use of alcohol and where appropriate to make a referral to an alcohol counselling support agency. • The ABI referral process is now embedded within the PCMHT, via a screening tool	experience good physical and mental wellbeing with as to a quality built and natural environment in which to lead healthier and more active life styles". • National campaign materials have been widely disseminated through traditional method (information posters and leaflets) and through social media, via the medium of a HSCP twitter page.

		utilised within all telephone triage conversations. There have been more than 120 fast screens undertaken every 8 weeks, leading to a positive volume of direct referrals to specialist Alcohol counselling. • The Older Person toolkit review is in progress. Training materials and resources are being reviewed to align to the practice needs of staff. Attached are the Sub Group Action Plans.  ADIAG Action Plan.docx  T&R Action Plan 19.20 final.docx	

* SMART *(Specific, Measurable, Ambitious, Relevant, Time Bound)* measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?	The HSCP Strategic Plan 2018 – 2021 includes strategic priorities for Drugs and Alcohol (see attached).  Draft Strategic Plan 2018-21 (1).pdf Priority 1 • Revise and improve our services to those suffering harm through alcohol and substance abuse • Develop pathways within community payback orders to increase the use of specific alcohol, drug and mental health requirements and interventions to promote healthy living and risk reduction. Priority 2 • Roll out our Recovery Orientated System of Care (ROSC) service model, which establishes closer links to communities for individuals with Alcohol & Drugs and/or Mental Health issues. • Implement an alcohol intervention and education programme, establishing closer links to partners and communities to raise awareness and reduce alcohol related harm. Priority 8 • Support the national priority for the implementation of the rollout of the Drugs & Alcohol Information System (DAISy) across alcohol and drugs services. The ADP reports directly to the Integrated Joint Board via the ADP chair. The ADP annual reports and any ADP specific submissions are coordinated by the ADP Coordinator, populated via contributions from ADP members, ISD data, and local statistical information, and then signed off by the ADP Chair before going to the IJB for approval then submission to the appropriate body. The HSCP's governance arrangements are via the Chief Officer and Chief Financial Officer, who provide regular performance management, reports to the IJB including matters relating to the Alcohol and Drug Partnership. Scottish Government guidance recommends that each HSCP establish an Audit Committee to consider a range of matters including reports relating to internal audit and annual accounts. East Dunbartonshire HSCP Alcohol and Drug Partnership (ADP) is responsible, with local partners, for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting

	recovery, based on an assessment of local needs. The ADP in East Dunbartonshire is a multi-agency based partnership whose membership is comprised across NHSGGC, East Dunbartonshire Alcohol & Drug Service, Police Scotland, Housing services, Scottish Fire and Rescue Service, Licensing, Third Sector providers, Community Safety Partnership, Community Justice Partnership, Mental Health Services, Children's Services, and Education and Leisure services. The ADP is aligned to public protection partnerships with representation within the Community Justice and Community Safety Partnerships, and reports are prepared annually on activity to the Scottish Government. The ADP in East Dunbartonshire meets on a quarterly basis and representatives attend quarterly national meetings with representative from all 31 ADPs and the Scottish Government. An integrated governance framework has been developed and approved, with a supporting governance structure to facilitate those arrangements that also sets out the relationship to and with the Community Planning Partnership of which the HSCP will be a full partner. The ADP also links into Community Planning via the latest LOIP, one of the priorities being, alcohol misuse prevention and control and alcohol and drug addiction recovery (see attached).  App 1 LOIP final.pdf

In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

1. The ADP Coordinator post has been vacant for some time; this post is being recruited for and should be filled by the end of October 2019.

2. Will the 2020 ADP Annual report be more aligned to the 'Rights, respect and recovery: alcohol and drug treatment strategy' chapters?

3. A Mental Health and Substance Misuse needs assessment is being undertaken by Rocket Science.

The needs assessment will be looking at any duplication, gaps in services, service barriers and integration pathways between providers. There is acknowledgement that although there have been developments with regards to substance misuse services, since the previous needs assessment in 2011, there needs to be further development and cohesion with mental health support and service provision. From the needs assessment there will be a set of recommendations across short, medium and long-term time scales, that will cover the whole lifespan for both mental health and problematic substance use services and will include, but not be limited to:

- Adults and Children and Young People who have mental health difficulties and/or problematic substance use
- Adults and Children and Young People with co-morbidity / multi-morbidity, including ARBD and autism
- SNIPS (special needs in pregnancy)
- Adults and Children and Young People who have had trauma
- Services for children and young people transitioning into adults services
- Mainstream services for adults including primary healthcare, employability, housing, education, leisure and culture, criminal and youth justice, and local recovery groups
- Suicide prevention and intervention, and self-harm develop services that allow individuals with multiple issues to access them.

These recommendations on the way forward will ensure that models/services are:

- Flexible
- Responsive
- Joined up
- Sustainable

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Unscheduled Care Mid-Year Update
Report By	Derrick Pearce, Head of Community Health and Care Services Derrick.Pearce@ggc.scot.nhs.uk Tel 0141 232 8233
Contact Officer	Fiona Munro, Team Manager/ Unscheduled Care Lead Email: Fiona.Munro@ggc.scot.nhs.uk Tel: 0141 232 8224

Purpose of Report	To present to the HSCP Board an overview of current performance and action in relation to Unscheduled Care at the mid-year point.

Recommendations	The Health and Social Care Partnership Board is asked to: a) Note current performance in relation to the Ministerial Strategic Group (MSG) Unscheduled Care targets b) Note progress against the East Dunbartonshire HSCP Unscheduled Care Action Plan key action areas.

Relevance to HSCP Board Strategic Plan	The MSG targets and Unscheduled Care Work plan have relevance across the Strategic Plan, particularly to the following key priorities: • Priority 3 – Keep people out of hospital when care can be delivered closer to home • Priority 5 – People have a positive experience of health and social care services • Priority 6 – Promote independent living through the provision of suitable housing, accommodation and support • Priority 8 – Optimise efficiency, effectiveness and flexibility

Implications for Health & Social Care Partnership

Human Resources:	None

Equalities:	None

Financial:	The HSCP Delayed Discharge budget for 2019/20 is fully committed to the delivery of the MSG targets and HSCP Unscheduled Care Work Plan, in addition to core service budgets.

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	The delivery of improved outcomes for people and the system in relation to unscheduled care is a whole system issue shared across HSCPs, primary care and the acute sector/ corporate arm of NHSGG&C. There are no direct implications for East Dunbartonshire Council, other than in relation to the HSCP.

Implications for NHS Greater Glasgow & Clyde:	The delivery of improved outcomes for people and the system in relation to unscheduled care is a whole system issue shared across HSCPs, primary care and the acute sector/ corporate arm of NHSGG&C.

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

MAIN REPORT

1. Background

1.1 Unscheduled Care (USC) is a cornerstone priority of the health and social care integration agenda. Increasing numbers of older people in our population and longer life expectancy for those with life limiting illness and disability is to be celebrated. In line with good practice, and better outcomes for patients, lengths of hospital stays are reducing. There is, however, a resultant increase in demand both in terms of numbers and complexity across the health and social care economy of this demographic change. In order to mitigate against the impact of this, concerted effort across the whole system is needed to ensure person centred, safe, efficient and effective care.

1.2 East Dunbartonshire HSCP works to the 6 Essential Actions for unscheduled care adopted by the Scottish Government. The 6EA areas are:

- Clinically focussed and Empowered Hospital Management
- Capacity and patient flow realignment
- Patient rather than bed management
- Medical and Surgical processes arranged to pull patients from ED
- 7 day services
- Ensuring patients are cared for in their own homes

1.3 The East Dunbartonshire HSCP Board has been consistently provided with routine updates on unscheduled care in East Dunbartonshire, and most recently agreed the East Dunbartonshire Ministerial Strategic Group (MSG) targets for 2019/20 for Unscheduled Care in March 2019.

1.4 The 2019/20 MSG unscheduled care targets for East Dunbartonshire HSCP are included at **Appendix 1**.

2. Performance

2.1 Current performance against the 2019/20 MSG targets is depicted in the table below;

Ministerial Strategic Group (MSG) Indicators: August 2019			
Indicator (all aim to minimise)	**Target (year to date)**	**Actual (year to date)**	
Unplanned Acute Emergency Admissions	4,133	4,045	
Unscheduled hospital bed days; acute specialities	32,053	35,710	
Delayed Discharge Bed Days	2,014	1,808	
Accident & Emergency Attendances	8,198	11,879	

We have made progress in terms unplanned admissions and delayed discharges but there continue to be challenges around unscheduled lengths of stay and A&E attendances. We are engaged in a number of activities locally and as part of wider GG&C work to try and reverse these trends, described in the action section below.

2.2 Performance against the MSG targets is formally reported using validated data provided by the NHS Information Services Division (ISD). These data are subject to time delay to afford the necessary checking and validation. Local (NHSGG&C) data are, therefore, used operationally to securitise real time performance. USC Performance is overseen on a 6 weekly basis by the East Dunbartonshire HSCP USC Group and onwards to the GG&C-wide Unscheduled Care HSCPs Delivery Group, the GG&C Unscheduled Care Board and the Moving Forward Together Unscheduled Care Group. Operationally we see data on delays on a daily basis and regularily analyse at our Senior Management Team.

3. Action

3.1 The unscheduled care work plan for East Dunbartonshire HSCP for 2019/20 sets out the suite of operational actions being taken across the whole system, including a number of measures of improvement. Key areas of action which the HSCP Board should note include:

3.1.1 Home for Me service

Our Home for Me service commenced in April and became fully operational in August. This is a virtual service that pulls together the hospital assessment social work team,

community rehabilitation practitioners and dedicated care at home provide. The teams have access to community OT input, pharmacy input and nursing input as and when required. The service provides a rapid community response to prevent avoidable hospital admissions from the community. The dedicated care at home component of the service takes a reablement approach working closely with rehabilitation practitioners and target interventions towards patients with the highest reablement potential. Initial results for the 46 individuals who have come through the service so far are very encouraging showing a 76% reduction in care packages and 77.5% reduction in care at home hours provided at point of discharge from the Home for Me service. Follow up at 3 months and 6 months has shown only small changes to care packages, indicating maintenance of regained function by the individuals who have been through the Home for Me service. This is based on the total numbers of hours and care packages at the start of intervention and at discharge. There were 141 calls at start and 34 at end, this equated to 559 hours at the start and 126.2 hours at end. There are on average 3 visits and 12 hours per customer at the start of their journey through Home for Me reducing to an average of 0.7 visits and 2.7 hours at the end.

	3 Months	6 Months
Decrease in Package		7.6% (of customers)
Increase in Package	3.3%	7.6%
Admitted	6.7%	3.8%
Long Term Care	6.7%	
Died	3.3%	3.8%

The team have been working closely with acute colleagues to support early discharge from orthopaedics, providing increased levels of rehabilitation within the community. Unscheduled care data shows a reduction in orthopaedic bed days between April and August 2019 compared with the same periods for 2018 and 2017.

There is improved information sharing across the primary/secondary care interface with front door. AHPs now have electronic access to rehabilitation team notes to inform decisions around alternatives to admission or facilitating discharge.

3.1.2 **iHub Frailty Collaborative**

The HSCP has signed up to be part of the Frailty Collaborative with iHUB, (Healthcare Improvement Scotland). This includes using GP data to proactively identify those with varying levels of frailty and take appropriate action. Intended outcomes are to reduce unscheduled bed days, reduce GP home visits and increase the number and sharing of the electronic Key Information Summary (eKIS). To date 3 GP practices have agreed to be part of the Fairly Collaborative to undertake the work described above. We will continue to encourage additional practices to join the collaborative and participate in the improvement work. Results from the collaborative initial tests will be shared via our GP forum to, hopefully, encourage additional buy in.

The community health services, including adult community nursing, community rehab and Older People's Mental Health Service are routinely screening for frailty to assist in identifying changing presentation and facilitate anticipatory care planning. Further roll out to community social care (e.g. internal care at home service) teams is intended in 2020/2021.

3.1.3 **Primary Care Transformation**

The redesign of primary care places emphasis on giving the right service at the right time by the right person. Investment in placing new members of the multi disciplinary team in GP practices is beginning to have an impact on shifting work away from GPs, for example;

- 60% of patients seen by the Advanced Practice Physio came directly from reception or were routed by a healthcare professional within the practice. A high proportion of these MSK patients would traditionally have been seen by a GP
- Advanced Nurse Practitioners are beginning to make an impact on urgent care by undertaking visits and establishing clinics within practices. Their daily numbers currently average 10 per ANP with only 14% of these requiring discussion with GP re treatment/diagnostic plan
- GPs report they are getting more capacity to increase their number of extended appointments. Part of this released time is allowing them to develop their leadership role within the Extended Multi Disciplinary Team
- Up skilling reception staff on care navigation has facilitated better usage to the right service and access to the right professional.
- Enhanced Public literature has been reviewed to assist residents to access the most appropriate service to meet their needs

3.1.4 **Care Homes**

The 'Caring Together', enhanced multidisciplinary care home support team was established in February 2018. A review of this virtual team has resulted in additional investment to include a Social Worker and additional Care Home Liaison Nurse. This will further strengthen relationships between virtual team members. The Care Home Liaison component of the service are accessing acute dashboards to identify reasons for admission, in reach into hospital to facilitate discharge and also develop quality improvement approaches around common reasons for admission.

The wider remit of the team includes supporting care homes to have Anticipatory Care Plans in place and reduce care acquired harm.

3.1.5 **Home First**

We already work to the Scottish Government' Home First principles for managing unscheduled care and will further strengthen these, in partnership with colleagues in secondary care, in 2019/20. We will do this, specifically, in relation to;

- the roll out of *Anticipatory Care Planning* across all community teams and in primary care, to improve the availability of information to assist in decision making at secondary care via the the electronic ACP that will be available via Clinical Portal in the near future.
- Explore the potential for increased use of hot clinics within Day Hospitals at Stobhill and Gartnavel Hospitals for people who require short term medical intervention in a medical setting and/or those who require investigation (requiring specialist medical/ diagnostic equipment in a medical facility).

- Explored the use of Technology Enabled Care to support patients deemed to be at risk of admission to hospital with COPD this winter to self-monitor symptoms and baseline observations using telehealth equipment. An escalation protocol will be in place to allow patients to seek advice quickly on the use of rescue medication.

3.1.6 **Frequent Attenders**

The HSCP makes use of regular A&E attendees data to determine people attending 6 or more times within an agreed period. All teams collaborate to focus intervention around the individuals to reduce their use of Emergency Departments (ED) where this is appropriate. Information is shared with individual GP practices and the GP's are asked to review and where appropriate to put an eKIS in place for their patients to support better management of the patient and more positive outcomes on presentation at ED.

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Ministerial Strategic Group (MSG) Targets 2019/20

Appendix1: 2019/20 East Dunbartonshire MSG Unscheduled Care Target

	2015/16 Baseline	**East Dun HSCP Target 18/19** **%/N reduction**	***Indicative performance 2018/19*** ***(avg. Per month of data to date)***	**East Dun HSCP Proposed Target 19/20** **%/N reduction**
Emergency Admissions	11,754	-4% (11,284)	*10,536*	-7% (9,918)
Unscheduled hospital bed days	83,220	-4% (79,892)	73,536	-5% (76,927)
A&E Attendances	27,122 *(19,674 18+)*	-4% (26,037)	*28,872* *(20,820 18+)*	0% (27,122) *(19,674 18+)*
Bed days lost to delayed discharge	4,838	-20% (3,870)	5,184	0% (4,833)

Agenda Item Number:15

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	NHS GG&C & East Dunbartonshire HSCP – Winter Plan 2019/2020
Report By	Derrick Pearce, Head of Community Health & Care Services Derrick.Pearce@ggc.scot.nhs.uk Tel : 0141 232 8233
Contact Officer	Fiona Munro, Team Manager/ Unscheduled Care Lead Fiona.Munro@ggc.scot.nhs.uk Tel: 0141 232 8224

Purpose of Report	The purpose of this report is to present the HSCP Draft Winter Plan 2019/20, and the NHSGG&C Draft Winter Plan 2019/20.

Recommendations	The Partnership Board is asked to: a) Approve the draft HSCP Winter Plan 2019/20, pending further refinement following clarification re funding and board-wide actions b) Note the NHS GG&C Draft Winter Plan 2019/20, submitted to the Scottish Government on 31st October 2019 c) Note the letter received by NHSGG&C from Scottish Government and resultant additional work needed on the GG&C Winter Plan for re-submission.

Relevance to HSCP Board Strategic Plan	In line with the HSCP Strategic Plan, the HSCP Winter Plan describes our actions in response to potential additional pressures which may affect the delivery of services to those who are vulnerable and at risk of admission to hospital. The Winter Plan is part of a suite of Business Continuity plans that ensure the continued safe delivery of HSCP services to vulnerable service users. This is set in the context of the NHS GG&C Draft Winter Plan

Implications for Health and Social Care Partnership

Human Resources:	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	Effective Winter Planning is a whole system issue across the HSCP, EDC and NHSGG&C.

Implications for NHS Greater Glasgow & Clyde:	Effective Winter Planning is a whole system issue across the HSCP, EDC and NHSGG&C.

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

1. Background

1.1 The HSCP Winter Plan 2019-20 is part of a suite of HSCP Business Continuity plans and articulates winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff. The HSCP Winter Plan 2019-20 is informed by wider NHS and Council planning processes. The HSCP Winter Plan 2019-20 has also provided our local contribution to the overarching NHSGG&C Winter Plan which was submitted to the Scottish Government on 31st October 2019. A copy of the East Dunbartonshire Winter plan for 2019-20 is included at **Appendix 1,** and the NHSGG&C draft Winter Plan is included at **Appendix 2.** Following submission of the NHSGG&C draft Winter Plan, Scottish Government has indicated a number of areas for refinement. The Scottish Government letter setting this out is included at **Appendix 3** of this report and will result on a further re-draft of the NHSGG&C Winter Plan which may indicate some refinement of our own plan. Thus approval in principal, subject to potential further refinement, of the East Dunbartonshire HSCP draft Winter Plan is recommended to members of the HSCB Board.

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

1.3 The current financial position of the HSCP necessitates that, so far as possible responses to any increase in demand related to winter are contained within existing financial resources. Thus, no addition resource commitments have this year been committed to the management of winter pressures by the HSCP. It should be noted that the HSCP is operating all year round at an increased level of demand from the positon last year, thus any winter pressure would be severe for the partnership. The whole system has noted 'winter levels of pressure' as early as September in 2019.

1.4 The HSCP continues to contribute to whole system planning for unscheduled care and actively participates in regular sessions to develop new and innovative projects which are being progressed to better respond to unscheduled care including, but not limited to, the winter period. The HSCP also participates in EDC winter planning.

2. Actions

2.1 Action for winter 2019-20 largely falls in to two categories; local service continuity (e.g. in the event of severe weather) and East Dunbartonshire HSCP contribution to NHSGG&C winter pressures. Actions are articulated in the HSCP Winter Plan 2019-20 and key headline actions include;

2.2 Local Service Continuity

2.2.1 All operational teams have refreshed Business Continuity Plans to ensure sustained service delivery during the winter period.

2.2.2 Implementation of a Duty Senior Manager arrangement to ensure there is named and visible senior leadership through the winter period, and particularly at points of crisis, such as in severe weather. Key operational leads identified to become the operational management group across the totality of HSCP services in the event of extreme weather etc.

2.2.3 The development of Winter Operational Hubs in KHCC and Milngavie Clinic in the event of severe weather or other contingency situations to ensure there is robust communication and co-ordination to maintain service delivery.

2.2.4 Register of all staff and their home location compiled and updated to facilitate patch based support in the event of travel disruption. Register of staff skill sets to assist in the targeting and re deployment of staff across a range of service provision (potential part/full closure of Kelvinbank to release staff to provided care and home services).

2.2.5 Engagement and assurances from each commissioned service of their Business Continuity Plans and any additionality they can provide (eg Meal preparation, transport). Daily update on Care Home vacancies.

2.2.6 Persons At Risk Database (PARD) now operational allowing electronic identification of vulnerable persons by address.

2.2.7 Central communication to all staff in respect of being released from work reporting expectations and redeployment expectations. Co-ordinated approach for staff from neighbouring partnerships reporting to East Dunbartonshire centres to maximise utilisation of skill set they bring (e.g. in severe weather).

2.3 **ED HSCP contribution to NHS GG&C Winter pressure responses**;

2.3.1 *Home for Me* is an integrated service providing a same day response for those identified by the GP as at risk of admission to hospital. This service continues throughout the festive period.

2.3.2 Daily scrutiny of dashboard for unscheduled hospital admissions to allow proactive in-reach and discharge planning and proactive use of System Watch to monitor unscheduled activity both within acute and primary care.

2.3.3 The Care Home Liaison component of the *Caring Together* service are accessing acute dashboards to identify reasons for admission, in reach into hospital to facilitate discharge and also develop quality improvement approaches around common reasons for admission from care homes.

2.3.4 Care Homes are engaged in the use of Red bags for any hospital admissions to facilitate information sharing, expedite hospital discharge. The use of technology enabled care is being explored to support patients deemed to be at risk of admission to hospital with COPD this winter to self-monitor symptoms and baseline observations using telehealth equipment. An escalation protocol will be in place to allow patients to seek advice quickly on the use of rescue medication.

2.3.5 Use of Consultant Connect to provide GP's with a direct link to a specialist Consultant for advice as an alternative to direct referral to medical assessment Units.

East Dunbartonshire
Health & Social Care Partnership

Draft Winter Plan

2019/20

1 *Introduction*

The purpose of this Winter Plan is to provide assurance to the HSCP Board, NHS GG&C and East Dunbartonshire Council of the HSCP's preparations for winter and wider contribution to partner bodies' winter planning arrangements (including the overarching NHSGG&C Winter Plan, submitted to the Scottish Government on 31 October 2019).

The HSCP Winter Plan 2019-2020 is part of a suite of HSCP Business Continuity plans and winter contingency arrangements that ensure the continued safe delivery of local services to vulnerable service users and addresses the local issues across the primary care and community services for which East Dunbartonshire Health and Social Care Partnership is responsible.

2 *Winter Planning Arrangements*

This Winter Plan is based on the format used in previous years and prompts planning and actions to deliver the outcomes and indicators which are considered key to effective winter planning. The indicators underpin the processes to achieve the outcomes described below and will be reported through the relevant management processes.

2.1 Business continuity plans tested with partners.

- Business Continuity Plan (BCP) and all Departmental Business Impact Plans are reviewed and updated annually in October. These plans outline arrangements and actions to ensure a prompt, recovery focussed response to extreme circumstances – taking cognisance of EDC and NHSGG&C civil contingency arrangements.
- The BCP links with East Dunbartonshire Council's winter planning arrangements to support the continuity of all partnership services throughout the winter period.
- GP Practices and Pharmacies have BCPs in place that include a 'buddy system' should there be any failure in their ability to deliver essential services.
- All HSCP teams update staff contact details lists to ensure that staff are contactable and that emergency contact information is known.

2.2 Escalation plans tested with partners.

- Escalation plans are shared across services to ensure a whole system approach to implementing actions that minimise potential issues, such as enhanced management cover for rapid decision making and/or access to resources.
- Commissioned services have emergency arrangements in place based on their own business continuity planning.
- Additional capacity to respond to particular increases in service demand within the Hospital Assessment Team will be managed as part of the "Home for Me" service. Services have been reconfigured to mainstream the Home for Me service comprising of the Hospital Social Work Assessment Team, Rapid Assessment Link practitioners and a dedicated homecare reablement team. This will enable a rapid and flexible response to people at risk of admissions and those being discharged from hospital.
- The East Dunbartonshire "Caring Together" team is an integrated care home support team which includes, Care Home Liaison Nursing, Social Work input, Pharmacist and Contract Management. This team is responsive to support needs in care homes and to

help manage residents proactively and reduce crisis. 'Red Bags continue to be utilised to ensure transfer of relevant information and documentation to support clinical decision making across the primary and secondary care interface. Teams utilise the daily inpatient dashboard to monitor and identify unscheduled admissions both from community and care homes and target resource to facilitate timely discharge

- Use of system watch to monitor trends in both primary and secondary care to predict increases in activity
- Stocks of dried food which can be delivered to vulnerable people are being made up and stored at Kelvinbank Day Centre and local care homes so they can be drawn on in the event of severe weather impacting on our ability to keep people safely at home.
- Frontloaded purchasing cards are being arranged between the HSCP and EDC Shared Services to ensure that there is no delay to accessing financial resources that may be needed to facilitate business continuity.

2.3 Safe & effective admission / discharge continue in the lead-up to and over the festive period and also in to January.

- All operational teams have systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes, particularly the case between adult community nursing and GPs over the festive period.
- The HSCP has introduced Anticipatory Care Plan (ACP) summaries for the most vulnerable service users within services to prevent admission, or if admission is required to facilitate and support timeous discharge
- The Home for Me service provides a same day response for those identified by the GP as at risk of admission to hospital, this includes access to dedicated homecare focussed on supporting the person to return to previous level of function. There is an established pathway with A&E to provide a next day response to prevent admissions for those who present out of hours (OOH's) and are safe to return home with follow up. This service continues throughout the festive period.
- The use digital solutions via technology enabled care is being explored to support patients deemed to be at risk of admission to hospital with COPD this winter to self-monitor symptoms and baseline observations using telehealth equipment. An escalation protocol will be in place to allow patients to seek advice quickly on the use of rescue medication.
- The Social Work team provide the Glasgow & Partners Emergency Social Work Service with a register of vulnerable people known to them, ensuring appropriate supports can be provided if required out with office hours, including weekends and Public Holidays.
- The Older Adults Mental Health Team has an in-hours duty system in place to provide urgent advice and input as appropriate. There is a city wide Mental Health and Crisis Team for response out with core hours.
- The HSCP will maximise our partnerships with Third Sector and Independent Sector organisations to help people remain in their own homes, or homely setting, when it is safe to do so, including: OPAL (an information access line), Carers Link; Ceartas; Marie Curie; EDAMH; Befriending Plus, and the Red Cross.

- Community teams will ensure that people are reminded to order and collect their repeat prescriptions in advance of the festive period, and have advice on which service is the most appropriate for them to access depending on their need via our new primary care transformation public information leaflets
- A predictive stock order of essential equipment from EQUIPU, wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.

2.4 Strategies for additional surge capacity across Health & Social Care services

- The HSCP will respond where possible to support acute services in managing surge capacity, including maximising the use of alternatives to admission where appropriate but the HSCP is not in a financial position to substantively commit additional resources this winter.
- The Intermediate Care beds will be appropriately utilised at capacity to allow for the further assessment of an individual's need and rehabilitative support in a controlled environment to facilitate recovery.

2.5 *Whole system activity plans for winter: post-festive surge / respiratory pathway*

- The HSCP will continue to contribute to the whole system activity planning and ensure representation and active involvement in implementing agreed priorities for winter planning.
- Links will be maintained with Acute and Partnership Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action.
- An Unscheduled Care Group has been established to develop, implement and review models of care that support the reduction of avoidable admissions. Situation reports (SITREPs) will be shared between the Community and Acute services to inform escalation pressures.

2.6 Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

- The actions set out in this Winter Plan will be monitored and analysed to identify and potential improvements to inform future predictive modelling and planning.
- Particular measures that will be monitored include;
  - Bed days lost to delayed discharge
  - Unscheduled admissions
  - A&E attendances
  - Attendances at / admissions to secondary care from care homes
  - Percentage uptake of flu vaccinations by GP population and Health & Social Care staff
  - Referrals to Health and Social Care teams - including from hospital to homecare/Hospital Assessment Team
  - Demand and capacity (including GP practices)

2.7 Workforce capacity plans & rotas for winter / festive period agreed by October.

- Service leads will be responsible for determining that planned leave and duty rotas are effectively managed to ensure adequate workforce capacity during the festive period, and immediately prior to/following the holiday periods. Agreed employer policies have been reviewed in teams to ensure that all staff are aware of their responsibilities for attendance at work in the event of severe weather, and how arrangements will be made for any changes to working patterns/ rotas etc.
- Understanding and knowledge of individuals' skill sets to allow appropriate delegation of duties and deployment during periods of severe weather is being refreshed.

2.8 Discharges at weekend & bank holidays.

- HSCP teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays via reduced public hospital service cover and out of hour's homecare in the first instance. Due to the current financial position of the HSCP, in the light of increased demand and costs, no enhanced provision over weekends and public holidays is being put in place for winter 2019/20. Previous experience has shown that this has not been utilised and pressure points occur after the public holidays rather than during.
- Homecare will cease taking referrals for new packages of care at noon on Friday 20th December and for re-starts at noon on Tuesday 24th December (Christmas Eve).

2.9 The risk of patients being delayed on their pathway is minimised.

- Anticipatory structures have been supported to ensure that potential areas of need, particularly in respect of the adults with incapacity (AWI) are best met and delays minimised**.**
- Information sharing has been approved across the primary/secondary care interface with acute AHP's at the front door having access to the community rehab care plans and documentation.
- The Frailty Pathway has been introduced and is being used by relevant community nursing and rehab services within the HSCP. Those identified as severely frail will have an eKIS in place to assist in clinical decision making at points of crisis/deterioration
- All patients whose discharge is delayed are reviewed at the weekly operational discharge meeting to ensure that the collective resources are appropriately directed to expedite discharge.

  This includes:

  - Promotion of legal powers in relation to adults with incapacity;
  - Identifying homecare clients who lack capacity and legal powers to encourage POA uptake
  - Potential use of 13ZA;
- Access to East Dunbartonshire inpatient dashboard to assist early identification of admissions to rehabilitation, social work and social care services. The dashboard enables targeted input from community to support discharge. EDC and HSCP services

are working together to prioritise physical access to vulnerable people in the event of severe weather, and to maintain access to key HSCP premises to facilitate ongoing service and prevent delays to care pathways.

2.10 Communication Plans

- Communication plans have been developed by the GG&C Communications Team and the EDC Corporate Communications Team.
- In partnership with East Dunbartonshire Council, Police and Fire & Rescue, the HSCP will provide public information and winter awareness events across East Dunbartonshire.
- Daily communication to staff and service users in the HSCP, in the event of severe weather or another winter related disruption to service (e.g. flu outbreak) will be co-ordinated by the nominated Duty Senior Manager for the HSCP. The Duty Senior Manager will initiate a Control Hub at KHCC, with a secondary Hub at Milngavie Clinic as required. There are named staff to take the lead in the Milngavie Hub who live close by and who can access that building.
- A central telephone line in KHCC will be activated for staff unable to come to work but who can walk to visit near their home or work remotely to call. Information taken via this phone line will be passed to the Duty Senior Manager to facilitate workforce development.

2.11 Delivering Seasonal Flu Vaccination to Public and Staff

- An HSCP plan for the vaccination of health and social care staff has been prepared to encourage the uptake of flu vaccinations by staff, and uptake levels are being monitored
- HSCP staff and partners are actively encouraging elderly and vulnerable groups to attend their GP flu vaccination sessions.

3 Governance

Winter planning arrangements will be monitored by operational managers, overseen by the SMT. A report analysing the activity, performance and pressures will be provided at the end of the winter planning period, with data monitored weekly through the period.

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NHS Greater Glasgow & Clyde	
Meeting:	**Board**
Date of Meeting:	**22nd October 2019**
Purpose of Paper:	**For Approval**
Classification:	**Official Sensitive**
Executive Leads	**Jonathan Best, Chief Operating Officer – Acute Division Susanne Miller, Chief Officer (Acting), Glasgow City HSCP (on behalf of all GGC HSCPs)**
Sponsoring Director:	**Jennifer Armstrong , Medical Director**

Winter Plan 2019/20

Recommendation

The Board is asked:

- To note the cross system approach to managing Unscheduled Care which is reflected in the Winter Plan
- To approve the Plan for final submission to the Scottish Government by 31st October.

Purpose of Paper

To provide assurance of and outline the preparations being undertaken by NHS GGC for the Winter Period.

Key Issues to be considered

The Scottish Government require submission of a Board approved Winter Plan by the 31st October.

Demand for unscheduled care is increasing. ED attendances and admissions are up 1% and 3.8% year to date comparison with this time last year.

The measures outlined in this plan include specific actions and proposed additionality of service, particularly acute beds, put in place every year but also continuous service improvement and change, led by the Sector Unscheduled Care Improvement teams in accordance with the National 6 Essential Actions approach.

These measures are in addition to investments made throughout the year by the IJBs to support the pressures on Social Care and redesign service to meet the increases in demand.

Any Patient Safety /Patient Experience Issues

The plan aims to ensure effective measures are in place to deliver safe, effective and responsive care during periods when demand for services is intense.

Any Financial Implications from this Paper

Last year, NHS GGC incurred additional expenditure of £5.664m to provide services over the Winter period of which £2.1m was provided centrally.

This year's allocation from the Scottish Government to support Winter preparations is £1.047m. The Board had provided an additional £2m in the 2019/20 Financial Plan. Each IJB has also allocated specific additional funds to Winter pressures.

However, as the Board is currently predicting a £29.5m deficit, there is a significant risk to maintaining services over the Winter period, particularly given the high levels of demand currently being experienced. A severe winter will further stretch our ability to respond within available resources.

Any Staffing Implications from this Paper No

Any Equality Implications from this Paper No

Any Health Inequalities Implications from this Paper No

Has a Risk Assessment been carried out for this issue N/A

Highlight the Corporate Plan priorities to which your paper relates:-

Better Care: Continue to reduce the service across hospital, care home and community settings to reduce demand on acute hospital services, and reduce unscheduled care demand by up to 5%, in relation to ED attendances, GP referrals for assessment, emergency admissions and unscheduled bed days.

Better Care: Deliver the HEAT Standards to the agreed level of performance including the elective and cancer waiting times, CAMHs and Psychological Therapies, ED 4 hour target and delayed discharges.

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Tel No – 0141 201 4713
Date – 10/10/19

NHS Greater Glasgow & Clyde
Winter Plan 2019/20

22/10/2019

Version: 4.0 [Final]

NHS Greater Glasgow & Clyde
East Dunbartonshire Health & Social Care Partnership
East Renfrewshire Health & Social Care Partnership
Glasgow City Health & Social Care Partnership
Inverclyde Health & Social Care Partnership
Renfrewshire Health & Social Care Partnership
West Dunbartonshire Health & Social Care Partnership

Winter Planning Executive Lead:

Jonathan Best, Chief Operating Officer – Acute Division
Susanne Millar, Chief Officer (acting), Glasgow City HSCP (on behalf of all GGC HSCPs)

Introduction

This year's Winter Plan has been formulated within the context of a continuing increase in demand for Emergency Care. It reflects collaborative action between the six HSCPs and 3 Acute Sectors, building on the lessons learnt from last winter.

The Board's performance against the 4 hour Emergency access standard has been challenging over the summer period with the year to date position for August being 88%. This contrasts with the end of year position for 2018/19 of 90.3%

In formulating our plan, we are mindful that in addition to continuing high levels of demand, our preparations need to take into account:

- Sustaining our trajectories for planned care to meet the National Waiting Times Plan
- The potential impact of a BREXIT "no deal" on our supply chains across the health economy
- Contingencies in the event of a serious flu outbreak
- Continuing financial challenges

The measures outlined in this plan include specific actions and additionality of service that are put in place every year but also continuous service improvement and change, led by the Sector Unscheduled Care Improvement teams in accordance with the National 6 Essential Actions approach.

Following last winter, an explicit aim was to build a more systematic approach to cross-system improvement and Winter Preparation. A "Winter Workshop" took place in June, identifying a programme of actions. This work is also being aligned with the NHS GGC transformation programme "Moving Forward Together", of which Unscheduled Care is one of the six work streams. The aim of this work is to translate a strategic blueprint into service delivery that includes the development of the GGC wide HSCP Commissioning Plan for Unscheduled Care.

This Winter Plan represents a position statement of where we are in developing and improving our services whilst providing focus to ensure readiness for the expected seasonal challenges.

Performance & Demand

1. Our performance against the 4 hour Emergency Department (ED) target to date is 88% (to August), a 4.0% fall in performance compared with the year to date figure for the previous year (92.0% April to August 2018).

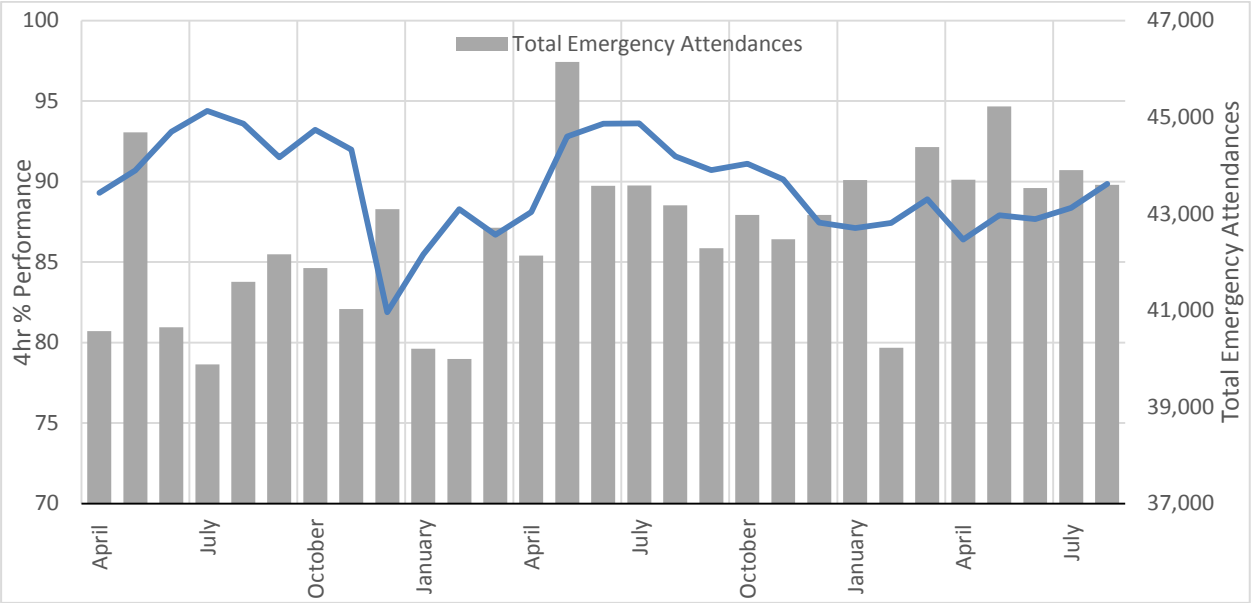

Table 1: GGC Monthly ED Performance and Emergency Attendances April 2017 to August 2019

2. During this period, there has been a sustained increase in demand. The first 5 months of this year has seen a 1.0 % increase in emergency attendances (ED and Assessment Unit) compared to the same period last year.

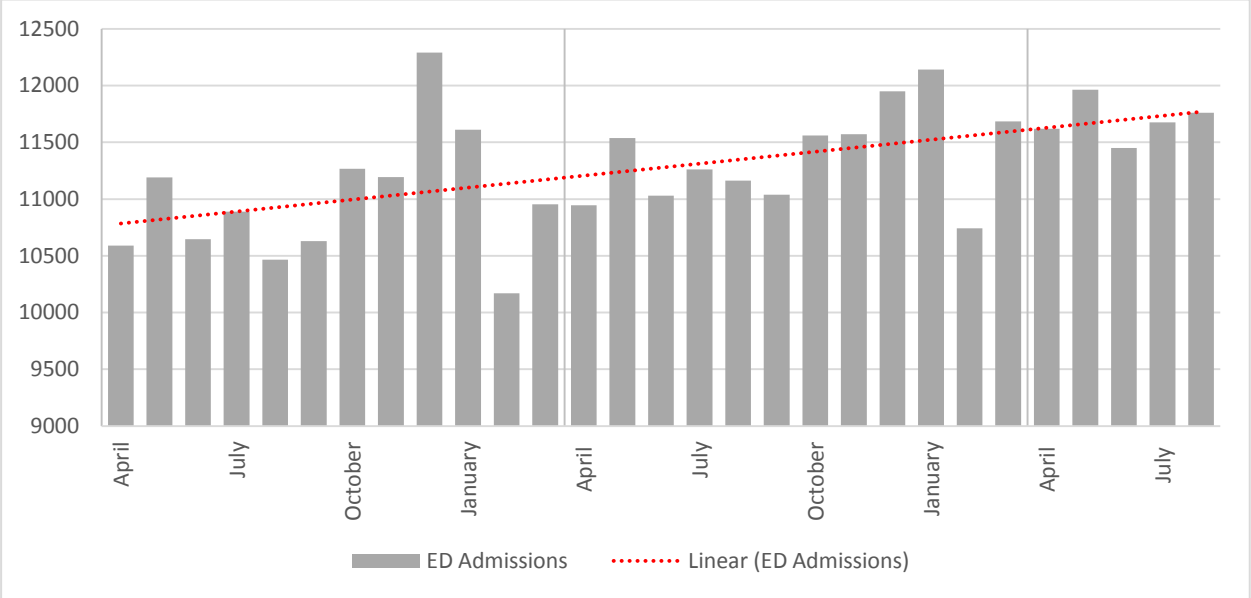

Table 2: GGC Monthly Emergency Admissions April 2017 to August 2019

3. Emergency admissions to hospital have also increased compared to 2018/19 by 3.8% year to date. This increase in demand is a major concern for our services and places pressure on our hospital capacity, workforce and beds, to address.

4. The number of people who are awaiting discharge increased during 2018/19 and has not reduced. The impact on beds rose by a daily average of 82 during 2017/18 to daily average of 108 during 2019/20 (Apr to Jul).

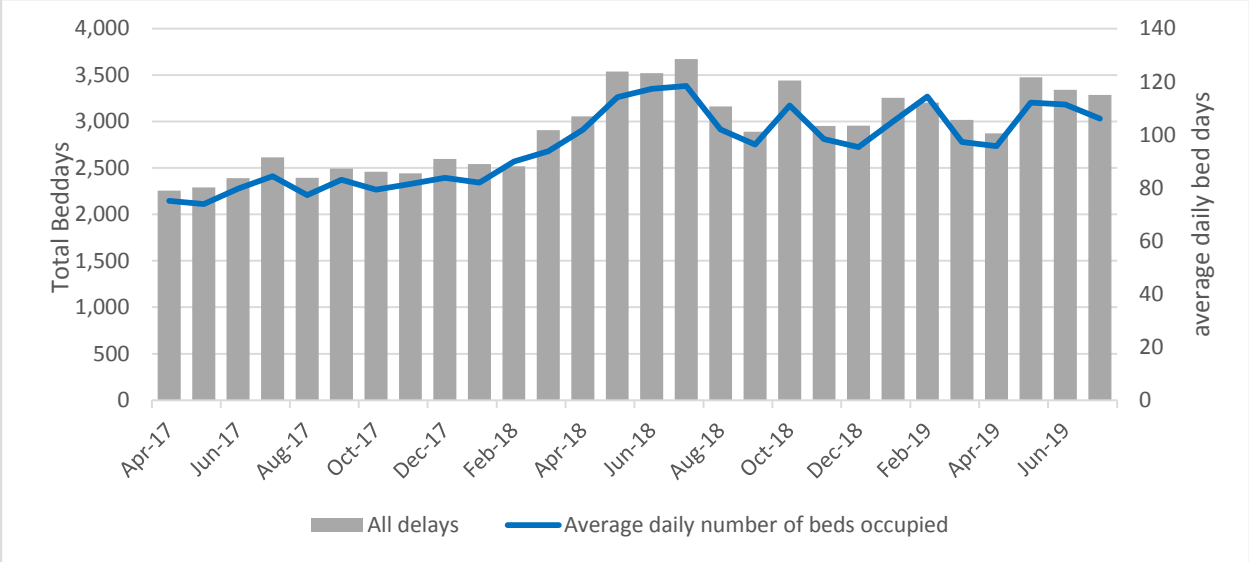

Table 3: GGC Monthly Delayed Discharges Apr 2017 to July 2019

5. Analysis of performance against demand demonstrates the challenge to achieve and sustain the 95% ED target against a backdrop of continuing increases in demand. Our acute bed capacity needs to accommodate the demands of planned care, to deliver the National Waiting Times Improvement Plan, as well as unscheduled care. Implementation of Complex Continuing Care policy saw the closure of beds in facilities such as Mearnskirk in the spring, albeit offset by community based alternative approaches to meet the needs of those patients. We have also seen a fall in performance on delayed discharges adding to pressure on bed capacity.

Reducing Attendance

6. We are developing strategies to redress the continuing increase in presentations to our emergency departments. Changing expectations of the public is a challenging agenda. The evidence base of successful programmes is limited and dependent on understanding the different characteristics of users of ED and a long term approach. Critical to changing behaviours will be convincingly demonstrating that the benefits of alternative services are more responsive and effective than attending ED. Not all ED attendances are genuinely emergencies and developing responses in other services or in planned care will be integral to this.

<u>Redirection</u>

7. Last year, we adopted a refreshed Redirection Protocol that empowered staff at the front door to direct patients with a range of conditions that are not “emergency” to alternative services such as community pharmacy. The policy has modest aims and fits with guidance from the Royal College of Emergency Medicine guidance. This will be further supported with an explicit communications programme advertising the positive benefits that community pharmacy offers.

8. We will continue with work to ensure better utilisation of our Minor Injury Units (MIU) at the Stobhill and the New Victoria Hospitals, diverting patients from the QUEH and GRI. In addition, we are exploring the potential to create dedicated MIU areas at the QEUH and GRI. This work is also supported by Scottish Ambulance Service colleagues.

9. Further work to understand ED demand is developing and will include a balance between public messaging and developing effective alternatives for specific cohorts of patient demand. We have successfully tested the impact of Musculoskeletal Physiotherapists (MSK) in ED to manage patients and in the immediate short term will continue to ensure they are part of the ED multidisciplinary team. We also intend to explore improved access to Community MSK services in manner that can be communicated to the public as a better, more appropriate alternative.

10. Because of the influence that health professionals have on patient decision-making, we will develop a specific campaign aimed at primary care, including GP surgeries, community pharmacy, optometrists and dentists to support them to give appropriate advice.

Frequent ED attenders

11. Patients who repeatedly attend ED more than 5 times over a 12 month period account for 7% of all attendances. Work has been progressing with HSCPs to identify these "frequent attenders". Patient lists have been analysed to identify common characteristics that may offer possible interventions and deliver more appropriate care. Our experience echoes the research base indicating that many of these patients have chronic conditions and may be users of mental health and addictions services.
HSCPs are working with Primary Care to more systematically support these patients with bespoke care plans.

12. The Board routinely promotes the "Know who to turn to" messaging throughout its corporate social media platforms. We will add to this specific messaging on Out of Hours and over the holiday season. Additional actions will include:

    - A national on air and online radio campaign will be backed by funding from the Scottish Government. Key messages will be to 'Meet the Experts' and encourage people to make use of the local 'experts' within minor injuries units, pharmacies and mental health for swift access.
    - The radio campaign will be backed by a suite of 'Meet the Experts' videos on NHS Greater Glasgow and Clyde's social media channels which already have a proven record in promoting alternatives to ED. The videos cover minor injuries, mental health, pharmacies and self-care.
    - In preparation for the public holidays, we will deliver a social media campaign encouraging people to be prepared for the holiday period, support the NHS 24 'Be Health Wise' campaign through our social media channels and website and produce our annual winter booklet on accessing services over the holiday season in print and online.

GP Out of Hours (OOH)

13. To better target the utilisation of our GP OOH service, we are strengthening capacity with the appointment of salaried GPs and are working closely to with NHS 24 to match rosters with anticipated demand. 10% of the c. 2 million attendances annually are 'walk-ins', people who do not contact the NHS prior to attending. A social media campaign has been launched to encourage people to call NHS 24 first to help us to help them be directed to appropriate services. Professional to professional support is also being phased in, starting with community nursing who will be able to contact GPs directly.

Managing/Avoiding Admissions

Anticipatory Care Planning

14. NHS GGC has placed care planning as a core feature of ensuring our patients receive person-centred care according to the principles of Realistic Medicine.
Developing Anticipatory Care Plans (ACPs) with patients and the carers means that at the time of need, there is better understanding of the patient's preferences to help inform decisions, particularly towards the end of life. They can inform decisions on admission to hospital and reduce the likelihood of over testing.

15. A summary ACP document has been developed in partnership across all six HSCPs to ensure a standardised approach to summarising ACPs and sharing these with GPs to inform Key Information Summaries (KIS). This summary includes the Rockwood Clinical Frailty score which facilitates assessment of patient needs. Over the autumn period, we will:

    - Complete a programme of awareness sessions across the Board
    - Launch an electronic format of the summary ACP to enable access digitally through the Clinical Portal.
    - Develop reciprocal work to launch a digital care management escalation plan on Trakcare within the Acute Sector, starting with older people.

Care Homes

16. Approximately 4% of Admissions come from Care Homes. Improving the interface between care homes and hospital at time of need will improve the quality of care patients receive and enable potential admissions to be managed more effectively or averted.

17. Over the last 18 months, identification of patients from care homes who have been admitted to hospital has been supported by the launch of a real-time dashboard, enabling the targeting of discharge support. This has been accompanied by a drive to ensure all patients have an Anticipatory Care Plan (ACP) and the roll out the "Red Bag" scheme [Bags containing patient's care planning documentation and personal effects that accompany the patient into hospital].

18. Further tests of change are being explored with care home providers to determine additional means of supporting patients without admission to hospital.

Enhanced Pathways

19. Conditions that generate high volumes of admissions have been targeted for development work to determine *Enhanced Pathways* with defined interventions aimed at supporting management in the community, reducing unplanned admissions and expediting discharge. Foremost in this agenda has been COPD and heart failure but good progress has also been made with respect to falls, cellulitis, Frailty and UTI.

20. For COPD, the key interventions are:

    - Identification of "at risk" patients: The Glasgow Community Respiratory service maintains a register of patients, works with primary care to ensure patients are supported in their own home and have an ACP.
    - A real-time dashboard has been developed to alert respiratory teams when a patient has been admitted. Increased specialist respiratory nurse capacity enables targeting of patients to support discharge directly from the Acute Receiving Units.
    - A "Discharge Bundle" has been established on Trakcare to enable criteria led discharge and link back to the ACP for community follow up.

Next steps:

- Roll out across GGC of "Emergency Meds" process enabling Community Pharmacy to prescribe directly (in place of GP/ED attendance). Introduced in Renfrewshire HSCP during 2018/19 and based on established practice in other Health Boards.

21. Patients discharged following diagnosis of Abdominal Pain accounted for over 6200 admissions during 2018/19, the highest single diagnostic cohort. Most of the patients do not require surgery, have very short hospital stays and suit an ambulatory pathway with rapid diagnostics. The RAH has a well-established ambulatory pathway and we aim to introduce this in the GRI and QEUH for this winter.

Professional to Professional Advice

22. The potential to divert patients into alternative pathways in place of admission is being developed through exploration of "Professional to Professional" support. Last winter, "Consultant Connect" was introduced for a limited range of specialties [Cardiology, Care of the Elderly, Acute Medicine and General Surgery] and GPs in the South Sector. The service provides enhanced telephony which enables the caller to be rapidly connected to specialist advice. The package includes the facility to measure outcomes. Early evaluation indicated that it was used effectively to prevent admission. The service is to be continued for a further year, extended to the GRI and RAH with more specialties and broader catchment of GPs.

23. We will be working with the Scottish Ambulance Service to support paramedics on specific pathways with the intention of introducing a COPD pathway that avoids need for conveyancing to hospital. Following this, we will consider other pathways such as falls and frailty where there is an established alternative to admission.

Reducing Length of Stay

24. The Day of Care Audit in May recorded continuing high levels of bed occupancy at 96% (up from 89.5% in October 2018), 14.2% of patients did not meet the Day of Care criteria comparing favourably to a national rate of 39%. This indicates that whilst there is still scope for improvement, our processes enable discharge without undue delay when clinically ready. The potential bed capacity released from continued improvement is considerable.

25. The Acute Division has reviewed processes to improve management of inpatient length of stay. In January a new Standard Operating Procedure was agreed for Expected Dates of Discharge (EDD) as recorded on Trakcare, the purpose of which is to ensure all elements of clinical management and discharge are co-ordinated in a timely manner. Based on a person's individual care and needs, the EDD should help multi-disciplinary teams to proactively plan and action a patient's discharge from the start of their admission.

26. A process is now in place across each of the main acute sites whereby weekly compliance is monitored by senior management. This is supported by a micro strategy dashboard providing real time status. Compliance and accuracy of EDDs has improved considerably enabling improved decision-making on bed management capacity. Across sites, wards with patients with extended length of stay are now surveyed by senior management weekly to confirm care plans are in place and issues are being escalated appropriately.

27. From a partnership perspective, HSCPs have focused attention and invested in in-reach services to commence discharge planning early with acute colleagues. Teams are co-located on acute sites. The utilisation of real-time dashboards is allowing community teams to identify patients early during their admission hence bringing forward discharge arrangements. Approaches such as "Hospital to Home" (East Renfrewshire), "Home 1st" (Inverclyde) and "Home for me" (East Dunbartonshire) are examples of dedicated multidisciplinary teams including AHPs, Elderly Care Advanced Nurses or Specialist Nurses focused on closer working with hospital teams to address unnecessary delays.

28. Closer working between acute services and social care to resolve the reasons for delay is being supported by the improvement of real time management information. Better understanding of spikes in demand indicates processes may be the issue rather than real underlying demand, particularly around holiday periods. Batching of referrals is another symptom of process delays which may be remedied by changes to operational procedures. Work will continue on these process issues and related differences in thresholds to risk that obstruct effective discharge

Focus on flow through Acute Care

29. Last winter, the Acute Division approved investment to establish Flow Hubs on each of the main sites. These are now in place with new roles and operating procedures developed and being embedded. Demand & Capacity Managers keep an overview of ED performance, anticipating the potential requirements of patient flow for beds. Key tasks for demand and capacity managers include:

- Lead 2hr Safety pauses, providing overview of site performance
- Co-ordinate and escalate capacity issues through the management structure
- Lead hospital huddles at weekends and at times during the week if appropriate and delivers leadership, safety focus and escalation guaranteeing the huddle delivery and scrutiny process
- Ensure implementation of agreed AU protocol and decompression policy.

30. Additional Bed capacity is critical to maintaining flow during the periods of high demand. Last year an additional 166 beds were opened for the duration of the Winter, extended by a further 66 beds at times of extreme pressure.

	Plan	In extremis	Total
South	50	50	100
North	32		32
Clyde	84	16	100
Total	**166**	**66**	**232**

Table 4: Additional 'Winter' Beds 2018/19

31. The plan for this Winter will be:

	Plan	In extremis or Weekend only	Total
South	46	42	88
North	51		51
Clyde	59	30	89
Total	**156**	**72**	**228**

Table 5: Additional 'Winter' Beds 2019/20

32. Glasgow City HSCP have confirmed that existing Step Down Intermediate Care bed capacity will be extend by 10%, bringing the total for the city to 99.

33. Additional Rapid Response Transport (British Red Cross) will be provided to support discharge and improve release of beds in the acute system.

Workforce

34. The fall of the Festive Public holidays on Wednesdays and Thursdays this year with Friday as a 'normal' working day before the weekends runs the risk of being perceived as 5 day slow down on each week. Our staffing rotas are being planned with this mind to mitigate any impact.

35. Within the Acute Sector, pending agreement of financial resources additional staffing will be targeted at:

    - A&E and the Acute Assessment Units to ensure sufficient senior clinical decision makers are available at peak times during early evenings and weekends.
    - Inpatient Consultant capacity to deliver additional ward rounds at weekends
    - AHP capacity to expedite assessment, treatment and discharge planning
    - Dedicated boarding teams, multi-disciplinary teams to ensure continuity of care at times of peak pressure for patients who cannot be accommodated on the appropriate specialty ward
    - Extended Pharmacy hours into early evening and weekend cover
    - Diagnostics

36. HSCPs have confirmed their priority around Home Care responsiveness. Learning from profiles from last winter, each HSCP has plans to ensure Home Care capacity is targeted and available when most required. Experience last year indicated that additional capacity at weekends was not consistently utilised hence provision will vary across HSCPs.

    Planned Care / National Waiting Times Plan

37. We will continue to seek to maximise the overall elective programme during the winter period with specific emphasis on maintaining the Orthopaedic Programme. During the festive period and the initial two weeks of January we will focus on prioritising cancer and urgent patients as well as utilising fully Day Case and 23 hour stay capacity. This will include maximum use of theatres and bed capacity on sites which are not the main acute receiving sites.

    Seasonal Flu

38. NHSGGC's Staff Flu Vaccination Programme works to maximise vaccination uptake amongst staff; giving them, their patients, friends and family the best protection against flu this winter.

39. As per previous years, delivery methods include mass flu vaccination drop-in clinics, peer vaccination and appointments at Occupational Health. This year's programme of mass staff flu vaccination drop-in clinics commences on 1st October.

    Efforts to increase the number of areas offering peer vaccination have been strengthened through close working with nominated leads identified by NHSGGC Corporate Management Team, with the aim of increasing the number of staff vaccinated through this route.

40. A new online registration system for staff and peers has been developed this year with the added functionality of text reminders. The new system will allow for improved monitoring and reporting which will be available to managers though local Workforce Dashboards. Uptake will be monitored on a daily basis with regular reports provided to key stakeholders to inform any reactive measures necessary.

41. Point of Care testing for Flu is now embedded within our ED and Assessment Units, building on the learning from previous years.

42. The Public Health Protection Unit will support Primary Care on diagnosis, anti-viral treatment and flu immunisation. New this year will be a pilot with community pharmacies offering flu vaccine to eligible adults. Care homes are also supported to promote vaccination and encourage uptake in residents and staff. Routine surveillance, utilising the Health Protection Scotland weekly reports, is embedded into daily practice. Local outbreaks in locations such as schools, prisons and care homes are actively managed to minimise the spread and potential impact on secondary care.

Eligible Groups	Average Uptake Rate 2018/19 (2017/18)	Range	National Uptake Target
65 yrs and over	73.7% (73.9%)	55.7 - 86.7%	75%
< 65 yrs & 'at risk'	43.0% (45.6%)	10.5 – 69.9%	75%
Children 2 – 5 yrs	54.3% (54.7%)	11.6 – 111.9%	65%
Pregnant Women (not in another clinical risk group)	52.4% (54.2%)	20.9 – 100%	-

Table 6: Flu Vaccination uptake 2018/19

Preparation for and Implementation of Norovirus Outbreak Control measures.

43. The national flu campaign will be supported with local press releases and case studies. The Board's staff campaign to increase uptake of the flu vaccination programme amongst healthcare workers with a particular focus on recruiting peer immunisers is up and running.

44. Board procedures for the management of Norovirus and infection control are firmly embedded and supported by IPCT training. There is close working with local Infection Prevention and Control staff and all receiving units to ensure policy and procedures are up to date.

45. Communication of issues are part of daily 'huddle' processes, with escalation to Board Directors and across the broader heath community with HSCPs, GPs and nursing homes. The Press Office is included and will be part of any outbreak control meeting where consideration of public messaging is necessary.

BREXIT

46. The uncertainty caused by BREXIT is a further consideration for Winter Planning. The Board Brexit Readiness Steering Group has scoped the major risks associated with Brexit and the mitigating actions which need to be taken in the short to medium term. Broader work with HSCPs is looking specifically at the risks posed within the independent sector and the potential impact on the NHS and Health and Social care:

- Impact on non UK EU nationals working within the NHS and care sectors
- Supplies of medicines, clinical consumables and disruption to supply chains in general
- Risk of closure of independent sector organisations and suppliers due to economic challenges.

Director-General Health & Social Care and
Chief Executive NHSScotland
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Scottish Government
Riaghaltas na h-Alba
gov.scot

To: Chief Executives and Chief Officers

30 October 2019

Dear Jane

Thank you for submitting your 2019/20 winter plan setting out the actions your Health Board plans to take to ensure that quality of care, patient safety and access to services are maintained over the winter period. May I take this opportunity to thank you and your team for the hard work that has gone in to developing these plans over the past few months.

As advised in the guidance issued in September your Health Board and Integrated Joint Board will receive £1,047,046, which should, in part, be targeted to deliver the key priorities noted in the guidance - attached in **Annex A.** Additionally, a second tranche of winter funding is now available and your total allocation will be £2,138,688. This will be allocated in October's allocation. Supported by the Scottish Government, you are putting in place a modular Minor Injury Unit to support the management of the rising attendances at QEUH. This should be in place before Christmas and will be funded as part of your total winter funding allocation as above.

In response to your plan, I want to reinforce the importance of whole system working to address the predicted additional pressures of winter across 2019/20. This requires strong leadership and collaborative working across the health and social care system at the most senior level to provide a focus on the additional impacts, challenges and resources required to sustain safe, effective and person centred care I am pleased to see the plan demonstrates this.

For this year, we are content that your plan broadly addresses the key priorities set out in the winter planning guidance, however before your plan is finalised there are some areas where further detail is required. While your plan outlines the high level actions NHS Greater Glasgow and Clyde will undertake we require further information on how you will assess the effectiveness of your plan in line with the four hour A&E target.

It would be helpful if, when finalising your plans you provide a full breakdown of the specific additional activity / capacity that will be put in place with the additional investment to support performance over winter alongside the measurable outcomes this will achieve. I appreciate you have submitted a separate update on expected outcomes and impact the modular unit will make on performance. It is noted in the plan that last year NHS Greater Glasgow and Clyde invested a total of £5.6 million during the winter period; please can you include in your final plan what the Board intends to provide for winter this year.

Throughout the plan there is a recognition of increased attendances and emergency admissions this year compared with same period last year and the impact this will have going into the winter period should this trend continue. It is reassuring that you have based your plan on these trends and have various actions to mitigate these challenges. In your final plan I would expect targets for reducing attendances will be included.

I understand that last winter a test of change was carried out where additional MSK specialists where placed in ED in the Queen Elizabeth. It is good to see there is plans in place for this to happen again and that this will be duplicated in Glasgow Royal Infirmary. It would be useful to know whether any consideration has been given to extending this to Clyde sector. It would also be helpful to know if there are other plans in place to expand other successful pilots this winter such as Front Door Frailty and COPD. Again, I appreciate there is significant improvement plans ongoing, including support from external providers such as NECS and it would be good if the plan reflects how recommendations from this work will support performance over winter.

Each year the festive period adds additional pressures to the health service. As highlighted in your plan based on experience of previous winters this year the timing of public holidays may result in increased challenge. Primary, social and community care provision is crucial to maintaining system performance and it is encouraging that your plan is taking this in to consideration to mitigate risk. I would also encourage you to familiarise yourself with what services are available over this period to ensure a sufficient level of health and social care services throughout winter including the festive period. This should be an integral part of your winter plan. When finalising your plan please include details of the planned level of provision over the festive period.

We are reassured that salaried GPs are due to be appointed to help strengthen the capacity of the GP out of hours service. However we are not clear if recruitment is underway. If the process has not already started I would encourage you to begin recruitment at the earliest opportunity to ensure there is adequate time to have extra staff employed in time for the winter period.

Within the Winter Planning guidance we emphasised the importance of reducing the level of delayed discharge. Whilst your winter plan broadly demonstrates how sustainable reductions will be made on delayed discharges, it should include a clear indication of what level of delays (of any reason) each Board expect to be at in the lead up to Christmas, using the September census figure as the baseline (broken down by Integration Authorities where applicable). This should also indicate how this will be sustained after new year. The Day of Care Survey due to be carried out nationally on 29th – 31st will also inform this part of the plan.

To support resilience over the public holidays and indeed throughout the whole of winter I would encourage you to revisit the recommendations for improvement made in Sir Lewis Ritchie's review - *Improving health and social care service resilience over public holidays*. I note there are actions in your plan that are akin to the recommendations in the review, for instance, anticipatory care plans and professional to professional. However, you should consider whether there are any gaps in terms of implementation and then take action to address these. It is worth noting that there has been significant investment to implement the recommendations from the Public Holiday Review and I would expect that these actions are fully embedded. It would be good if your final plan provides this reassurance.

Delivery of the agreed waiting times trajectories for outpatients and inpatients / day cases by March 2020 must be maintained during the winter period. The advance planning of

cancellation of all elective procedures during times where the acute hospital is under pressure is no longer acceptable. Delivery of both unscheduled and scheduled care should be aligned. It is reassuring to read the commitment to protect elective activity throughout winter period in your plan. However, further detail should be provided on how the Board will plan and monitor elective capacity.

As outlined in the winter guidance, health care workers have professional responsibility to protect the patients they care for. In your plan there is reference to the seasonal flu programme and you describe the actions in the staff vaccination programme across Health and Social care. It is welcome to see the advance system of monitoring in place for Health staff however it would be helpful to understand monitoring across all staff groups and your ambition against the national target of 60%.

In terms of resilience, it would be helpful if your final winter plan included evidence that you have the appropriate resilience/business continuity plans and processes in place to support the delivery of services throughout winter

On the whole NHS Greater Glasgow and Clyde's plan is robust and it is clear that last year's successes have been incorporated into this year's plans. It is encouraging to see the commitment to joined up working between acute sites and Health & Social Care Partnerships.

Please can you submit your final plans by 7 November 2019. If you have any questions about this letter please contact Jess Milne Jessica.milne@gov.scot in the first instance.

Yours sincerely

Malcolm Wright
Director General for Health & Social Care and Chief Executive of NHSScotland

Annex A

Indicative Winter Planning Time Line

Preparing for Winter 2019/20

- **Reducing attendances** wherever possible by managing care closer to home, preferably at home.

With services focussed on assessment and care closer to home. e.g.

  - Managing long term conditions to avoid unnecessary exacerbation
  - Step up facilities for assessment, reablement and rehabilitation
  - Minor illness, injury and ambulatory care services
  - Prof to prof referral services
  - Redirection and effective sign-posting to minimise unnecessary activity in ED
  - Supporting Out of Hours services to minimise pressure on them and to avoid closures of OOH centres, maintain home visits by OOH.

- **Managing / Avoiding admission** wherever possible

With services developed to provide care at home across 7 days, e.g.

  - Rapid response teams
  - Hospital at home services or virtual community wards
  - Specialty review at rapid access clinics
  - Simple and single point of access for social care
  - Assess to admit
  - Improving opportunities to speed up admission for those patients who most require hospital care.

- **Reducing Length of Stay**
  - Reduction in delayed discharges
  - Reduction in cause of delays highlighted in Day of Care Surveys
  - Discharge to assess
  - Access to intermediate care services
  - Provide rehabilitation at home or in the community rather than hospital
- **Focus on flow through acute care**
  - Local improvement trajectories for weekend discharge rates to be agreed by the end of November.
  - Earlier in the day discharges, against local improvement trajectories.
  - Safe-guarding of the minor flow stream by allocating sufficient protected capacity to enable 100% compliance to be achieved.
  - Improving flow through ED across both admitted and non-admitted pathways to reduce time in department and optimise flow.
- **Workforce**
  - It is essential that the appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.
  - This will require sufficient senior medical and other clinical staff cover to facilitate decision-making, social work teams to undertake assessments and pharmacists to prepare timely discharge medications.
  - In addition, adequate festive staffing cover across acute, primary and social care setting, including:
    - Pharmacists (acute and community)
    - AHPs
    - Social care staff
    - Senior decision makers
    - Porters

- NHS24 and SAS to maintain flow across Health & Social Care boundaries

Agenda Item Number: 16

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	East Dunbartonshire HSCP Quality Management Framework
Report By	Val Tierney, Chief Nurse Val.Tierney@ggc.scot.nhs.uk
Contact Officer	Alan Cairns, Planning, Performance & Quality Manager Alan.cairns2@ggc.scot.nhs.uk

Purpose of Report	The purpose of this report is to describe the proposed Quality Management Framework to be adopted by East Dunbartonshire Health and Social Care Partnership (HSCP).

Recommendations	It is recommended that the HSCP Board: • Note the progress with regard to draft Quality Management Framework • Request further reports and updates on implementation to the HSCP Board following consultation.

Relevance to HSCP Board Strategic Plan	The Quality Management Framework is relevant to all 8 priorities within the strategic plan. Implementation of the framework will strengthen our efforts to measure, monitor, provide assurance and continually improve all that we do. This will drive improvements in the quality of services provided and optimise the impact those services make to improve outcomes for people within local communities.

Implications for Health & Social Care Partnership

Human Resources	Nil

Equalities:	Nil

Financial:	Nil

Legal:	Nil

Economic Impact:	Nil

Sustainability:	Nil

Risk Implications:	Nil

Implications for East Dunbartonshire Council:	Nil

Implications for NHS Greater Glasgow & Clyde:	Nil

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

1.0 MAIN REPORT

- This document sets out East Dunbartonshire Health and Social Care Partnerships (EDHSCP) quality management framework developed to support he HSCP to demonstrate how well it is performing, what needs to improve, how to improve, whether improvements have been made and whether they have worked.
- The aim is to provide overall confidence that we are delivering good quality services in pursuance of our strategic priorities and the improvement of national health and wellbeing outcomes.
- The framework provides a high level description of how the HSCP will align quality imperatives from the Health Board, the Council, external regulators and inspection agencies, the Scottish Government and to its own HSCP Board and develop a consistent approach to the management of quality, built on evidence and international best practice.
- The East Dunbartonshire Quality Management Framework takes cognisance of the work of Healthcare Improvement Scotland and the Care Inspectorate, NHSGGC Quality Strategy, East Dunbartonshire Council Business Improvement Planning and How Good is Our Service (HGIOS) quality and performance management regime and at a Community Planning level via the Local Outcome Improvement Plan (LOIP).
- The framework supports common understanding about what needs to be in place at different levels to ensure effective management of the quality of health, care and support.
- EDHSCP brings together a very wide range of services and staff from different professional disciplines across different organisational backgrounds. As these professions and services have grown, they have developed quality, performance and

improvement cultures and associated language that can appear at first glance quite distinct from each other. On closer inspection though, the principles and objectives are invariably the same. Developing an overarching quality management framework can bring significant benefits in supporting a positive sense of shared and integrated endeavour.

- East Dunbartonshire HSCP has adopted the health and social care quality management system developed by Healthcare Improvement Scotland. A high level representation of the Quality Management System is outlined at fig 1. It follows Juran's "Quality Trilogy" approach that defines quality performance as comprising quality control and assurance, quality improvement and quality planning. The framework recognises that creation of a learning environment and appropriate culture required to support these endeavours. The vital role that people and relationships play in delivering high quality care that leadership beliefs, attitudes, skills and behaviours that enable improvement are the foundations that underpin effective quality management. Detailed description of these terms and of the Quality Management System is illustrated at **Appendix 1.**
- At the heart of the Quality Management Framework is the learning system. This allows us to evaluate how good our services, experiences and outcomes are. The East Dunbartonshire HSCP will use the European Foundation for Quality Management (EFQM) model to provide a structure for this which offers an approach that reaches across domains such as leadership, services, strategy, partnerships and staff, with an emphasis on demonstrating outcomes. EFQM challenges organisations to understand how they operate through self-evaluation. It distinguishes between what an organisation does (and how it does it), from what it achieves
- Governance of the Quality Management Framework is through the HSCP's Performance Management and Reporting arrangements.
- Many areas of functional activity across the HSCP already operate well developed quality management approaches and we recognise the robust clinical and care governance arrangements. The full implementation of this Framework will therefore involve three work streams:

  1. Transparency of existing good quality management practice and alignment under the overall QMF;
  2. Development in service areas where QMF principles are not yet fully developed,
  3. Learning and sharing good practice across functional areas; Continuous improvement across the HSCP as a whole in the culture, leadership and sharing of quality management

1 BACKGROUND AND PURPOSE

1.1 All organisations with a commitment to delivering a strategic vision, high quality services and meeting personal outcomes for service users must set a framework to measure, monitor and continuously improve what it does. There must be confidence at all levels regarding performance, knowing , what needs to improve, how to improve, if they have been made and if its worked This document sets out the mechanisms that the East Dunbartonshire Health and Social Care Partnership (HSCP) will operate to ensure that it has this confidence and can share this with patients and service users as well as with regulators, partners and the general public.

1.2 Continuous improvement is a long-term approach to quality that systematically seeks to achieve incremental changes in processes to improve efficiency and quality. Sometimes big steps in quality are possible, but more often improvement is achieved by taking small but important steps over a period of time. If we look back over the past 40 years of health and social care, the standards are unrecognisable now compared to what they were. The embedding of regulation, progressive values based on human rights and equality, safe and effective person-centred care and integration have transformed the lives of many thousands of people who hitherto were broadly excluded from society, often in long-stay, austere institutions. These changes did not happen overnight; they were achieved through incremental change, driven by dedicated staff, passionate advocates, changing societal values and increasing expectations.

1.3 Continuous improvement can take many forms. There are significant challenges that we face given the reduced funding of care and support services, and with increasing demands and expectations. Continuous improvement can sometimes be about sustaining service quality against a backdrop of demand and resource pressures.

1.4 The provision of excellent operational services is also dependent on a range of support functions (such as HR, Finance, Training and Facilities), which themselves must operate to the highest standards. All parts of the organisation must have a commitment to continuous improvement and be subject to performance management to achieve these standards, in their support of operational front-line services.

2 CONTEXT

2.1 The East Dunbartonshire HSCP brings together a very wide range of services and staff from different professional disciplines across different organisational backgrounds. As these professions and services have grown, they have developed quality, performance and improvement cultures and associated language that can appear at first glance quite distinct from each other. On closer inspection though, the principles and objectives are invariably the

same. Developing an overarching quality management framework can bring significant benefits in supporting a positive sense of shared and integrated endeavour.

2.2 The HSCP must align itself to quality and improvement regimes with the Health Board, the Council, external regulators and inspection agencies, the Scottish Government and to its own HSCP Board. The NHSGGC Quality Strategy and its Moving Forward Together transformational plan act as key frameworks for NHS functions at a pan-GG&C level, while East Dunbartonshire Council operates a Business Improvement Planning and How Good is Our Service (HGIOS) quality and performance management regime for Council functions and at a Community Planning level via the Local Outcome Improvement Plan (LOIP). The Care Inspectorate and Healthcare Improvement Scotland work both separately and jointly to inspect, regulate, support and advise our services individually and at a strategic level. The Scottish Government oversees and monitors activity across a range of activity at a national level, particularly on matters associated with statute. Our HSCP Board needs to have overall confidence that we are delivering good quality services in pursuance of our strategic priorities and the improvement of national health and wellbeing outcomes.

2.3 It is important that across the HSCP we have a common understanding about what needs to be in place at different levels to ensure effective management of the quality of health, care and support. The need for a common language around quality management is also important to support this. This is particularly the case at a time of considerable financial and workforce challenge that can increase the risk of poor quality health, care and support. The benefits of having a consistent approach to the management of quality, built on evidence and international best practice are instrumental to the successful delivery of the aspirations our Strategic Plan and of the integration of health and social care more broadly.

2.4 The East Dunbartonshire Quality Management Framework is closely informed by the work of Healthcare Improvement Scotland and the Care Inspectorate, in particular.

3 THE COMPONENTS OF QUALITY MANAGEMENT

3.1 Quality and improvement are indivisible disciplines. For us to continuously improve we need to know how well we are performing and for us to invest in quality assurance we need to know that we can and will act on our findings. The following components will form the basis of our approach to quality management across health and social care:

(i) **Clear and consistent language**: language can be a barrier to people engaging with the concepts of quality and organisational improvement. In this document quality management is the overarching term that incorporates four main components: quality planning, quality assurance, quality control and quality improvement. It may take time for all stakeholders to become familiar and conversant with the language, but this framework provides a reference tool to reduce the potential for uncertainties or misunderstandings.

(ii) **Importance of understanding need**: evidence indicates that the single factor found to contribute most to improved performance is ensuring a person-centred approach. Taking the time to understand and plan for needs at a strategic level is essential for good quality management. Without this, service delivery could be excellent but irrelevant. In the context of quality management, the customer is the end service user; in some cases, it may also include their families and wider communities. A key aspect of quality planning is understanding the population's needs and assets, designing services which meet those needs first time, and making the best use of the assets that exist in our wider communities. Customer-centred quality planning requires consistency in overall purpose and vision, but flexibility in terms of delivery pathways.

(iii) **A holistic approach to quality management:** continuous quality improvement is only one element of quality management. Quality control, quality assurance, quality improvement and quality planning are required at every level of an organisation to enable the ongoing delivery of high quality care. In health and social care, this must be considered alongside people, culture and an environment for systematic learning.

(iv) **How data are used:** effective quality management requires measures that help us to understand what is and isn't working and where we might intervene to make improvements. These should include quantitative and qualitative information to measure the quality of customer experience, service delivery and outcomes.

(v) **Relational approach at heart and centre of everything**: the importance of relationships, and the people contributing to the process, cannot be underestimated. The calibre of the workforce is central to the ability to deliver and continuously improve the quality of care. It is important to celebrate staff endeavour and for management to demonstrate their appreciation. Staff should be recruited and retained on the basis of commitment to quality work, and time to pursue improvements in delivery should be built in to roles. Helping to illustrate why everyone in an organisation has a responsibility for delivering quality is essential for an effective quality management system. Everyone across the organisation needs to understand what delivering value and quality means in their role.

3.2 The mechanisms that need to be in place to deliver these components will be developed and supported by the HSCP and are:

(i) **Learning environment:** success in quality management from a health and social care perspective is linked to the level of maturity around quality thinking. The use of training, education, recruitment and induction to reinforce values and activities that enable a quality management system will be developed and maximised.

(ii) **Culture:** empowerment and collaboration are central to a quality service. Staff will be supported to make decisions that enable them to deliver excellent person-centred, responsive work. The majority of quality control and quality improvement should happen at the micro system level (service delivery teams). Quality management will be considered at all levels of the organisation. HSCP Board members will be supported to understand the key concepts around quality management and focus on creating the conditions for effective quality management across the organisation.

4 HEALTH AND SOCIAL CARE STANDARDS

4.1 The national Health and Social Care Standards set out what people should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights that we are all entitled to are upheld. The objectives of the Standards are to drive improvement, promote flexibility and encourage innovation in how people are cared for and supported. An effective quality management system will enable teams and organisations to deliver care that meets these standards. These standards are relevant across all health and social care provision. They are also in use in early learning and childcare, children's services, social work and community justice.

4.2 There are five standards, which explain what achieving positive outcomes looks like in practice:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

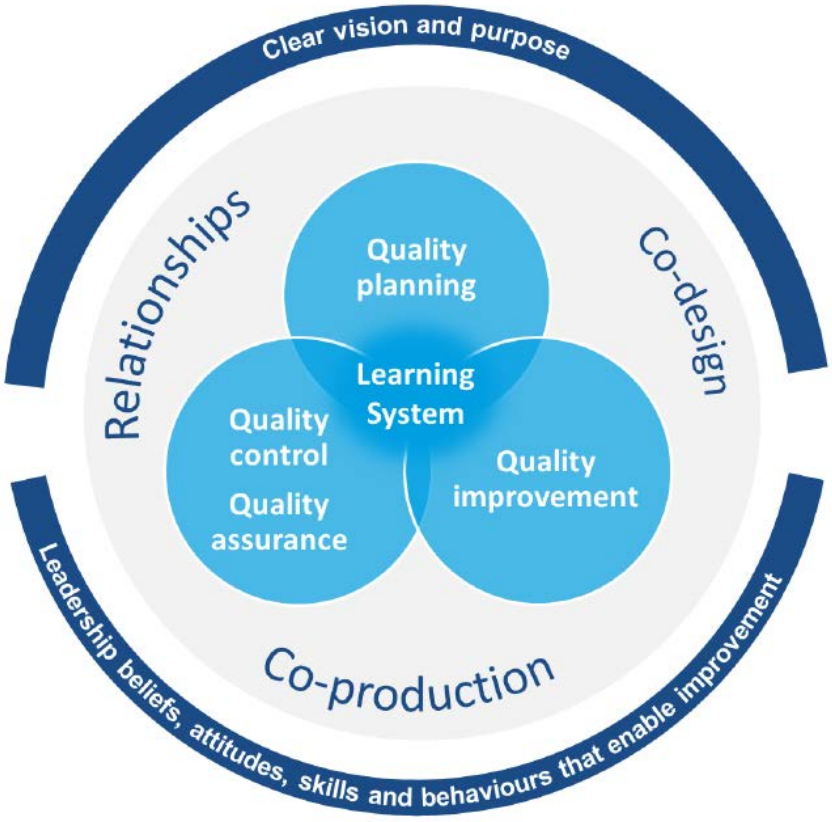
4.3 The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. These standards provide a context within which all other aspects of the Quality Management Framework operate and should relate.

5 OUR QUALITY MANAGEMENT FRAMEWORK

5.1 East Dunbartonshire HSCP has adopted the health and social care quality management system developed by Healthcare Improvement Scotland. This is still in development nationally, so we will shadow this development work at a local level.

5.2 A high level representation of the Quality Management System is outlined at fig 1. It follows Juran's "Quality Trilogy" approach[1] that defines quality performance as comprising quality control and assurance, quality improvement and quality planning. A more detailed description of these terms and of the Quality Management System is illustrated at **Appendix 1.**

Fig 1: Quality Management Framework



5.3 Our ity plan *rning syst* ence to allow us to measure what is and isn't working.

5.4 The quality management processes also reflect the components that are set out above by recognising:

- the vital role that people and relationships play in delivering high quality care. A key aspect of this is involving individuals, families and communities in all aspects of quality management.
- that leadership beliefs, attitudes, skills and behaviours that enable improvement are the foundations that underpin effective quality management.
- that all of this has to sit beneath a clear vision and purpose.

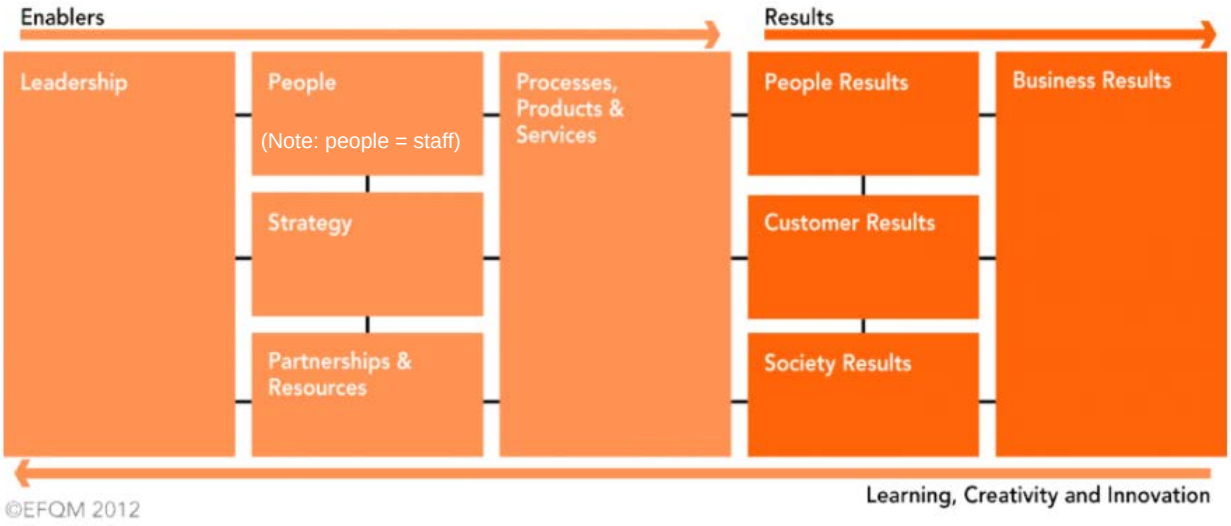
6 THE LEARNING SYSTEM

6.1 At the heart of the Quality Management Framework is the learning system. This allows us to evaluate how good our services, experiences and outcomes are. The East Dunbartonshire HSCP will use the European Foundation for Quality Management (EFQM) model to provide a structure for this. EFQM

[1] Juran JM, Godfrey AB. *Juran's quality handbook*. 5th ed. Michigan (USA); McGraw Hill: 1999.

offers an approach that reaches across domains such as leadership, services, strategy, partnerships and staff, with an emphasis on demonstrating outcomes. Importantly, it is also the model that forms the basis for the Care Inspectorate's self-assessment and inspection regimes and their joint strategic inspections with Healthcare Improvement Scotland. In addition, it provides the basis for the performance and quality frameworks used by East Dunbartonshire Council. When our services are being evaluated by regulators and key partners, it is important that we are all talking the same language about quality experiences, processes and outcomes and use similar ways of measuring and evidencing them.

6.2 EFQM challenges organisations to understand how they operate through self-evaluation. It distinguishes between what an organisation does (and how it does it), from what it achieves (for its customers and for itself). These are described respectively as Enablers and Results. The diagram below shows the relationship between Enablers and Results. It also shows how learning from feedback on the results, together with creativity and innovation can feed continuous improvement. The key activity in this is self-evaluation – i.e. understanding how good our enablers are at delivering the best possible results. If we learn that our results could (or should) improve, then we need to improve our enablers to achieve this.



6.3 This EFQM approach fits closely with outcome-focused care and support, which stress that the quality of what we do needs to be measured as much on the quality of the results (outcomes), as on the quality of the intervention and the experience for the people we support.

6.4 Research undertaken by Healthcare Improvement Scotland highlighted a perception that health organisations in Scotland are not generally strong at self-evaluation, whereas social care services use self-evaluation systematically and effectively. They also highlighted a perception that health organisations are better at using quantitative data as part of an overall approach to quality management. Effective self-evaluation requires the use of both quantitative and qualitative information and hence the integration of health and social care may provide an opportunity to mutually learn from each other's strengths in this area.

6.5 There have been various Quality Frameworks based upon the EFQM model above developed by the Care Inspectorate and Education Scotland (formerly HMIE) and most recently Healthcare Improvement Scotland to support self-evaluation and inspection in multi-agency Child Protection and Adult Protection, Social Work Services, Integrated Children's Services, Health Services and the Strategic Commissioning of Integrated Adult Services. All of these comprise a very similar series of key questions and areas of evaluation, but with a slightly different focus to reflect their application. Two examples of these are appended for illustration at **Appendix 2** (Healthcare Improvement Scotland's model for evaluating and improving healthcare) and **Appendix 3** (the Care Inspectorate's most recent model for Child Protection). The HSCP will promote the use of all of these quality frameworks and supporting guidance as a mechanism to improve and sustain learning systems across all HSCP services and functions. Activity will include:

- Customer involvement and engagement;
- Outcome-focused health, care & support planning and review arrangements;
- Quantitative and qualitative measurement;
- Employee development – induction, training, supervision, appraisal and iMatter action planning;
- Complaints handling and learning outcomes;
- Internal audit;
- Organisational policies and procedures
- Accident and incident review
- Service risk analysis
- Learning from external audit and regulation
- Service performance review
- Service improvement & development planning;
- Service redesign and strategic review
- External quality awards and recognition

7 GOVERNANCE: PERFORMANCE MANAGEMENT AND REPORTING

7.1 The governance of the Quality Management Framework is through the HSCP's Performance Management and Reporting arrangements and is organised into five key governance streams:

- Clinical and Care Governance
- Workforce Governance
- Financial Governance
- Strategic Planning and Improvement
- Operational Performance Management

7.2 A detailed illustration of these governance arrangements are set out at **Appendix 4**.

8 IMPLEMENTATION OF THE QUALITY MANAGEMENT FRAMEWORK (QMF)

8.1 Many areas of functional activity across the HSCP already operate well developed quality management approaches. The full implementation of this Framework will therefore involve three work streams:

(i) Transparency of existing good quality management practice and alignment under the overall QMF;

(ii) Development in service areas where QMF principles are not yet fully developed, learning and sharing good practice across functional areas;

(iii) Continuous improvement across the HSCP as a whole in the culture, leadership and sharing of quality management.

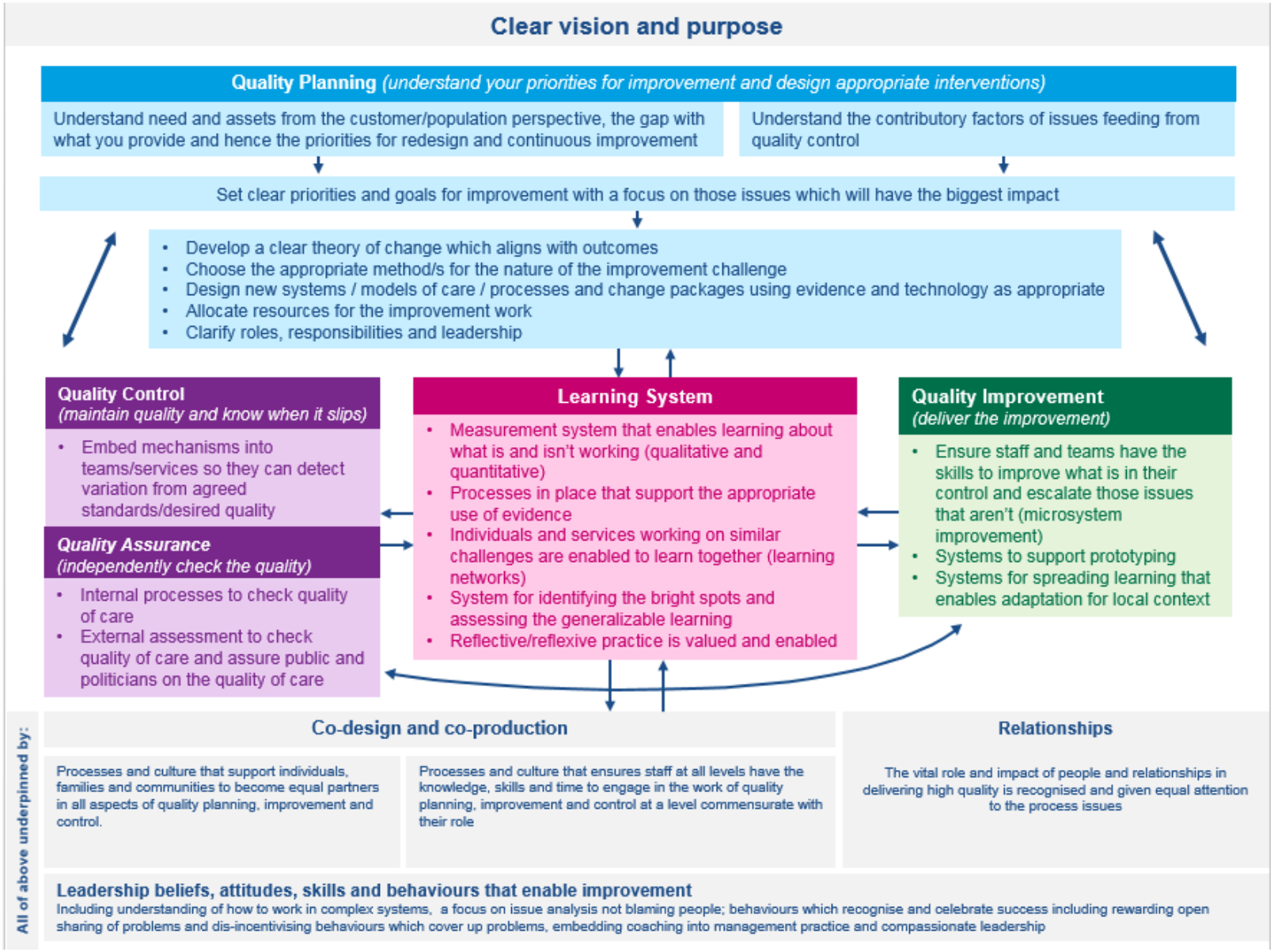
8.2 Activity will be led through existing service planning and leadership arrangements to take forward these three activity areas, initially setting out baseline positions and developing QMF action plans. These will be structured to align with the QMF domains:

- Quality planning
- Quality control
- Quality assurance
- Quality improvement
- Relationships and co-production
- Leadership
- Learning systems

8.3 Responsibility for the application and implementation of the Quality Management Framework will rest with the HSCP Senior Management Team. Oversight and sharing of QMF practice will be located with the Clinical and Care Governance Group. Support on development and guidance will be provided by professional leads and the Planning, Performance and Quality team.

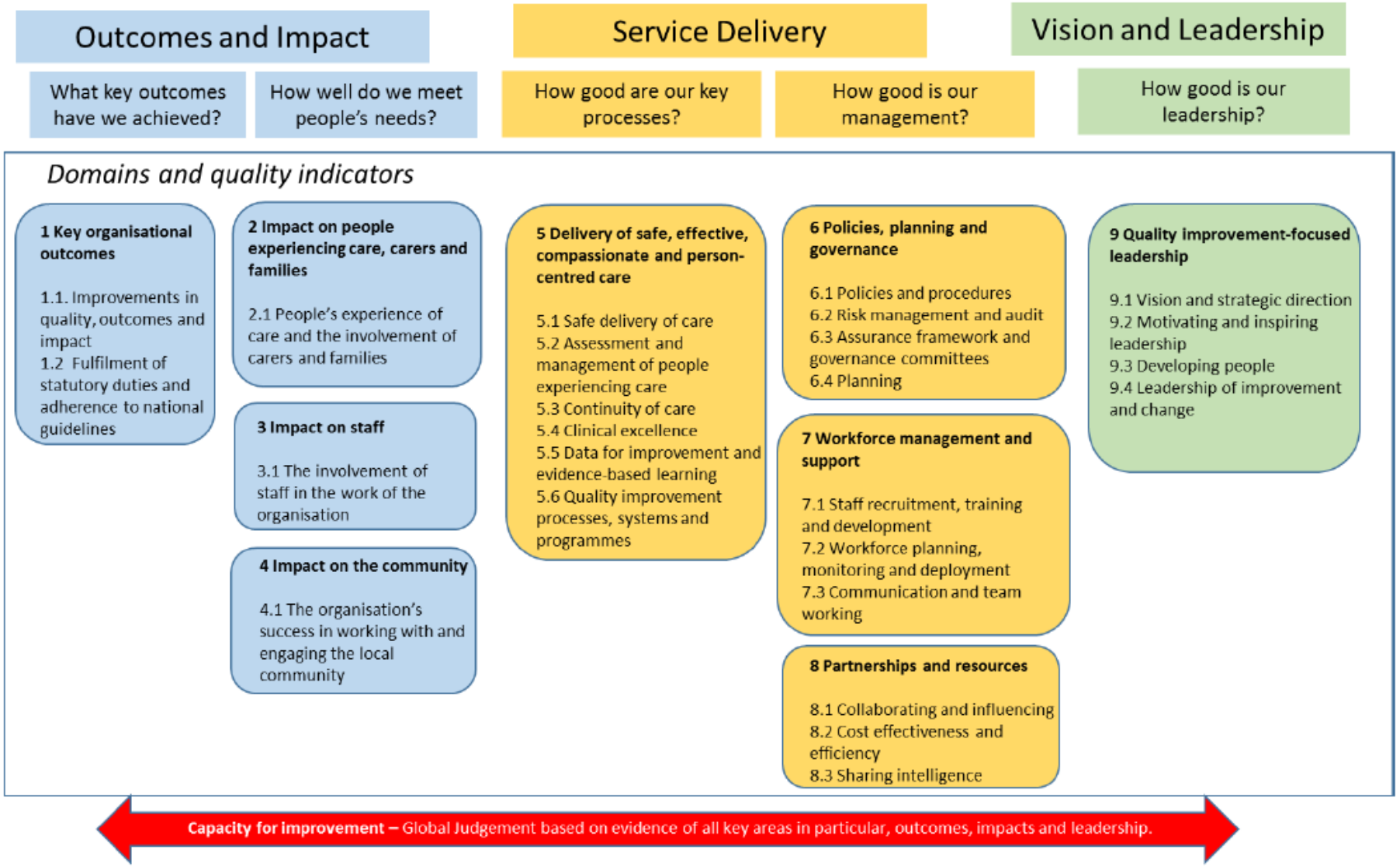
APPENDIX 1

East Dunbartonshire Quality Management Framework



APPENDIX 2

Self-Evaluation Framework – Healthcare Services (Healthcare Improvement Scotland)



APPENDIX 3

Self-Evaluation Framework – Child Protection (Care Inspectorate)

What key outcomes have we achieved?	How well do we meet the needs of our stakeholders?	How good is our delivery of services for children, young people and families?	How good is our operational management?	How good is our leadership?
1. Key performance outcomes	**2. Impact on children, young people and families**	**5. Delivery of key processes**	**6. Policy, service development and legal measures**	**9. Leadership and direction**
1.1 Improvements in the safety, wellbeing and life chances of vulnerable children and young people.	**2.1** Impact on children and young people. **2.2** Impact on families.	**5.1** Recognition and response to initial concerns. **5.2** Assessing risk and need. **5.3** Care planning, managing risk and effective intervention. **5.4** Involving individual children, young people and families.	**6.1** Policies, procedures and legal measures. **6.2** Planning and improving services. **6.3** Participation of children, young people, families and other stakeholders. **6.4** Performance management and quality assurance. **6.5** Securing improvement through self-evaluation	**9.1** Vision, values and aims. **9.2** Leadership of strategy and direction. **9.3** Leadership of people and partnerships. **9.4** Leadership of improvement and change.
	3. Impact on staff		**7. Management and support to staff**	
	3.1 Impact on staff		**7.1** Recruitment, deployment and joint working. **7.2** Workforce development and support.	
	4. Impact on the community		**8. Resources and capacity building**	
	4.1 Impact on the community		**8.1** Management of resources. **8.2** Commissioning arrangements.	
10: What is our capacity for improvement? **Global judgement based on an evaluation of the framework of quality indicators**				

APPENDIX 4

Governance: Performance Management & Reporting

Clinical & Care Governance

Purpose

To ensure that HSCP Board accountability for the quality of health and social care is monitored and assured.

Mechanisms

- Clinical & Care Governance Group*
  - Risk
  - Complaints
  - Inspections,
  - Audits,
  - Self-evaluation,
  - Quality assurance;
  - Health & Safety.
- Annual Report and updates to HSCP Board

Workforce & OD

Purpose

To ensure structural, cultural and workforce performance levels and competency to deliver the Strategic Plan.

Mechanisms

- HSCP Joint Staff Forum;
- Organisational Development and Workforce Plan.
- Council and NHGGC workforce and OD planning arrangements, as employers.
- Annual Report and updates to HSCP Board

Financial Governance

Purpose

To ensure the HSCP Board can plan and set balanced budgets to deliver the Strategic Plan, and to monitor and challenge financial performance.

Mechanisms

- Financial Plan and Monitoring Reports to HSCP Board;
- Additional scrutiny by the Performance, Audit and Risk Committee;
- Finance & Planning Group;
- Service budget meetings
- Information governance.

Strategic Planning & Improvement

Purpose

To ensure the HSCP Board prepares a Strategic Plan for the delivery of integrated functions and outcomes and ensures its effective implementation

Mechanisms

- Strategic Planning Group;
- Locality Planning Groups (& Locality Plans)*;
- Transformation Programme Board (& Annual Business Plan)*;
- Service Planning Groups* (& Service Improvement Plans*);
- Annual and quarterly performance reports to HSCP Board
- Service strategy & policy development;
- Professional Advisory Group.

Operational Performance Management

Purpose

To ensure the HSCP Board and constituent bodies have oversight of operational performance in line with Directions and national and local targets

Mechanisms

- SMT is main forum for operational performance management*;
- Service and Team level monitoring and escalation of operational performance*;
- Individual staff appraisal;
- Annual and quarterly performance reports to HSCP Board;
- Annual and quarterly performance reports to Council;
- Monthly performance reports to NHSGGC;
- Annual performance reports to Scottish Govt;
- Business continuity;
- Emergency planning.

* Areas under development:

- Maximising and fully embedding Clinical & Care Governance mechanisms;
- Fully embedding Transformational Planning mechanism;
- Establishing mechanism for reporting service-level planning & improvement, in pursuance of Strategic Plan implementation;
- Reviewing mechanisms for capturing and reporting service-level operational performance. Ensuring robust operational performance management overall.

(This framework includes all delegated hosted services)

Agenda Item Number: 17

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Public, Service User & Carer (PSUC) Representative Support Group
Report By	Caroline Sinclair, Interim Chief Social Work Officer, Head of Mental Health, Learning Disability, Addictions & Health Improvement Caroline.Sinclair2@ggc.scot.nhs.uk Tel: 0141 304 7435
Contact Officer	Martin Brickley (Service User Representative) / Jenny Proctor (Carers Representative)

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

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

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

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	None

Financial:	None

Legal:	None

Economic Impact:	None

Sustainability:	None

Risk Implications:	None

Implications for East Dunbartonshire Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

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

1.0	**Main Report**
1.1	The attached report details the actions and progress of the PSUCRSG, highlighting their progress as detailed in **Appendices 1 and 2**.
2.0	**SUMMARY**
2.1	The PSUC have held five meetings in 2019, the most recent one being on the 7 October 2019.
2.2	At the latest PSUC meeting, the members received a presentation on the 'HSCP Transport Strategy – Consultation'; this was delivered by Jean Campbell (HSCP Chief Finance and Resources Officer) and Claire Carthy (HSCP Interim Head of Children's Services & Criminal Justice).
2.3	PSUC group to discuss and prepare response on the 'Transport' consultation
2.4	The group also received an overview on the East Dunbartonshire results of the Adult Health and Wellbeing survey. This was delivered by David Radford (Public Health Improvement and Inequalities Manager).
2.5	Members to receive an overview from the Clinical Director to understand the pressures and challenges of General Practice in delivering its existing and future services.
2.6	This Primary Care information will support members in their comments and

	contributions to the Local Development Plan.
2.7	The PSUC group are hosting their next 'Development Day' event on the 25th November 2019 and will include an overview of GP contract and GP clusters
2.8	an input from Susan Murray (IJB Chair) describing the Boards role and remit
3.1	It is recommended that the HSCP Board: ▪ Note the progress of the Public, Service User & Carer Representatives Support Group.

Appendix 1

Public Service User and Carer Support Group – 07 October 2019 – The KHCC, Saramago Street, Kirkintilloch, G66 3BF.

Attending; Martin Brickley, David Bain, Gordon Cox, Sandra Docherty, Indira Pole, Linda Jolly, Mary Kennedy, Fiona McManus

Apologies; Karen Albrow, Suzanne McGlennan Briggs, Avril Jamieson, Jenny Proctor, Michael Rankin, Frances Slorance and Susan Manion

HSCP Staff in attendance; Jean Campbell, Claire Carthy, David Radford and Anthony Craig

Action points agreed at meeting:

Action	By who	When	G	A	R
Wellbeing project evaluation to be forwarded to members	AC	By next meeting (02/12/19)			
HSCP officer to invite Children's Services manager to next development session (TBC)	AC	By next meeting (02/12/19)			
Policy and associated papers relating to Chief Finance and Resource Officers presentation (07/10/2019) to be shared with group	AC	By next meeting (02/12/19)			
PSUC group to discuss and prepare response on the 'Transport' consultation	AC	By next meeting (02/12/19)			
HSCP officer to scope and share information on the recent OOH work plan and develop a suitable communication resource for members to share with their networks and wider stakeholders	AC	By next meeting (02/12/19)			
PSUC Newsletter - ideas for next (winter) edition to be forwarded to AC by PSUC members	PSUC members	By 21/10/2019			
Presentation and associated papers on the East Dun adult health and wellbeing survey data	AC	By next meeting (02/12/19)			

PSUC group to receive an overview of GP contract and GP clusters (HSCP to liaise with Clinical Director to develop and communicate an understanding to the pressures and challenges for Service Users and for GPs in accessing and delivering services)	AC	By next meeting (02/12/19)			

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Susan Manion

Agenda Item Number: 18

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Clinical & Care Governance Sub Group minutes of 31 July 2019
Report By	Lisa Williams, Clinical Director, Lisa.Williams@ggc.scot.nhs.uk Tel: 0141 304 7425
Contact Officer	Lisa Williams, Clinical Director, Lisa.Williams@ggc.scot.nhs.uk Tel: 0141 304 7425

Purpose of Report	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.

Recommendations	The health and Social Care Partnership Board is asked to: a. Note the contents of the draft minute of the Clinical & Care Governance Sub Group held on the 31 July 2019

Relevance to HSCP Board Strategic Plan	This group support the clinical & care delivery aspects of the Strategic Plan.

Implications for Health & Social Care Partnership

Human Resources	None

Equalities:	To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally.

Financial:	None.

Legal:	None.

Economic Impact:	None

Sustainability:	None

Risk Implications:	Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward to manage risk and maintain proper governance arrangements.

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	N/A

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

East Dunbartonshire
Health and Social Care Partnership

Chief Officer: Susan Manion

Clinical & Care Governance Sub Group
31st July 2019, 2pm
Corporate Meeting Room, OHD HQ, Stobhil

Members Present

Name	Designation
Lisa Williams	Clinical Director
Caroline Sinclair	Head of Community Mental Health, LD & Addiction and Health Improvement Services and CSWO
Claire Carthy	Interim Head of Children's Services and Criminal Justice
Leanne Connell	Senior Nurse, Adult Nursing
Paul Treon	Associate Clinical Director
Michael McGrady	Consultant in Dental Public Health
Lorraine Currie	Operations Manager, Mental Health
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Lorna Hood	Senior Nurse, Children & Families

In Attendance

Name	Designation
Dianne Rice	Clinical Governance Support Officer

Apologies

Name	Designation
Susan Manion	Chief Officer
Derrick Pearce	Head of Community Health and Care Services
David Aitken	Joint Adult Services Manager
Fraser Sloan	Clinical Risk Analyst
Gillian Notman	Change & Redesign Manager
Raymond Carruthers	Operational Service Manager, Oral Health
Suzanne Greig	Interim Children's Services Fieldwork Manager
Fiona Munro	Manager, Rehab & Older Peoples Services
Alex O'Donnell	Criminal Justice Service Manager
Stephen McLeod	Head of Specialist Children's Services

No.	Topic	Action
1	**Apologies and attendance**	
	Apologies and attendance are detailed on page 1 Lisa Williams welcomed all attendees to the group.	
2	**Minutes of Previous Meeting – 29th May 2019**	
	The following additions / corrections were made to the previous minutes Matters Arising Criminal Justice update – The minutes did not include the date for the Criminal Justice Event. Dianne Rice will update the minute to reflect the event will take place on the 21st November 2019. The group agreed that the remainder of the minutes were an accurate reflection of the meeting.	**DR**
3	**Rolling Action List**	
	The group viewed the outstanding actions from the previous meeting. The rolling action list will be updated reflecting the above changes noted within the previous minutes. Dianne will update the document to reflect updates.	**DR**
4	**Matters Arising**	
	Contract, Operational & Clinical Process monitoring within the LD Service David Aitken was unable to attend the meeting today. The group agreed that this item should be deferred to the September meeting. **Re-provisioning of Older Peoples Day Care Services – East Locality** The group were informed that in January 2019, and following a change to programme, the HSCP Board approved the re-provisioning of day care services from Whitehill Court to Birdston Day Care Centre. Following Board approval, the HSCP established a multi-agency project team to help support and facilitate the transfer of services. The HSCP agreed a six-month timeframe to conclude the re-provisioning of services commencing January 2019 to 30th June 2019. The timeframe acknowledged, and allowed for, the impact of change for individuals and their Carers, the volume of reviews to be undertaken and the required contract notice period for the housing provider in respect of Whitehill Day Care Service. On the 12th April 2019, the re-provisioning of Whitehill Day Care service successfully concluded, two months ahead of schedule. Derrick advised that the willingness from individuals and their carers to engage in the process along with an enthused and motivated willingness to transfer to Birdston prompted the early but welcome conclusion.	**DR**

	Computerised Cognitive Behavioural Therapy Evaluation The evaluation was previously circulated with the agenda for the group members' information. Lorraine Currie, Operations Manager, Mental Health advised that the overall outcome of the pilot was positive and that all gaps / areas requiring improvement have been identified and will be actioned prior to second phase. Lorraine advised that following the positive outcome the Primary Care Mental Health Team (PCMHT) are looking to link into Attend Anywhere as a test for change. **How are we doing – April 2019 Survey Results** The survey results were circulated previously with the agenda for the group member's information. Leanne Connell, Senior Nurse explained that although the response rate was low that the results were extremely positive. **Dental Hospital SCI Learning** Michael McGrady, Consultant in Dental Public Health advised the group that this SCI was still ongoing. On completion of the investigation Michael will feedback to the group the outcome and any relevant actions to be undertaken. **Social Work Complaints Reporting** Discussion took place around the requirements needed for Social Work Complaints report. Dianne Rice advised that Dee Horn, EDC is working with Management at EDC to look enhancing the reporting capability of the current system. Dianne will keep the group updated on any progress.	**MMcG** **DR**
5	**Governance Leads Update / Reports**	
a.	**Core Audit Reports** No issues were noted in relation to the core audits.	
b.	**Adult Services** **Learning Disabilities** The group were informed that there will be a consultation in relation to community based support services. It has been agreed that East Renfrewshire will host this work with support from each Partnership. **Mental Health** PCMHT – Lorraine advised that staffing within the team has improved. Lorraine highlighted that following positive results the Computerised Cognitive Behavioural Therapy (CCBT) will be expanding. Lorraine added that Systems Training for Emotional Predictability and Problem Solving (STEPPS) will be co-facilitated with East Dunbartonshire HSCP and North Glasgow HSCP.	

b.	**Adult Services Cont.** CMHT – The Team are currently running with only 1 Psychologist with the longest waiting time sitting at between 8 -9 weeks. Interviews will take place on 9th August 2019 for the Psychology post with a further start in October for a Band 7. OT – Lorraine advised that waiting times for OT have also increased. Clozapine Clinic – It was reported that the "One Stop Shop" has been positively received. This clinic provides meds and physical health check for service users. **Nursing** Leanne Connell, Senior Nurse, advised that they now have a Band 6 resource now in place. Two staff have also gone through prescribing modules, however, there may be a gap in service within GP Practices. Leanne advised she will update the group at the September meeting. Within the Diabetic Specialist Nursing Service a Staff Nurse has been recruited and will commence in August 2019 bringing the service back to a full complement of staff. **EDADS** It was noted at the previous that there were staffing challenges within the team and in the absence of a Team Leader post Catherine McCrae, Team Lead CMHT was providing clinical supervision. The group were advised that the Team Lead post will now be advertised and that a Social Work Assistant has been recruited. **Adult Social Work** It was noted that the service is currently under significant pressure to process referrals and reviews.	**LConnell**
c.	**Older Peoples Services** **Older Peoples Mental Health** Fiona Munro, Team Manager advised that there are staffing challenges within the service. Both OT and Psychology remain an issue in terms of waiting times. Fiona added that the Psychologist will be returning soon from Maternity Leave, however, has requested a different working pattern. **CRT** Fiona Munro, Team manager advised that the service has no current staffing challenges. The group were informed that the Home for Me service is fully embedded within the service and that both Homecare and Health staff are in place. Early feedback of the service has been positive. **Community OT** It was noted that the service have new vacancies and that the current longest wait equates to 1 year. In response to this Fiona advised that she will be looking at current allocations and caseloads. **Adult Intake** It was noted that the service is still experiencing issues with staffing.	

	OPSW The group were advised that the Team Lead for Older People will be leaving which will create a gap within the service.	
d.	**Children's Services** **Children & Families (Health)** Lorna Hood advised that a Health Visiting vacancy has been filled with a Graduate. They will commence within the service in September 2019. Lorna informed that there are pressures within the service with caseload sizes and implementing the universal pathway. Lorna has looked at caseload realignment and will discuss this with the team. Other posts which have been recruited to were a Band 5 and Band 3 which will start within the School Health Team in August 2019. Funding has been secured from Scottish Government for 2 years to recruit 2x Healthcare Support Workers (HCSW) who will be the antenatal contact for mothers within the area. Lorna advised that a SOP and Project plan has been devised and it is hoped that this will commence in August 2019. Vaccination Transformation Programme Pre-School Vaccinations – All 3 clinics have now been established. The service will move to the central team on the 15th August 2019. Pre 5 Flu Vaccinations – East Dunbartonshire HSCP have volunteered to take forward a pilot for pre 5 vaccinations within the Bearsden & Milngavie cluster. Lorna Hood and Dianne Rice are currently scoping accommodation for this. An update will be provided at the September meeting. **Children & Families SW** Claire Carthy, Interim Head of Children & Families and Justice advised that there is a national pilot looking at different ways of approaching investigative interviews of children and young people (Barnahaus Model). The pilot suggests that this would entail a 1 year master's level course for 1 individual. Claire will keep the group updated on progress at future meetings. **Specialist Children's Services** Lisa Williams advised that following her meeting with Stephen McLeod and Julie Metcalf she had subsequently met with Clinical and Care Governance leads to provide assurance of cross coverage learning between Specialist Children's Service and East Dunbartonshire HSCP.	**C.Carthy**

e.	**Oral Health** Michael McGrady attended the meeting today and notified the group of a recent Significant Clinical Incident (SCI). The investigation was in response to a patient who attended his GDP for treatment and had reported feeling unwell. It was later highlighted that the patient had Infective endocarditis which can be fatal if bacteria enters the bloodstream. Michael advised that the investigation outcome will be discussed at a Boardwide meeting where all learning for Primary and Secondary Care will be communicated through the appropriate channels.	
f.	**Criminal Justice update** The most recently published CJ inspection report was circulated previously with the agenda for group member's information. Caroline Sinclair, Interim Chief Social Work Officer Head of Mental Health, Learning Disability, Addictions and Health Improvement advised that following the outcome East Dunbartonshire will scope learning from other areas. Gillian Notman, Change & Redesign Manager updated the group on a test of change taking place in Low Moss Prison where they will look at adult care and case management within the Prison. This test will be carried out led by Glasgow City HSCP as the service provider of prison healthcare staff.	
g.	**Primary Care & Community Partnership Governance Group update** Lisa provided the following updates from dscussion at the previous Primary Care & Community Partnership Governance Group: • A paper will feature at the Board meeting on Improved Learning and knowledge taken from SCIs. • There was a noted decrease in level of SCIs • Guidelines for GPs regarding improved information sharing with Social Work to be finalised. • Changes to verification of expected death process. This can now be done including only the nurse and GP involved. • Concerns noted in regards to the increase of HIV patients attending EDADS services within Greater Glasgow & Clyde. • Concerns around increase in prison populations and increased ageing population with no increased resource. • Communication with SAS regarding various issues around delays and provision.	
h.	**Board Clinical & Care Governance Forum update** The meeting had not yet taken place and as such there was there was no relevant update.	
i.	**Service Inspections** Criminal Justice Inspection – This item was discussed previously under item 5f.	
j.	**Recruitment & Retention of Staff** It was agreed by the group that this item should remain on the agenda as a standing item in relation to the new GMS contract. Carolyn Fitzpatrick, Lead Prescriber noted that to fulfil the Pharmacotherapy element of the GMS contract would require a significant amount of Pharmacists. Central Pharmacy Recruitment will be received	

	60 applicants for the current tranche of recruitment, most of which are community pharmacists. This is starting to have an impact on Community Pharmacy within Glasgow City. Within East Dunbartonshire Carolyn noted that there had been concerns highlighted in terms of lack of satisfaction / effectiveness within the Pharmacists and some GP Practices. Carolyn has discussed these issues with the relevant Practices and it has been agreed that the Pharmacy element will be withdrawn from these Practices and placed within other Practices to increase session which will provide efficient / effective work. The Practices who have had this service withdrawn will receive their increased allocation at the next round of recruitment.	
	Risk Management	
6a.	**<u>Care Home Update</u>** Leanne Connell advised that there was an unannounced inspection within Canniesburn Care Home where it received a grade of 2 for quality of care. Following the outcome of the inspection there has been a temporary moratorium placed on the care home which will increase the impact on GPs within the Bearsden & Milngavie area. The group were also advised that the moratorium is still in place for Campsie Care Home. Leanne informed the group that there has been a meeting set to discuss progress as there still remains to be some concerns.	
	A Large Scale Investigation (LSI) is still underway within the Care Home. Police have been looking into 3 residents. The HSCP will await the outcome of this to decide whether a SCR will be taken forward for each of these 3 residents. It was noted that Clachan of Campsie have appointed a new manager and that there have been noted improvements.	
b.	**<u>Clinical Risk update</u>** Fraser Sloan was unable to attend the group today, however, provided the quarterly statistical report which was circulated previously with the agenda for the information of group members. It was noted within the report that many 4/5 severity incidents did not include a screening tool. Dianne Rice and Lisa Williams will look into this.	**LW/DR**
c.	**<u>HSCP Incident Report – 16/05/19 – 23/07/19</u>** The report was circulated previously with the agenda for the group members to review. Lisa Williams reminded all staff not to include person identifiable information within the description of the incident.	
d.	**<u>OHD Incident report – 16/05/19 – 18/07/19</u>** The report was circulated previously with the agenda for the group members to review. There were no further issues to note.	

e.	**SCS Incident Report – as at 16th April 2019** The report was circulated previously with the agenda for the group members to review. There were no further issues to note.	
f.	**Datix Update – July 2019** The July update was circulated previously with the agenda for the group members information / action.	
	Reducing Harm from Medicines	
7.	Trachea Training It was highlighted at the previous meeting that there was no appropriate training or refresher training available for trachea fitting outwith children's services. This issue is thought to be a national issue and has been escalated to Board level. Val Tierney, Chief Nurse is the lead for this within East Dunbartonshire. Lisa Williams will request an update from Val regarding this issue.	**LW/VT**
8.	**Public Health Reports / Prescribing updates** There were no public health reports to note. Near Miss Carolyn Fitzpatrick updated on 2 incidents which had taken place within GP Practices 1. There was a near miss within a GP Practice. Pharmacy Technician ran prescription for patient, however, old medication hadn't been removed from Emis. GP picked up on this and learning has been noted and auctioned. 2. Request from parent of patient with complex mental health issues requesting a supply of medication due to patient leaving usual residence for 3 months. Pharmacist agreed to provide prescription. Discovered later that patient been unstable and medication should not have been prescribed. Confidentiality issue also highlighted. A Significant Event Analysis has been carried out in relation to this issue and learning has been noted and actioned.	
	Clinical Effectiveness / Quality Improvement	
9.	**Quality Improvement Monitoring** Dianne Rice devised a draft template for monitoring clinical & care quality improvement wthin the HSCP, however, the template requires further work. Dianne will work with Lisa and bring back to the November group for agreement	**DR**
	Scottish Patient Safety Programme	
10a.	**SPSP** This meeting fell outwith SPSP bulleting timeframe.	
b.	**SPSO update – June 2019** The June SPSO bulletin was circulated previously with the agenda for group members information.	
	Enabled to Deliver Person Centred Care	

11.	**Complaints Report- 20/03/19 – 15/05/19** **Health** One complaint was noted, however, was still under investigation. The outcome of this complaint will be noted within the report which will feature at the September meeting. **Social Work** Caroline highlighted that there was one outstanding complaint which was submitted to the SPSO between December 2018 – January 2019. The SPSO partially upheld this complaint after a change in process. **SCS** The group reviewed the report. No issues were highlighted.	
	Vulnerable Children & Adults	
12a.	Claire Carthy, Interim Head of Children's Services informed that the first joint Child & Adult Protection Conference was in June 2019 and was well attended. Claire also advised that following the success of the joint approach we will continue linking the two agendas under the wider umbrella of Public Protection. There has been a training calendar on Child & Adult Protection devised and will be sent to Dianne Rice for circulating to the group members. Claire noted that there has been further decrease of 24 children & young people on the child protection register. Adult Protection It was highlighted that following previous LSIs that Nursing Staff should be trained to assist within the process. Other items covered at agenda item 6	**CC/DR**
b.	**Child Protection Case Conference Attendance** There was no updated report to note. The Single Point of Access has been embedded within the Children & Families Team and has also commenced within GP Practice. Once fully established a quarterly report of attendance and reporting will be included and discussed within this forum.	
c.	**Looked After & Accommodated Children & Young People** Claire gave a brief overview of children & young people currently Looked After & Accommodated within and outwith East Dunbartonshire.	
d.	**Child Protection Forum Minutes** There were no minutes to note.	
	Infection Control	
13.	**Partnership Infection Control minutes** The minutes from 16th May were circulated previously with the agenda for information.	
	General Business	
14.	**Value Improvement Fund 2019** Val Tierney was unable to attend the meeting today, however, the above	

	papers were circulated previously with the agenda for group members information / action.	
15.	**Person Centred Visiting – How to Guide** The above guidance was discussed at the previous meeting. The How to Guide was circulated previously with the agenda for group members information / action.	
16.	**Any other business** Strategic Inspection – Adult Services Caroline Sinclair advised that the outcome report had been published and was available online. The HSCP received the following grades: Performance – Good, Strategic Planning / Leadership – Adequate.	
	Clinical & Care Governance meeting – September 2019 Lisa Williams noted that she would not be able to attend the September meeting due to annual leave. Co-chair Caroline Sinclair will chair the September meeting.	
17.	**Schedule of meetings 2019** The schedule 2019 was circulated previously with the agenda for information.	
18.	**Date and time of next meeting** **Wednesday 25th September 2019, 2pm, Corporate Meeting Room, OHD Headquarters, Stobhill**	

Agenda Item Number: 19

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	Minutes of Staff Partnership Forum - 1 August 2019
Report By	Tom Quinn, Head of People & Change Tom.Quinn@ggc.scot.nhs.uk Tel :07801302947
Contact Officer	Tom Quinn, Head of People & Change Tom.Quinn@ggc.scot.nhs.uk Tel :07801302947

Purpose of Report	To provide the re-assurance that Staff Governance is monitored and reviewed within the HSCP. Key topics covered within the minute include: 1) iMatter – Linda Tindall updated on the activity to create local team action plans to support the good work being delivered and address any concerns raised in the survey outcomes. 2) Learning Disability Review – Caroline Sinclair gave an update on the current consultation activity and advised that the outcome would come back to a future SPF. 3) Healthy Working Lives –. David Radford spoke about the planned activities for all staff over the forthcoming month all of which is used to support our Gold Award, which has been accredited again.

Recommendations	Note for information

Relevance to HSCP Board Strategic Plan	

Implications for Health & Social Care Partnership

Human Resources	Information is cascaded to staff through the partnership via Our News

Equalities:	N/A

Financial:	N/A

Legal:	Meets the requirements set out in the 2004 NHS Reform legislation with regard to Staff Governance

Economic Impact:	N/A

Sustainability:	N/A

Risk Implications:	N/A

Implications for East Dunbartonshire Council:	N/A

Implications for NHS Greater Glasgow & Clyde:	Included within the overall Staff Governance Framework

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

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Mrs Susan Manion

Minutes of East Dunbartonshire Staff Forum Meeting
Thursday 1st August 2019 at 2pm in F33A&B, Kirkintilloch Health & Care Centre

PRESENT

Andrew McCready (AMC)	**Unite Oral Health (Co Chair) Chairing**
Lyndsay Ovenstone (LO)	**British Dental Association Area Representative**
Caroline Sinclair (CS)	**Head of Mental Health, Learning Disability, Addictions, Planning & Health Improvement**
Margaret Hopkirk (MH)	**People and Change Manager**
Claire Carthy (CC)	**Interim Head of Children & Criminal Justice Services**
Caroline Smith (CSm)	**HR Business Partner - EDC**
Linda Tindall (LT)	**Senior Organisational Development Advisor**
Derrick Pearce (DP)	**Head of Health and Community Care**
Anne McDaid (AMc)	**RCN SPF Joint Secretary**
Craig Bell (CB)	**EDC Unison Chair**
Janice Campbell (JC)	**Unison Treasurer**
Brian McGinty (BMcG)	**Unite Convenor EDC**
Tom Quinn (TQ)	**Head of People & Change**
Gary McNally (McN)	**Staff Side Rep**
Leanne Connell (LC)	**Senior Nurse**
Susan Frew (SF)	**CSM Oral Health**
Kirsty Gilliland (KG)	**HSCP Administrator – Minute Taker**
Sarah Hogg (SH)	**Clerical Officer (Shadowing KG)**

ITEM	SUBJECT	ACTION
1.	**Welcome & Apologies.** AMC opened the meeting by welcoming everyone present and requested roundtable introductions for the benefit of staff attending for the first time. Apologies were submitted on behalf of Susan Manion, Gillian Notman, Simon MacFarlane, David Radford, Jenny Russell, Jean Campbell, Marie Low and Lorna Hood.	
2.	**Minutes of previous meeting.** Minutes of meeting held on Monday 17th June 2019 were agreed as an accurate reflection of discussions.	
3.	**Matters Arising.** AMcC asked of any matters arising from previous minutes and none were noted.	

4.	**Finance Update.** TQ advised the papers went to the board for approval on 27th June 2019. An updated position will be brought to the SPF at the next meeting.	
5.	**Home Care Review.** DP gave a brief update to the SPF regarding the current review. Trade Unions met 1st August 2019 with the revised rotas now out for consultation.	
6.	**LD Review.** CS advised Learning Disabilities Service Review is now in the consultation period which runs from 27th June until 16th August 2019. Once the redesign principles have been agreed and the comments submitted to Alan Cairns a further update will be brought to the SPF. CS was happy to take any questions.	
7.	**Refurbishment of 1st Floor.** DP gave an update regarding the refurbishments of Southbank House and the 1st Floor of KHCC with work due to commence on the 7th October 2019. DP advised sub groups have been set up but require staff side representation to attend the meeting. A further update will be brought to the next SPF.	
8.	**HR Update.** MH gave an overview of the absence report highlighting the activity during June 2019. This shows absence rates have improved in all areas including long term absence. CSm advised long term absence is the biggest concern but is improving. BMcG enquired regarding the most prominent absence reason. CSm advised stress and anxiety are still the highest reason for absence. CSm also noted the PDR return has been below target and highlighted training is available for managers logging on to i Trent. MH advised the eESS team will open phone lines in the near future for any queries regarding eESS. Health managers with EDC staff are to receive i Trent accounts and will receive more details soon. MH also advised that new guidance has been circulated and is available on staffnet regarding eESS MH happy to take any questions.	
9.	**Transformation Plan.** LT advised the Transformational Plan has been approved by the board in July 2019. The Plan outlines a saving of £3.7mil and will be updated before the next board meeting.	

	DP highlighted that some sections of the plan previously had been red but now show as green due to the activity and delivery of some projects.	
10.	**<u>Staff Governance/ iMatter Update.</u>** <u>Staff Governance</u> TQ provided an update regarding the Staff Governance Plan for 2019/20, The papers key themes are Being Well Informed, Being Appropriately Trained, being involved in decisions which affect them, being treated fairly and equally and being provided with a safe and effective working environment. The Staff Experience is an overview of the activities that shape the experience of staff at work, through the 5 strands of staff governance. The current plan also includes the local imatter plan alongside the wider plan, working together. The first meeting has taken place with the second planned for August 2019. The paper will be submitted to the board at the end of August as the paper received a good review in February when last submitted to the board. <u>i Matter</u> LT gave a verbal update on the imatters process and advised the SPF the action planning process will be completed by the 12th August 2019. LT advised Specialist Childrens Services have completed 12 out of 13 and ED HSCP have completed 23 out of 67. LT encouraged staff to complete and upload plans as they are looking to nominate a team for GGC awards. The nominated group will have an interview as well as attending the awards. LT advised the Oral Health Department have another month to complete and update plans, once the results are in an update will be brought to the next SPF. CS enquired should the nominated team be a team made up from EDC and NHS as not all councils comply.	
11.	**<u>Healthy Working Lives.</u>** MH advised that Plastic Free week in July 2019 was a success. A Travel Plan road show is planned for KHCC on the 4th September 2019. MH also advised ED HSCP have applied for a grant to have bike shelters installed here at KHCC. The next Health and wellbeing meeting is planned for the 19th August. The key areas include mental health, working longer and health and safety. MH advised the HWL group will look at the results alongside imatter and the dignity at work survey to see if there are any commonalities. CS advised the SPF EDC are in the process of working towards a gold award. MH advised the HWL have representatives from all staff sides but can also support national campaigns such as Diabetes, Healthy heart, Alzheimer.	

12.	**Review of Business Support.** TQ advised a review is currently taking place and a further update and the results of the review will be brought to the next SPF.	
13.	**SCS Staff Forum Minutes.** TQ advised ED HSCP hosts the Specialist Children Services (SCS). Some work is being completed regarding the realignment of services. Susan Manion will continue to manage the service but the day to day management will be aligned with Glasgow. A further update will be brought to the next meeting.	
14.	**HSCP Leadership Event.** LT gave an update on the leadership event which is due to take place on 28th August 2019 at Kilmardinny House. A further update will be circulated to staff.	
15.	**Public Dental Review.** SF advised that they were awaiting comments for the Public Dental Review. The deadline for these to be submitted is 15th July 2019. To date 20 formal responses have been received and the results are available on the intranet. SF advised presentations have been given and the results have been circulated to staff, short life working groups are being set up with staff side representation being sought for the meetings to review the results. LO enquired when the comments will be available? TQ advised staff will be receiving direct replies. AMcC enquired regarding timescale. TQ advised March 2020 and the SPF will be kept up to date.	
16.	**Staff Awards.** LT gave an update to the SPF on the staff awards. The closing date for applications has been extended to the 2nd August 2019. LT advised 23 applications have been received to date. The judging panel are due to meet on the 15th August 2019 with the awards due to take place on the 9th October 2019. LT also encouraged staff to create and design a stand for the upcoming awards.	
17.	**A.O.C.B.** Specialist Children Services - Redesign group minutes circulated for information. GDH – Health and Safety Minutes also circulated for information.	

	CS advised the Care inspectorates paper has been published and gave a brief overview of the reports results. CS advised that there was room for improvement regarding the results. LC advised a DN has asked for a formal review of her job description, LC approved this and informed the SPF that a small group of staff have made some changes to the job description. MH advised no management input has been required as yet. TQ highlighted that the policy allows any member of staff to have a review of their job description, however only if significant changes have been made. AMcD also advised that staff in other areas are also looking at changes to their current job description.	
18.	**<u>Date and Time of Next Meeting</u>** Tuesday 8th October 2019, F33 A&B, Kirkintilloch Health Care Centre.	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Meeting	14 November 2019
Subject Title	East Dunbartonshire Draft Performance, Audit & Risk Committee Minutes of 12th June 2019 and 24th September 2019 (Draft)
Report By	Jean Campbell, Chief Finance & Resources Officer
Contact Officer	Jean Campbell, Chief Finance & Resources Officer Tel: 0141 232 8216, Jean.Campbell2@ggc.scot.nhs.uk

Purpose of Report	To provide the Board with an update on the business of the Performance, Audit & Risk Committee held on the 12th June 2019 and 24th September 2019.

Recommendations	The Integration Joint Board is asked to: a. Note the contents of the minute Performance, Audit & Risk Committee held on the 12th June 2019 and the draft minute of the 24th September 2019.

Relevance to HSCP Board Strategic Plan	This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

Implications for Health & Social Care Partnership

Human Resources	none
Equalities:	N/A
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Risk Implications:	N/A
Implications for East Dunbartonshire	N/A

Council:	

Implications for NHS Greater Glasgow & Clyde:	N/A

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

Minutes of East Dunbartonshire HSCP
Performance, Audit & Risk Committee Meeting
held on 12 June 2019 @ 2pm, in Meeting Room S1, Kirkintilloch Health & Care Centre

Present:

Cllr Susan Murray	**(SM)**	**Chair**
Jacqueline Forbes	**(JF)**	**Vice Chair**
Ian Ritchie	**(IR)**	**Non Exec NHS GG&C**
Derrick Pearce	**(DP)**	**Head of Primary Care & Community Services**
Kenneth McFall	**(KM)**	**Senior Auditor**
Gillian McConnachie	**(GM)**	**EDC Audit & Risk Manager**
Susan Manion	**(SMan)**	**Chief Officer**
Jean Campbell	**(JC)**	**Chief Finance & Resources Officer**
Caroline Sinclair	**(CS)**	**Head of Adult Services**
Mags Maguire	**(MM)**	**Director of Nursing**

In attendance:
Karen Gillespie (Minutes) **(KG)**

No.	Topic	Action by
1.	**Welcome and Apologies**	
	Susan Murray welcomed those present. Apologies were noted on behalf of Cllr Moir and Meechan.	
2.	**Minutes of previous meeting**	
	The minute of the meeting held on 1 March 2019 was approved and noted as an accurate record of discussions.	
3.	**EDC Internal Audit Progress Update 2018/2019** GMC brought the Committee up to date on the progress of the report and advised the action plan had been approved by the management team. JF requested clarification on why only seven of the priorities are reported on within the paper, GM advised this is a timing issue of when reports are updated for Board etc. Regular updates will be brought to Committee for noting and this will cover all aspects of the document. IR raised the point that Carefirst continues to be an issue, JC advised that there have been a number of issues due to a lack of support for Carefirst. The system support now sits with EDC Shared Services and is dependent on the submission of information to allow the staff to update the system timeously. IR enquired if the information is forthcoming and a robust update process put in place, will this no	

	longer be a highlighted as a risk, JC advised that due to the nature of the information and the changing data involved the system will always be highlighted as a risk but with appropriate supports in place this will become low risk status with mitigated responsibilities. SM enquired about the overpayments given to Providers due to not providing timely information on residents etc. JC advised that this is an accepted risk and can be used as a credit against future admissions. Report : Noted by Committee	
4.	**NHS GG&C Internal Audit Activity Report for IJB's – March 2019** The Committee was advised that this report had been requested by the Auditors prior to sign off of the 2018/2019 financial accounts, but should be considered draft until ratified by NHS GG&C Board at the next Board meeting. Report : Noted by Committee	
5.	**Annual Report & Accounts 2018-2019** JC apologised to the Committee for the verbal update and advised that revised accounts would be available prior to the HSCP Board meeting on 27 June 2019. SMan reflected that the HSCP had been unable to report on the overspend sooner and spoke about the steps put in place to manage the situation with input from EDC and Shared Services. SM informed that all reserves for this period had been exhausted and this would have an impact on delivery of both the Transformational Programme and also future budget setting. SM requested that future reports be designed for the understanding of those who don't have a financial background, making information easily understood. JF stressed the importance of understanding the process and where the weak points are and how these can be managed efficiently and effectively.	
6.	**EDC – HSCP How Good is our Service (HGIOS) 2018/19** DP addressed the report that had been previously submitted to EDC on the performance of Social Work service within the partnership. DP advised there were a few errors in the report and these will be rectified. JF commented that the content of the report made for interesting reading. MM focused on the sickness/absence data and enquired if this was due to the effects of low morale within the staff group and asked how this can be managed. CS advised that the robust measures are being taken in line with respective organization absence management procedures and the issue relates to long term absence with short term absence more in line with expectations.	

7.	**HSCP Transformational Plan 2019/2020 update** JC advised the report had been presented to the HSCP Board at the May 2019 meeting and gave an overview of the priorities contained within point 1.10. JC asked the Committee members to recognize that this is a developing plan and although the schedule to deliver services is on track, there may be issues with the delivery of savings. JC informed that the plan is indicating a shortfall of £800k at present and work is ongoing to identify options to address this and manage the expenditure within budget. MM spoke about the risks associated with the delivery of the priorities and suggested the teams go back to basics and identify what can be achieved. IR spoke about the importance of having the right people in post to deliver the transformational change; ensuring staff are aware of their role within the process and have the knowledge and skills to deliver. SM asked for clarification on why some of the priorities had end dates and others were blank; JC advised that the end date is only stated on the document if the priority will be achieved within this financial year. Report : Noted by Committee	
8.	**EDC Internal Audit Annual Report 2018/19** GM addressed the report with the purpose of updating the Committee on the Annual Internal Audit Report and opinion on East Dunbartonshire Council's systems. The report included consideration of the systems and processes under the strategic direction of the HSCP. GM highlighted areas within the report • Carefirst Testing – the report included provision for testing a sample of 30 social work payments. Auditors noted several areas where improvements could be made, including the clarification of procedures and responsibilities of all teams involved in the process. EDC have agreed that this is an issue and will now take forward to ensure improvements by the year end. • Irregularity issues - weaknesses were noted in the area of Direct Payments in relation to potential fraud. Internal audit have reviewed controls in this area and have concluded that in the area of Direct Payments they are now generally reasonable. A High Risk issue has been identified in relation to Support Reviews being carried out on a timely basis and an action plan is currently being agreed address the issues highlighted. Report : Noted by Committee	

9.	**EDC Final Audit Follow up report 2018/19** GM advised that the 2018/19 Audit and Risk Plan included provision for the follow-up and evaluation of risks identified in all previously issued Internal Audit reports. This is in line with the established cycle of reporting on outstanding audit issues twice a year Report : Noted by Committee	
10.	**EDC Internal Audit Progress Update to May 2019** GM advised the Committee of the work completed in March 2019 as the final month of the 2018/19 reporting period and of the two months to the end of May 2019, as work on the 2019/20 plan has commenced. The report also includes consideration of the outputs finalised during the period. Report : Noted by Committee	
11.	**NHS GG&C Internal Audit Activity Report for IJBs June 2019** As Committee had just been provided with a copy of the report at the beginning of the meeting, it was agreed any questions should be emailed to GM	
12.	**Future Agenda Items** • **Carefirst Update** • **Hospital @ Home Service** • **Risk Management**	
13.	**A.O.C.B.** Chairing arrangements – It was noted that the Chair of the Committee will sit with Jacqueline Forbes from September 2019.	
14	**DATE & TIME OF NEXT MEETING** Tuesday 24 September 2019	

East Dunbartonshire Health & Social Care Partnership

Chief Officer
Mrs Susan Manion

	Minutes of the East Dunbartonshire HSCP **Performance, Audit and Risk Committee** **Kirkintilloch Health & Care Centre on 24th September 2019**

Present:

Jacquie Forbes (Chair) (JF)
Susan Murray (SM)
Gillian McConnachie (GMc)
Peter Lindsay (PL)
Kenny McFall (KMc)
Ian Ritchie (IR)
Derek Pearce (DP)
Jean Campbell (JC)
Mags McGuire (MM)
Fiona Mitchell Knight (FMK)
Susan Manion (SMa)

Minutes: Linda Ferrigno

1.	**WELCOME & INTRODUCTIONS** Non Executive Director Jacqueline Forbes welcomed those present.
2.	**PREVIOUS MINUTES** Two amendments were asked to be recorded on the previous minute, from 12th June 2019. The initials GM to be changed to GMC for clarification. (Page 1) EDC to EDC Management to be changed for clarification. (Page 3, bullet point 1) The minute was then noted and agreed as an accurate record of the previous discussion.

3.

Audit Scotland- Draft 2018/19 East Dunbartonshire IJB Annual Audit Report

FMK gave an update on the audit findings from the 2018/19 annual audit of the partnership's financial position including the annual accounts, aspects relation to financial sustainability, financial management, best value and governance and transparency arrangements.

Discussion is needed on how to ensure any future expenditure will deliver the best value for the Partnership.
A recovery plan is in place to support long term financial planning. This can be challenging but enables working towards the 3 year strategic plan.
The accompanying financial statements give a true and fair representation of the financial position for year ending 2018/19, although the report has potential for change prior to sign off by the Committee.

P3 on the attached document shows that there were fewer issues identified than last year.
P4 of the Annual Report of the IJBs shows as follows:

The partnership performance indicators reflect that 18 issues have improved with only 2 deteriorating. This shows good progress is being made with last years actions and the situation appears positive.
Following sign off by the Committee, this report will then be sent to the Controller of Audit.

4.

ED HSCP 2018/19 Final Audited Accounts

JC explained the accounts presented a deficit of £1.8 million for the Partnership. Adjusting for additional monies received for specific initiatives such as PCIP, ADP and MH monies then this provided an overall deficit of £3 million.
The initial planned use of reserves, as part of the budget agreement for 18/19, was £2 million requiring a further £1 million to deliver a balanced in year position. This uses all of the general reserves available to the Partnership placing it in a vulnerable position going forward.
JC explained that findings show a true and fair representation of the financial position of the Partnership for the year end, 31st March 2019.

JF made the point that reserve monies are reserved for unforeseen circumstances, so going forward this should be looked at more closely by all.
SM agreed but suggested we should aspire not to spend, but deliver services simultaneously. She felt that this should be highlighted to all parties in order to raise the profile of the situation.
JC pointed out that any future planning needed strategy in order not to expect partners to cover the deficit.
Planning for the future is important and a way forward collectively needs to be found. Strategy is needed since the public sector cannot be expected continue as it is presently.

SM advised that for next year and the following year, a collective agreement needs to be found in order to monitor what is required to

	move forward. It was agreed by all to approve the Final Annual Audited Accounts for 2018/19 and authorise the Chair, Chief Officer and Chief Finance & Resources officer to accept and sign the Final Annual Accounts on behalf of the IJB.
5.	**Progress update – Audit Scotland 2017/18 East Dunbartonshire IJB Annual Audit Action Plan** JC advised that some actions were still ongoing and explained that this is an evolving process which is aligned to service performance. It is hoped that the long term financial plan will be delivered in November 2019. In the short term, finalised actions can be signed off by the Committee, and any outstanding actions will be considered for next year. It was asked that the Terms of Reference be amended. With reference to "Chair of the HSCP to sign off" it was requested that be changed to "Chair of the Committee will sign off". JC agreed to alter the wording. Discussion took place around the subject of the Transformation Plan. It was agreed that further information was needed taking into account cost increases and additional demand pressures, etc. Agreeing that the situation was urgent, details will be reviewed specifically at the next meeting. The committee noted the update to the action plan for 2017/18.
7.	**East Dunbartonshire HSCP Care at Home Service – Inspection by Care Inspectorate (July 2019)** DP advised that following the HSCP internal care at home service inspection by the Care Inspectorate in June 2019 and the report will be published in October 2020. The inspection showed there had been an improvement in grades as set out below. Quality of care and Support 3 – Adequate (retained 2018 grade) Quality of staffing 3 – Adequate (increased from 2 in 2018) Quality of Management and Leadership 3 – Adequate (increased from 2 in 2018) DP explained that a number of ongoing improvements are still needed however, these are all being implemented through the new Leadership Structure and Staffing Model for Improvement. This will be introduced to the service on 27th January 2020. The group then thanked DP and recognised the work completed.
8.	**ED HSCP Corporate Risk Register** JC explained that the HSCP Corporate Risk Register is updated twice yearly by the Senior Management Team. Presently, there are a total of 11 risks included within the HSCP Corporate Risk register.

	1 is considered as Very High risk (Priority 1) 7 are considered as High risk (Priority 2) 3 considered as medium risks (Priority 3). These will have to be re assessed in relation to the financial position of the Partnership, as delivery for financial balance is a priority. The risk after Brexit is unknown as yet albeit there is a range of contingency and scenario planning underway in the event of a no deal.
9.	**Internal Audit Progress Update to July 2019.** The GMC reported that 3 outputs have been completed in June and July which demonstrates good progress towards the delivery of the plan. The outputs are: Budget Setting and Monitoring Payroll Self Approval The following 3 internal audits have been added to the internal audit schedule for 2019/20 as requested by management. HSCP Contract Awarding Review of the HSCP Unanticipated Month 12 Variance and Overspend Review of HSCP Financial Outcome and Key Controls Details can be found in paragraph 1.7 of the progress update.
10.	**Future Agenda Items** Transformation Plan
11.	**Next Meeting** DONM - Wednesday 18th December at 2.00 pm at KHCC.

East Dunbartonshire Health & Social Care Partnership

Agenda Item: 21

East Dunbartonshire HSCP Board Agenda Planner
Meetings – January 2020 to January 2021

Updated 23/10/2019

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (SM)
Chief Officers Report (SM)
HSCP Board Agenda items - 23 January 2020
Topic Specific Seminar – Public Health Reform
Draft Updated Integration Scheme – Alan Cairns
Quarterly Performance Report Q2
Strategic Review of Children & Families Service
Smoking Cessation Services Review
Sexual Health Service Review Implementation Plan
Half Day Development Session – February 2020
To be agreed
HSCP Board Agenda items - 26 March 2020
Quarterly Performance Report Q3
Integration Scheme
Autism Services in East Dunbartonshire
Oral Health – Performance Reporting
HSCP Board Agenda Items – 21 May 2020

East Dunbartonshire Health & Social Care Partnership

HSCP Board Agenda Items – 25 June 2020
HSCP Board Agenda Items – 17 September 2020
HSCP Board Agenda Items – 12 November 2020
HSCP Board Agenda Items – 21 January 2021

ED HSCP Board distribution list at Aug 2019

ED HSCP BOARD MEMBERS - VOTING		
Name	**Designation**	
Susan Murray	Chair -EDC Elected member	1
Margaret McGuire	NHS non-executive Board Member	1
Jacqueline Forbes	Vice Chair - NHS non-executive Board Member	1
Sheila Mechan	EDC Elected member	1
Alan Moir	EDC Elected member	1
Ian Ritchie	NHS non-executive Board Member	1
ED HSCP BOARD MEMBERS - NON VOTING		
Susan Manion	Chief Officer	1
Jean Campbell	Chief Finance & Resources Officer	1
Alex Meikle / Gordon Thomson	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Jenny Proctor	Carers Representative	1
Andrew McCready	Trades Union Representative	1
Thomas Robertson	Trades Union Representative	1
Lisa Williams	Clinical Director	1
Adam Bowman	Acute Services Representative	1
Val Tierney	Chief Nurse	1
ED HSCP SUPPORT OFFICERS - FOR INFORMATION		
Linda Tindall	Organisational Development Lead	**e-copy only**
Caroline Sinclair	CSWO, Head of Mental Health, LD, Addictions and HI	1
Derrick Pearce	Head of Adult and Primary Care Services	1
Gillian McConnachie	Chief Internal Auditor HSCP	**e-copy only**
Karen Donnelly	EDC Chief Solicitor and Monitoring Officer	**e-copy only**
Martin Cunnigham	EDC Corporate Governance Manager	3
Jennifer Haynes	Interim Corporate Services Manager	**e-copy only**
L. Johnston	Interim General Manager – Oral Health Directorate	**Paper copy / e-copy**
Tom Quinn	Head of Human Resources	**e-copy only**
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Elaine Van Hagen	Head of NHS Board Administration	**e-copy only**
For information only (Substitutes)		
Councillor Mohrag Fischer	EDC Elected member	**e-copy only**
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S. McGlennan Briggs	Carers Representative	**1 copy**
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