

Annual Performance Report 2024/25



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Introduction

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

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

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

In addition, we have included information on:

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

Our Priorities

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

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

Despite these challenges, there has been considerable achievements and innovative practice developed within services, alongside progress in transformational change and service improvement, which all contribute to making a positive difference to our service users. There has also been strong performance across all service areas, and where performance is not what we are striving for, there is an understanding within the service of why this is the case and appropriate actions have been identified and implemented to improve that area of performance. Our overall aim continues to be to ensure the people of East Dunbartonshire receive the best service possible in a way that is fair, responsive and person-centred.

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



Calum Smith

Chair

East Dunbartonshire
HSCP Board



Derrick Pearce

Chief Officer

East Dunbartonshire
HSCP

Part 1. Strategic Planning and Delivery

Strategic Plan

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

In March 2022, the HSCP Board approved the Strategic Plan for the period 2022-25. This Annual Performance Report details the progress made by the HSCP in the final year of this three-year period. A refreshed Strategic Plan for the period 2025-30 was approved in March 2025, setting out our strategic priorities for the next five years, and future performance reports will be based on our current Strategic Plan. Our vision remains unchanged, and our strategic priorities continue to reflect and support delivery of the national outcomes. Demonstrating our achievement towards these continues to be the focus of our annual performance reporting.

The illustration that follows on page 5 provides an overview of the Strategic Plan 2022-25 and shows the relationship between the strategic priorities and enablers and the actions being progressed to support these.

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

Annual Delivery Plan

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

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

There were a total of 33 initiatives identified in the Annual Delivery Plan to be progressed during 2024/25. By the end of this period, progress towards these projects were as follows:

- 25 were successfully completed in 2024/25.
- 8 were delayed and are carried forward for delivery in 2025/26.

A summary of the initiatives for 2024/25 is set out below, with more detail provided in the progress sections later in the report.

Initiatives successfully completed in 2024/25

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering People	Improve Personalisation	Continue to develop as a Trauma Informed organisation	1,2,3,4,5,6, 7,9
		Provide access to trauma informed training for dental staff to facilitate and support trauma-informed care to priority and vulnerable patient groups	1,2,3,4,5,6, 7,9
	Improving information and communication	Improve online accessibility and signposting to information and services through further development and promotion of the HSCP website	1,2,3,4,5,6, 7,9
Empowering Communities	Building informal support options	Review and reframe locality focussed working	1,2,3,4,5,6, 9
Prevention and Early Intervention	Extending rehabilitation and re-ablement	Deliver the 2024/25 actions from the East Dunbartonshire HSCP Frailty Mission	1,2,4,5,6,9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Development of improvement plan following outcome of Joint Inspection of Adult Support and Protection arrangements	4,5,7
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Review of Transitions policy and implementation of updated procedures which will align with national initiatives	1,2,3,4,5,6,7
	Implementing The Promise for children and young people	Write and implement Phase 2 Promise Plan 24/30	1,2,3,4,5,6,7
	Strengthen corporate parenting	Ongoing implementation of Children's House Project model	1,2,3,4,5,6,7
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Adult Mental Health and Drug & Alcohol Recovery - Review of Commissioned Services to develop a recovery focused approach	1,2,3,4,5,6,7
	Improve mental health support for children and young people	Review and refresh workforce plans to ensure capacity to see and treat children and young people	1,2,3,4,5,6,7
		Review and refresh the use of Choice & Partnership Approach	1,2,3,4,5,6,7
		Continue implementation of the Scottish Government's National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (September 2021)	1,2,3,4,5,6,7
Improving Mental Health and Recovery	Improve mental health support for children and young people	Finalise the workforce plan and capital planning works required to operationalise the West of Scotland Intensive Psychiatric Care Unit. Working with Regional planning to finalise referral routes and operational guidelines.	1,2,3,4,5,6,7

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
		Work with the West of Scotland Regional planning network to share learning on the development of Intensive CAMHS and Unscheduled CAMHS in Greater Glasgow & Clyde	1,2,3,4,5,6, 7
	Improve post-diagnostic support for people with dementia	Devise and deliver year 1 actions of the East Dunbartonshire Dementia Strategy Action Plan	1,2,3,4,5,6, 7
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan	3,4,7,8,9
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders, with wellbeing support prioritised	1,2,3,4,5,6, 7,8,9
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is appropriately prepared and equipped	1,2,3,4,5,6, 7,8,9
	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	Implementation of the Public Dental Service review Programme Board recommendations	1,2,3,4,5,6, 7,8,9
	Implementing a skills framework for supporting children's mental health and wellbeing	Implement Children & Young People's Mental Health & Wellbeing action plan	1,2,3,4,5,6, 7,8,9
Medium Term Financial and Strategic Planning	Maximising available resources	Develop HSCP Strategic Plan 2025 onwards	1,2,3,4,5,6, 7,8,9
		Maximise efficiency within in-house adult social care services	1,2,3,4,5,6, 7,8,9

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
		Undertake a review of the Care of Gardens Scheme to develop a new model operating within the available financial envelope	1,2,3,4,5,6, 7,8,9
Collaborative Commissioning	Supporting Primary Care Improvement	Continued implementation of the East Dunbartonshire Primary Care Improvement Programme	1,2,3,4,5,6, 7,8,9

Initiatives carried forward to 2025/26

Strategic Priority / Enabler	Commitment	Initiative	National Outcome
Empowering Communities	Modernising day services	Implement the 2024/25 actions of the Older Peoples Social Support Strategy	1,2,3,4,5,6, 7,9
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Review of respite services and development of short breaks options	1,2,3,4,5,6, 7
		Review of Learning Disability accommodation-based services and ensure that in-house services continue to meet the needs of our community	1,2,3,4,5,6, 7
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire)	1,2,3,4,5,6, 7
Medium Term Financial and Strategic Planning	Maximising available resources	Implement focussed programme of de-prescribing and realistic medicine	1,2,3,4,5,6, 7,8,9
	Balancing investment and disinvestment	Review of transport provision	1,2,3,4,5,6, 7,8,9
Infrastructure and Technology	Modernising health and social care facilities	Progression of Property Strategy to redesign and refresh current accommodation	2,5,7,9
	Maximising the potential of digital solutions	Implement actions in the HSCP Digital Strategy	2,5,7,9

Performance Management Framework

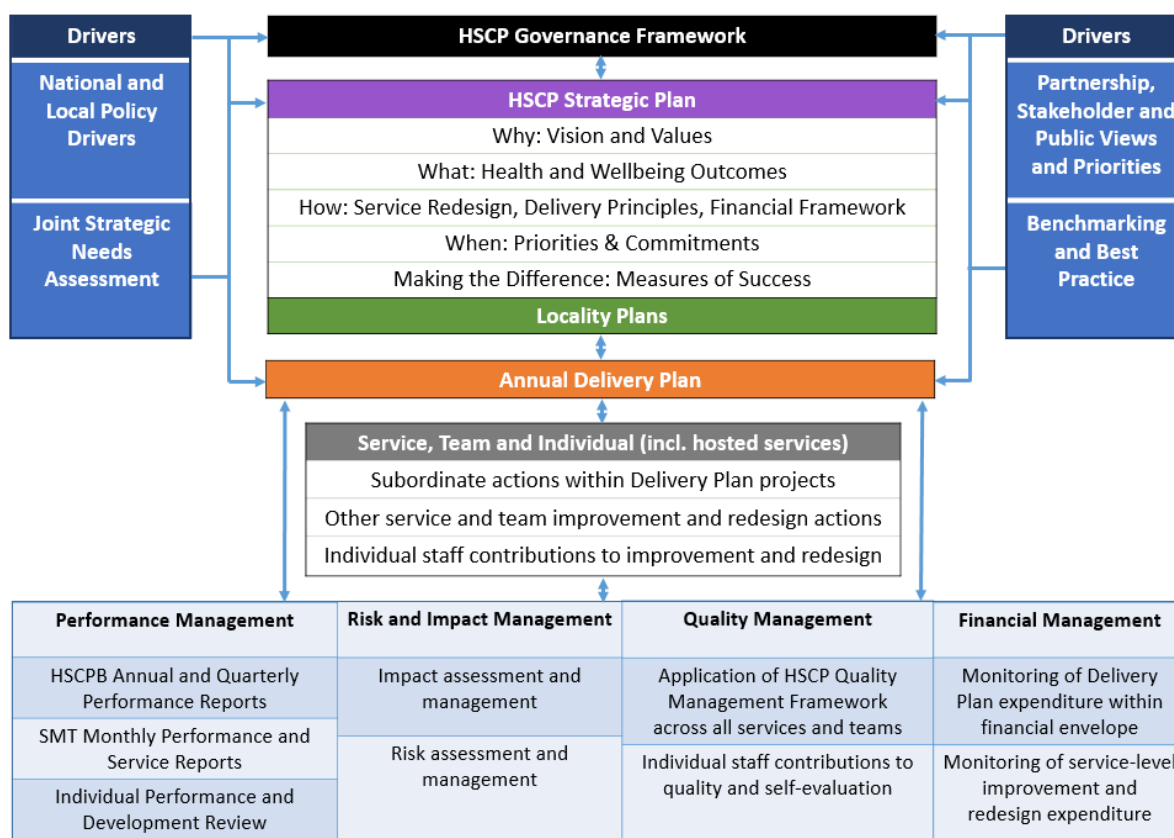
The HSCP has a Performance Management Framework in place that sets out how we measure, monitor and continuously seek to improve what we do. This is designed to ensure we know how well we are performing, what needs to improve and how, and the impact of any such improvements. The Performance Management Framework also sets out in detail our approach to monitoring and measuring success, including the production of this Annual Performance Report.

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

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

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

Fig 1: Improvement Planning and Organisational Alignment



A Framework for Community Health and Social Care Integrated Services

In November 2019, the Scottish Government published A Framework for Community Health and Social Care Integrated Services¹ which was designed to inform the development of local transformation plans, drawing on what has been found to be effective through impact evaluation. We used this document to support the preparation of our Strategic Plan 2022-25. It inspired the Strategic Plan's structure that distinguishes strategic priorities from strategic enablers, it provided a checklist for consideration when setting out our programme of action and it provided a foundation of evidence-based approaches to improving service user, informal carer and organisational outcomes. The progress set out in this Annual Performance Report therefore aligns itself strongly with the provisions within the Framework.

¹ [a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf](https://www.hscotland.scot/a-framework-for-community-health-and-social-care-integrated-services-07-november-2019.pdf) (hscotland.scot)

Part 2. How Well Are We Achieving Our Priorities?

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

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



Empowering People

Our Highlights

Successful transition to the new Shared Alarm Receiving Centre (ARC) and awarded Gold Level Two Digital Telecare Implementation Award.	A Public Health Framework 2024-27, “Renewing Action for a Healthier East Dunbartonshire” was published.
The East Dunbartonshire Trauma Informed Practice Outcome & Improvement Plan 2023-26 launched in October 2024.	HSCP Communication & Engagement Strategy (2024-29) was published.

Our Progress

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Improving Personalisation</i>	
Embed and further develop digital solutions, to support self-management	<ul style="list-style-type: none">Successful transition to the new Shared Alarm Receiving Centre (ARC) cloud platform in October 2024. The Shared ARC is a cloud-based solution allowing for greater systems interoperability with social work and social care providers and NHS systems. This marks a major milestone in our analogue to digital transition and provides the opportunity to improve innovation and resilience across services. Overall, the introduction of the Shared ARC allows, for increased data sharing between service providers, local authorities and Health Boards. The new ARC is now fully operational, providing digital monitoring and




Objectives for 2022-25	Progress in 2024/25
	<p>creating a future-proof platform for all telecare services in East Dunbartonshire.</p> <ul style="list-style-type: none"> • We continue to make excellent progress in converting our existing user base from analogue to dispersed alarms, with 76% of alarms in service now digital. As a result, East Dunbartonshire has been awarded the Gold Level Two Digital Telecare Implementation Award. To achieve the award, a service provider must have successfully rolled out a live digital telecare service to 50% of service users while operating successfully without serious issues or call failures for at least six weeks. • The Primary Care Mental Health Team launched a digital self-referral system in January 2024 to allow patients the flexibility to self-refer at any time to the service. Our new system navigates patients through a series of mental health indicators as part of a triage process to ascertain risk and suitability for treatment, as well as the opportunity to provide relevant background history and current mental health difficulties.
Further develop person centred, rights-based, outcome focused approaches	<ul style="list-style-type: none"> • The East Dunbartonshire Trauma Informed Practice Outcome & Improvement Plan 2023-26 launched in October 2024 with online briefings for staff from across East Dunbartonshire Council, HSCP and other services within the local community, including Third Sector services. The three-year plan provides information on the national context and explores what Trauma Informed Practice is and how it applies to our workforce, services, and organisation as a whole. The plan sets out five local short-term priorities to work towards achieving our aim of creating a trauma informed and responsive East Dunbartonshire. • In partnership with East Dunbartonshire Council, trauma training and awareness sessions have been delivered and made available to the entire workforce. As part of the Scottish Psychological Trauma Training Plan, we also co-facilitated Trauma-Skilled Practice Training Events aimed at all people working in East Dunbartonshire who are likely to come into contact with people who may have been affected by trauma.

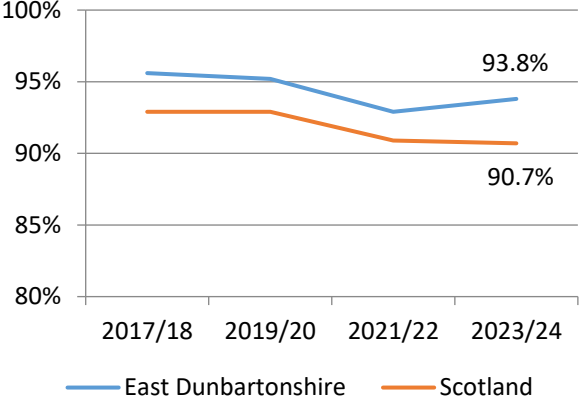


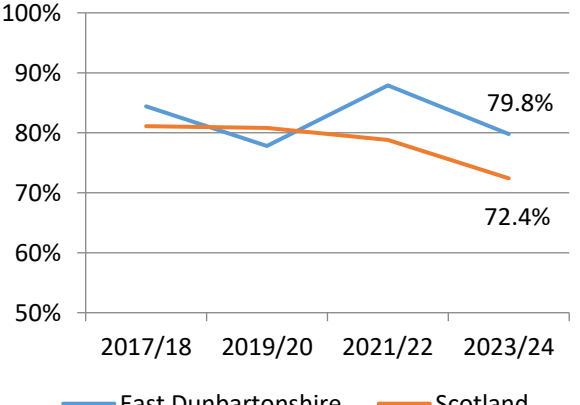


Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Reducing inequality and inequity of outcomes</i>	
Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision	<ul style="list-style-type: none"> The East Dunbartonshire Public Health Framework 2024-27, "Renewing Action for a Healthier East Dunbartonshire" was published, setting out how we will work to improve public health within East Dunbartonshire, alongside describing our aspirations for a healthier future. The framework represents the commitment of the HSCP and its partners to prioritise public health by bringing prevention and reducing inequality to the forefront of our collective agenda.
<i>Commitment: Improving information and communication</i>	
Improve service information and public communication systems, advice, reflecting specific communication needs and preferences	<ul style="list-style-type: none"> A new HSCP website (health.eastdunbarton.gov.uk) was launched at the end of October. Work is ongoing to further develop the website to improve online accessibility and signposting to information and services. The HSCP Communication and Engagement Strategy (2024-29) was approved to provide clear and consistent approaches to communication and engagement with our patients, service users, carers and stakeholders. The strategy provides clear and consistent approaches to communication and engagement, with our patients, service users, carers and stakeholders across East Dunbartonshire and is also aligned to the Scottish Government and COSLA's "Planning with People" Guidance. Effective internal and external communication and engagement is a priority for the HSCP. It is vital in the current economic climate that our patients, service users and carers and partners are engaged with, and all stakeholders are aware, understand and feel involved in the planning, development and review of local health and social care services.

Our Performance

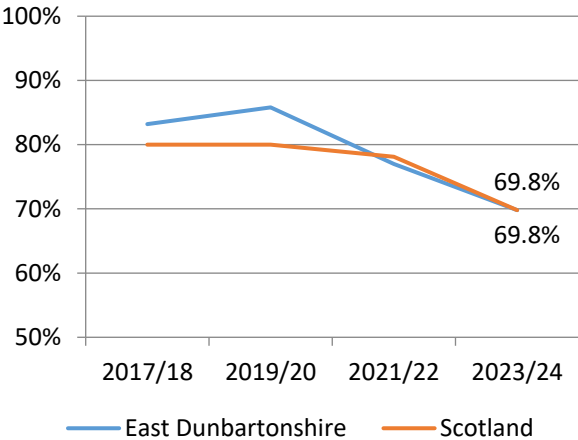


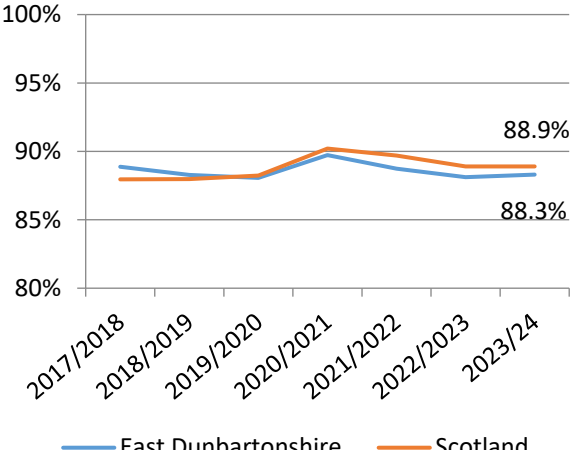


National Core Integration Indicators

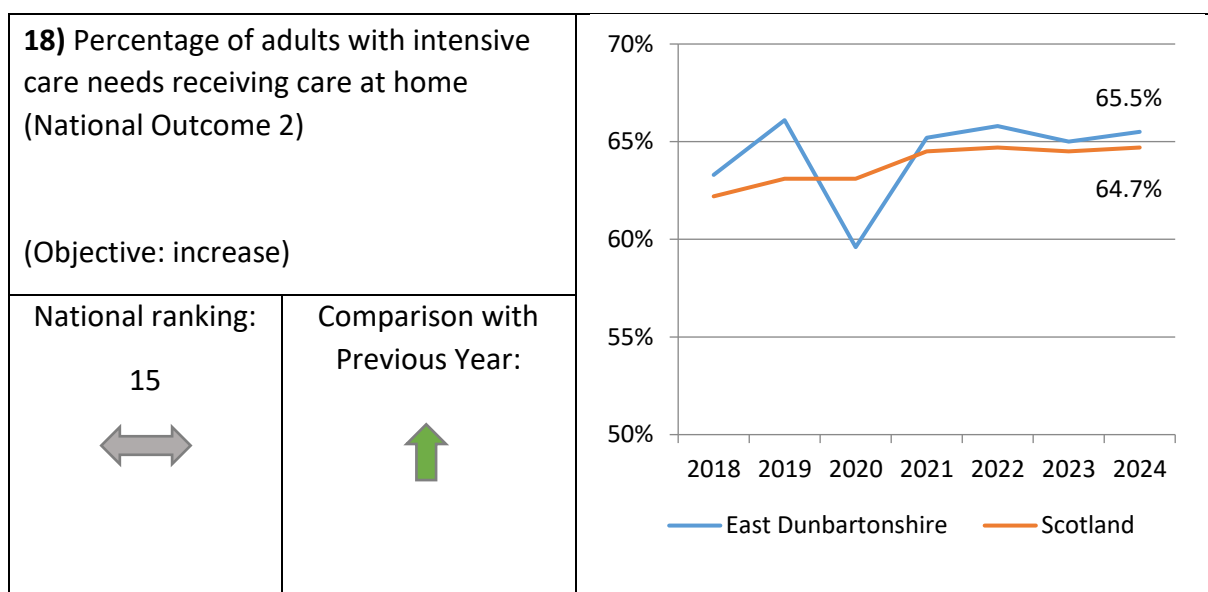
This section sets out the HSCP's performance against national core integration indicators (notes on methodology at Annex 5). The following icons are used throughout parts one and two of this report to identify performance trend information for each national indicator:

Icon	Performance Trend
	National ranking / performance improved in 2024/25
	National ranking / performance declined in 2024/25
	No change in national ranking / performance in 2024/25

Indicator, Rating and Rank		Performance Trend
1) Percentage of adults able to look after their health very well or quite well (aim to increase)		
National ranking (biennial): 3 	Comparison with Previous Survey: 	
2) Percentage of adults supported at home who agree that they are supported to live as independently as possible (aim to increase)		
National ranking (biennial): 4 	Comparison with previous survey: 	

Indicator, Rating and Rank		Performance Trend
3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (aim to increase)		
National ranking (biennial): 7 	Comparison with previous survey: 	
5) Total percentage of adults receiving any care or support who rated it as excellent or good (aim to increase)		
National ranking (biennial): 4 	Comparison with previous survey: 	
6) Percentage of people with positive experience of the care provided by their GP Practice (aim to increase)		
National ranking (biennial): 19 	Comparison with previous survey: 	

Indicator, Rating and Rank		Performance Trend																								
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 (aim to increase)		 <table><caption>Performance Trend Data for Indicator 7</caption><thead><tr><th>Financial Year</th><th>East Dunbartonshire (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2017/18</td><td>83.0</td><td>80.0</td></tr><tr><td>2019/20</td><td>85.0</td><td>80.0</td></tr><tr><td>2021/22</td><td>78.0</td><td>78.0</td></tr><tr><td>2023/24</td><td>69.8</td><td>69.8</td></tr></tbody></table>	Financial Year	East Dunbartonshire (%)	Scotland (%)	2017/18	83.0	80.0	2019/20	85.0	80.0	2021/22	78.0	78.0	2023/24	69.8	69.8									
Financial Year	East Dunbartonshire (%)		Scotland (%)																							
2017/18	83.0	80.0																								
2019/20	85.0	80.0																								
2021/22	78.0	78.0																								
2023/24	69.8	69.8																								
National ranking (biennial): 17 	Comparison with previous survey: 																									
15) Proportion of last 6 months of life spent at home or in a community setting (aim to increase) Also reported as MSG indicator 5.		 <table><caption>Performance Trend Data for Indicator 15</caption><thead><tr><th>Financial Year</th><th>East Dunbartonshire (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2017/2018</td><td>88.5</td><td>88.0</td></tr><tr><td>2018/2019</td><td>88.0</td><td>88.0</td></tr><tr><td>2019/2020</td><td>88.0</td><td>88.0</td></tr><tr><td>2020/2021</td><td>90.0</td><td>90.0</td></tr><tr><td>2021/2022</td><td>88.5</td><td>89.0</td></tr><tr><td>2022/2023</td><td>88.0</td><td>88.5</td></tr><tr><td>2023/24</td><td>88.3</td><td>88.9</td></tr></tbody></table>	Financial Year	East Dunbartonshire (%)	Scotland (%)	2017/2018	88.5	88.0	2018/2019	88.0	88.0	2019/2020	88.0	88.0	2020/2021	90.0	90.0	2021/2022	88.5	89.0	2022/2023	88.0	88.5	2023/24	88.3	88.9
Financial Year	East Dunbartonshire (%)		Scotland (%)																							
2017/2018	88.5	88.0																								
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2021/2022	88.5	89.0																								
2022/2023	88.0	88.5																								
2023/24	88.3	88.9																								
National ranking: 23 	Comparison with Previous Year: 																									






Other National and Local Indicators

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

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

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of people 65+ indicating satisfaction with their social interaction opportunities		95%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.
Percentage of service users satisfied with their involvement in the design of their care packages		96%	95%	Local performance indicator based on a sample of 50 case reviews analysed each quarter.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Number of homecare hours per 1,000 population aged 65+ (aim to maximise in comparison to support in institutional settings)		517	389	This is the total hours of care for customers aged 65+ receiving homecare on the last week of the year.
Percentage of adults in receipt of social work / social care services who have had their personal outcomes fully or partially met (aim to maximise)		100%	90%	As a minimum, outcomes should reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life.
Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim to maximise)		26	21	This service is delivered by the NHSGGC Quit Your Way Service and not directly in the HSCP. Data is based on January to December 2024.



Our Highlights

The East Dunbartonshire HSCP Self-Directed Support Implementation Plan (2024-27) was published.	The first local Advocacy Plan for East Dunbartonshire was developed in collaboration with local and national Advocacy Partners and published in September 2024.
Eligibility Criteria (Children and Families) and Fair Access to Social Care Support (Children and Families) policies were revised and approved in January 2025.	The first part of the Older People's Social Support Strategy has been completed.

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Building informal support options</i>	
Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options	<ul style="list-style-type: none">The first local Advocacy Plan for East Dunbartonshire was developed in collaboration with local and national Advocacy Partners and published in September 2024. It builds on the Greater Glasgow and Clyde Joint Advocacy Strategy 2023-26, bringing Board-wide aims and objectives into the local arena. The plan covers all customers groups: children; young people; adults; and older people. Some groups and individuals require the provision of advocacy through statutory responsibilities, whilst others require advocacy of a more informal nature to support their right to citizenship within the local communities, including the right to independent living. The aim of the plan is to ensure that the HSCP, in partnership with local advocacy partners, deliver locally tailored actions which contribute to the delivery of effective advocacy services in East Dunbartonshire.In April 2024 authorisation was given to establish a short-term working group to review the current Eligibility Criteria Policy (Children and Families) and to explore the development of a Fair Access to Social Care Support (Children and Families) Policy. Following a period of public consultation, these revised policies were approved in January with implementation to commence in April 2025. Eligibility Criteria and Fair

Objectives for 2022-25	Progress in 2024/25
	<p>Access to Social Care Support policies 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 funds it has available.</p> <ul style="list-style-type: none"> • After initial delays, preparation work began for the implementation of the Compassionate East Dunbartonshire model, <i>No One Dies Alone</i>. This will continue into 2025/26.
<i>Commitment: Building local integrated teams</i>	
<p>Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint</p>	<ul style="list-style-type: none"> • Following a period of consultation, the East Dunbartonshire HSCP Self-Directed Support Implementation Plan (2024-27) was approved in April 2024. The Plan's actions have been split into three categories: high (where the activity will be completed during 2024-25); medium (where the activity will be completed during 2025-26); and low (where the activity will be completed during 2026-27). There are some activities that span across each of the three years within the plan. For example, regular self-directed support training opportunities for HSCP staff and other stakeholders. • A further programme of Just Enough Support (asset-based support model) was also delivered to Social Work practitioners using our train-the-trainer approach, with attendees representing a wide range of services, and very positive feedback received from participants.
<i>Commitment: Modernising day services</i>	
<p>Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options</p>	<ul style="list-style-type: none"> • The first part of the Older People's Social Support Strategy has been completed where day centres have been aligned and there has been a successful transition of day centre customers from Milan Day Centre to Birdston Day Centre. The remaining part of the three-year strategy is reliant upon available funding. At this time, the remaining activities cannot be progressed due to the financial constraints and budgetary pressures affecting the HSCP.



Prevention and Early Intervention

Our Highlights

100% of court report requests allocated to a Social Worker within 2 Working Days of Receipt.	95% of Justice Social Work Reports were completed within the target timeframe; a 15% increase from the previous year.
Reduction in A&E attendances over a 6 month period following input from the Frailty Practitioner.	99% of individuals beginning a work placement within 7 working days of receiving a Community Payback Order.

Our Progress in 2023/24

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Extending rehabilitation and reablement</i>	
Further develop rehabilitation services and reablement approaches to sustain people for longer in the community	<ul style="list-style-type: none">A Frailty Steering Group was established to lead on the delivery of the 2024/25 actions from the East Dunbartonshire Frailty Mission. Implementation of actions identified for each workstream have continued in line with agreed timelines.Our Frailty Practitioner has been working to identify patients who would benefit from a comprehensive geriatric assessment at home. Working with acute hospitals, local GPs, CRT, and utilising the emergency department frequent attenders (5 attendances or more per year) list, 164 new patients have been assessed. The frailty practitioner focuses on individuals highlighted via the frequent attenders list but are currently unknown to HSCP services. Recent data evidences a significant reduction in A&E attendances over a 6 month period following input from the Frailty Practitioner.

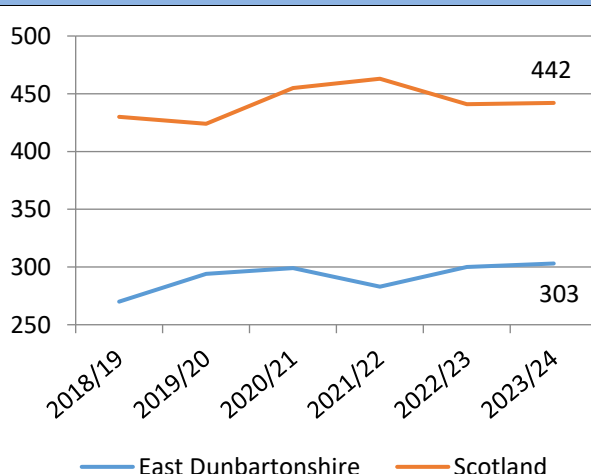


Objectives for 2022-25	Progress in 2024/25
	<ul style="list-style-type: none"> • Our Rapid Assessment Link (RAL) team have urgently responded to 73 patients, referred by GPs and Advanced Nurse Practitioners, via our GP Rapid Response Pathway, to support patients to remain at home and prevent avoidable hospital admissions. 52 patients were referred via the Scottish Ambulance Service, with RAL providing same-day response to facilitate patients to safely remain at home whilst receiving rehabilitation. 352 patients have received enhanced reablement with the Home For Me Service, a joint care at home and RAL approach, to optimise function, promote independence and reduce packages of care. Approximately 82% of patients progress to full independence and their packages of care have been stopped as a result. Following a 4-6 week period, approximately 84% of home care hours are no longer required, with individuals regaining their independence.
<i>Commitment: Supporting diversion from prosecution</i>	
<p>Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution</p>	<ul style="list-style-type: none"> • During 2023/24 (most recently available data), 258 Justice Social Work Reports were completed with 95% within the target timeframe. This constitutes a 15% increase from the previous year and resulted in 160 Community Payback Orders. • Work has been undertaken to address the following outcomes: reduction in drug related harm and deaths; improved outcomes for those most at risk; improved access, engagement and assertive linkage to health services; an increased range of interventions and resources; improved exit planning for clients leaving the service; and reduced reoffending rates. • The Unpaid Work Team (those on Community Payback Orders) have carried out environmental work in a number of locations, completed a number of projects enhancing the community and have volunteered in the Recovery Café. Feedback from those undertaking Unpaid Work is overwhelmingly positive.

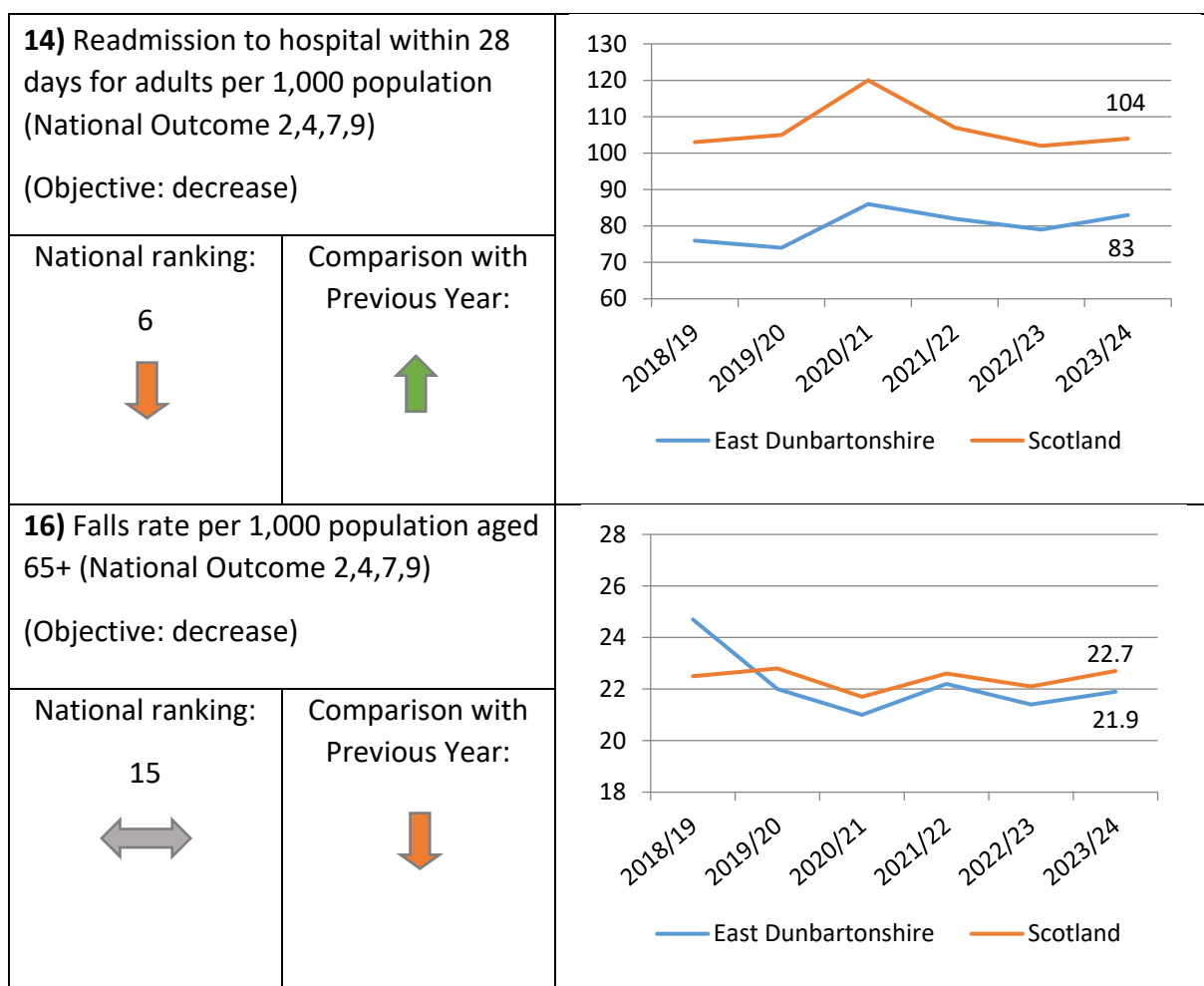
Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Improving school nursing services</i>	
Develop School Nursing Services in line with “Transforming Nursing, Midwifery and Health Professions’ Roles: The school nursing role”	<ul style="list-style-type: none"> The School Nursing Service has introduced a wellbeing bag to aid assessment. This facilitates the child’s engagement and participation in a more meaningful way to identify unmet health and wellbeing needs which will help plan more appropriate support. This type of communication enhances rapport with the child, is child-centred, and creates facilitation of the exploration of their feelings in a safe and inclusive manner. It is through this process that children bring the toolkit objects to life and will communicate life experiences through the use of the metaphors used within the wellbeing bag.

Our Performance

National Core Integration Indicators

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




Indicator, Rating and Rank		Performance Trend																					
11) Premature mortality rate for people aged under 75yrs per 100,000 population (National Outcome 1,5) (Objective: decrease)		 <table><caption>Premature mortality rate data (per 100,000 population)</caption><thead><tr><th>Fiscal Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr></thead><tbody><tr><td>2018/19</td><td>270</td><td>430</td></tr><tr><td>2019/20</td><td>290</td><td>420</td></tr><tr><td>2020/21</td><td>300</td><td>460</td></tr><tr><td>2021/22</td><td>280</td><td>470</td></tr><tr><td>2022/23</td><td>300</td><td>440</td></tr><tr><td>2023/24</td><td>303</td><td>442</td></tr></tbody></table>	Fiscal Year	East Dunbartonshire	Scotland	2018/19	270	430	2019/20	290	420	2020/21	300	460	2021/22	280	470	2022/23	300	440	2023/24	303	442
Fiscal Year	East Dunbartonshire		Scotland																				
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2022/23	300	440																					
2023/24	303	442																					
National ranking: 2 	Comparison with Previous Year: 																						



Other National and Local Indicators

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

Performance Indicator	2024/25			Note
	Status	Value	Target	
% of customers (65+) meeting the target of 6 weeks from completion of community care assessment to service delivery (aim to maximise)		99%	95%	The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users.

Performance Indicator	2024/25			Note
	Status	Value	Target	
% of CJSW Reports submitted to court by due date (aim to maximise)		100%	95%	National Outcomes & Standards (2010) states that the court will receive reports electronically from social work, no later than midday on the day before the court hearing.
The % of individuals beginning a work placement within 7 working days of receiving a Community Payback Order (aim to maximise)		99%	80%	The criminal justice social work service has responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.
% of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim to maximise)		100%	100%	National Outcomes & Standards (2010) places responsibility on the criminal justice service to provide an allocated criminal justice worker within 24 hours of the Court imposing a community sentence.



Delivering our Key Social Work Public Protection Statutory Duties

Our Highlights

Adult Support and Protection improvement plan approved and 2024/25 actions all delivered on time.	Lower numbers of children being placed on the child protection register and lower numbers being referred to child protection processes, in contrast to a higher number of referrals receiving early and effective intervention.
100% of first Review Child Protection Planning Meetings taking place within 6 months of registration.	The first edition of our Public Protection Newsletter was published.

Our Progress in 2024/25

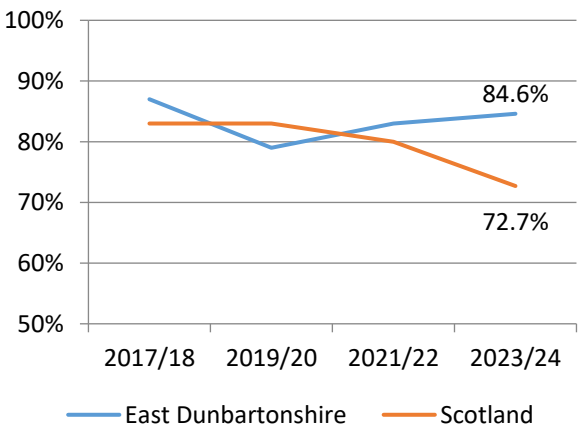


Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Prioritising public protection</i>	
Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns	<ul style="list-style-type: none">• A Joint Inspection of Adult Support and Protection (ASP) arrangements in East Dunbartonshire concluded last year that adults were effectively safeguarded within East Dunbartonshire and there were significant strengths identified. Following its conclusion, we developed a Locality Improvement Action Plan which was approved by the Care Inspectorate in May 2024. The plan focussed on the three key improvement actions identified in the report, with 11 supporting actions to be delivered from 2024-26. All actions for 2024/25 have been completed in line with the agreed timeline, including revision of our ASP procedures, review of inquiry and investigation forms, and refinement of advocacy arrangements within ASP processes.• There has been a decrease in child protection activity generally. This relates to lower numbers of children being placed on the child protection register as well as lower numbers being referred to child protection processes, in contrast to a higher number of referrals receiving early and effective intervention. The Management of Information and Self-evaluation Subgroup carried out various audits, and monitored local and national data and trends and are not concerned about this new lower-level child protection activity. Some of the reasons for a lower level include:

Objectives for 2022-25	Progress in 2024/25
	<p>good support being provided at an early stage by universal services; partnership working and signposting by duty social workers; introduction of Education into Interagency Referral Discussion processes; national decrease in child protection activity; and the potential impact of new Child Protection procedures.</p> <ul style="list-style-type: none"> The first edition of our Public Protection Newsletter was published in April 2024, with the aim of providing updates from the Public Protection forums in East Dunbartonshire (Child Protection Committee; Adult Protection Committee; and Alcohol and Drugs Partnership). The newsletter is published on the Public Protection website at Protecting People East Dunbartonshire, where the second and third editions are also now available. An easy-read version of the children protection statistics, which are reported every three months, has been developed.

Our Performance




National Core Integration Indicators

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

Indicator, Rating and Rank		Performance Trend															
<div>9) Percentage of adults supported at home who agreed they felt safe (National Outcome 7)</div> <div>(Objective: increase)</div>		<div><table><thead><tr><th>Year</th><th>East Dunbartonshire (%)</th><th>Scotland (%)</th></tr></thead><tbody><tr><td>2017/18</td><td>87</td><td>83</td></tr><tr><td>2019/20</td><td>79</td><td>83</td></tr><tr><td>2021/22</td><td>83</td><td>80</td></tr><tr><td>2023/24</td><td>84.6</td><td>72.7</td></tr></tbody></table></div>	Year	East Dunbartonshire (%)	Scotland (%)	2017/18	87	83	2019/20	79	83	2021/22	83	80	2023/24	84.6	72.7
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National ranking: 2 	Comparison with Previous Year: 																

Other National and Local Indicators

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

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of Adult Protection cases where the required timescales have been met (aim to maximise)		91%	92%	This measures the speed with which sequential Adult Support and Protection actions are taken against timescales laid out in local social work procedures.
Percentage of initial Child Protection Planning Meetings taking place within target timescale (aim to maximise)		94%	90%	All but one of the meetings took place within target timescales during 2024/25.
Percentage of first Review Child Protection Planning Meetings taking place within 6 months of registration (aim to maximise)		100%	95%	Local standard and timescales set by East Dunbartonshire Child Protection Committee.



Supporting Families and Carers

Our Highlights

The House Project had a very successful annual review in 2024, highlighting that over the course of the project, 22 young people have been supported to move into their homes.	100% of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated.
A review of the Children and Families Social Work Service was completed and recommendations approved for implementation.	98% of child care Integrated Comprehensive Assessments for Scottish Children's Reporter Administration completed within target timescales (20 days).

Our Progress in 2024/25

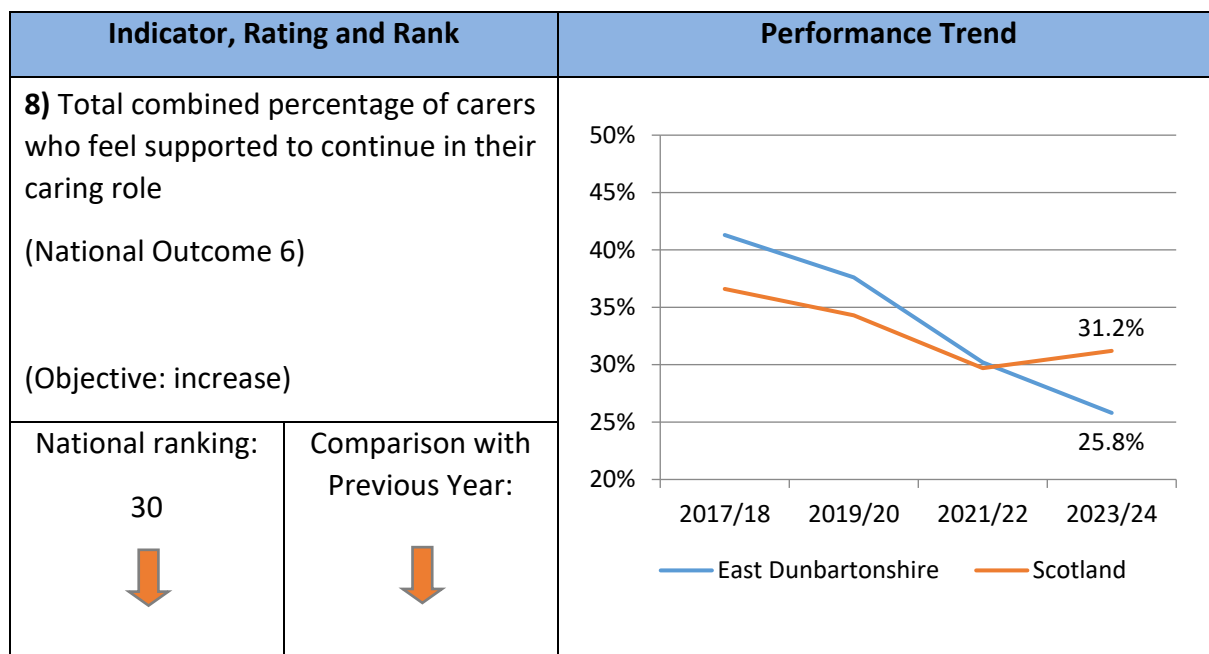
Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Supporting carers with their own needs and in their caring role</i>	
Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice	<ul style="list-style-type: none">• A review of respite services and short breaks options has commenced but, due to the scope of the review widening, will continue into 2025/26 as part of a formal review process, including a programme of engagement and consultation.• Upgrade works were carried out in Twechar and Pineview residential services in summer 2024.• A review of the Children and Families Social Work Service was undertaken in 2024/25. The aims of the review were to ensure statutory duties were delivered and outcomes for vulnerable children, young people and families were improved; to achieve transformational change and design sustainable Children and Families Services; and to achieve financial efficiency where possible. The review was completed with recommendations approved by the Integration Joint Board for commencement in March 2025.
<i>Commitment: Implementing The Promise for children and young people</i>	
Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential	<ul style="list-style-type: none">• The Promise Scotland launched Phase 2 of its engagement on Plan 24-30, which is a roadmap for achieving the goals outlined in The Promise. This phase focuses on engaging with people and organizations across Scotland to shape and develop Plan 24-30, the

Objectives for 2022-25	Progress in 2024/25
	<p>next iteration of how Scotland will keep its promise to care-experienced children, young people, and families. Our Promise Steering Group met regularly throughout the year to work towards progressing Phase 2, ensuring that local actions are completed.</p>
<i>Commitment: Strengthening corporate parenting</i>	
<p>Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively</p>	<ul style="list-style-type: none"> • The House Project had a very successful annual review in 2024, highlighting that over the course of the project, 22 young people have been supported to move into their homes, with another 2 moving since the review took place. The project currently supports 33 young people with a new cohort of 8 young people due to commence. The review emphasised that over 70% of young people in the East Dunbartonshire House Project community were in education, training or employment which is higher than the national average for care leavers. Staff and young people in The House Project were excited to host a Ministerial visit from Ms Natalie Don-Innes, Minister for Children, Young People and The Promise in March. Ms Don-Innes was impressed with the positive impact the project had made and said it was great to speak to the young people and hear about the support the project provides in terms of moving into their own tenancies and understanding some of the challenges that can be faced. It was also highlighted how the project is a safe place for young people to drop in and for them to socialise to take a step back when things are a little bit difficult for them.

Our Performance



National Core Integration Indicators



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



Other National and Local Indicators

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

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of child care Integrated Comprehensive Assessments for Scottish Children's Reporter Administration (SCRA) completed within target timescales (20 days), as per national target (aim to maximise)		98%	75%	This is a national target that is reported to SCRA and Scottish Government in accordance with time intervals monitoring.
Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated (aim to maximise)		100%	100%	National performance indicator and subject to the impact of small numbers.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Balance of Care for looked after children: percentage of children being looked after in the Community (aim to maximise)		82%	89%	National performance indicator. Work continues to redress the balance of care.
Percentage of children receiving 27-30 months assessment (aim to maximise)		94%	85%	This indicator relates to early identification of children with additional developmental needs and can then be referred to specialist services.



Improving Mental Health and Recovery

Our Highlights

We developed a standard operating procedure for the management of cases in the absence of allocated workers in Alcohol and Drug Recovery Service (ADRS).	East Dunbartonshire maintained Green status for Medication Assisted Treatment (MAT) standards 1-5 and Provisional Green for standards 6-10.
97% of People Waiting less than 3 weeks for Drug & Alcohol Treatment	96% of people waiting less than 18 weeks to start treatment for psychological therapies.

Our Progress in 2024/25



Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Improving adult mental health and alcohol and drugs recovery</i>	
Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach	<ul style="list-style-type: none">• We developed a standard operating procedure for the management of cases in the absence of allocated workers in ADRS. This new guidance document has been recognised as good practice and has been shared with other team managers for adaption and adoption by other services. Safer patient experience, more consistent reliable care provided by the service in the absence of the allocated worker.• Peer support workers in the Mental Health Team have been providing one-to-one support to service users who need support to attend appointments or mutual aid groups and are now supporting individuals who are at high risk because of early release from prison, leaving residential rehab before their placement has ended and unplanned discharge from hospital.• A review of commissioned Alcohol and Drug Recovery and Mental Health services has progressed. Work has been completed as planned for 2024/25, with the review continuing into 2025/26.• East Dunbartonshire maintained Green status for Medication Assisted Treatment (MAT) standards 1-5 and Provisional Green for standards 6-10. The MAT standards are evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.• We have developed a suicide prevention resource list, "Empowering Minds", for anyone who works or lives in the East Dunbartonshire area. This resource list provides valuable information on what is available for signposting individuals who use our services, as well as for their own




Objectives for 2022-25	Progress in 2024/25
	needs. The resource is available on the HSCP website and it will be annually reviewed as it continues to grow.
<i>Commitment: Improving mental health support for children and young people</i>	
The provision of faster, more responsive support for children and young people with mental health challenges	<ul style="list-style-type: none"> The National CAMHS referral to treatment target of 90% of children and young people starting treatment within 18 weeks has been consistently met since June 2023. Use of Choice and Partnership Approach was reviewed and a working group will be set up to take this forward in 2025/26. Continued implementation of the Scottish Government's National Neurodevelopmental Specification for Children and Young People.
<i>Commitment: Improving post-diagnostic support for people with dementia</i>	
Increase the capacity of the post diagnostic support service	<ul style="list-style-type: none"> A Dementia Strategy Group has been established with representatives from third sector and Community Planning partners. A workplan has been developed with actions to be taken forward in 2025/26. Performance in relation to post diagnostic support for people diagnosed with a dementia was off-target for the first three quarters of 2024/25, but performance improved to 100% in the final quarter when the team was back to full complement.

Our Performance

Other National and Local Indicators

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

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of people waiting less than 18 weeks to start treatment for psychological therapies (aim to maximise)		96%	90%	This includes the Community, Primary and Older People's Mental Health Teams. The service has delivered above target during 2024/25.
Total number of Alcohol Brief Interventions delivered during the year (aim to maximise)		433	487	Numbers were off-target in quarters 1-3, but were 15% over the target in quarter 4, despite no primary care data contributing to the totals.

Performance Indicator	2024/25			Note
	Status	Value	Target	
Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks (aim to maximise)		96%	90%	The CAMHS service has met the target each quarter in 2024/25.
Percentage of People Waiting less than 3 weeks for Drug & Alcohol Treatment (aim to maximise)		97%	90%	Due to routine delays with data finalisation by Public Health Scotland, the figures here are for 2024 full calendar year. Performance has been above target every quarter of 2024/25 to date.
Percentage of people newly diagnosed with dementia receiving Post Diagnostic Support within 12 weeks (aim to maximise)		28%	90%	Due to vacancies in the team during quarters 1-3, 14% of newly diagnosed people with dementia received PDS within target timescales in that period. In quarter 4, with full staff compliment, 100% received support in the target timescale.



Maximising Operational Integration

Our Highlights

Implementation of actions set out within the Joint Unscheduled Care Plan for East Dunbartonshire	The Community Rehabilitation Team provides rapid response for GPs and Scottish Ambulance Service to support avoidable admissions and community follow-up.
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Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Right Care Right Place: urgent and unscheduled health and social care redesign</i>	
Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign).	<ul style="list-style-type: none">Continued delivery of East Dunbartonshire components of the NHSGGC Unscheduled Care Joint Commissioning Plan with local unscheduled care workstreams continuing. A refreshed NHSGGC Design and Delivery Plan for Unscheduled Care 2024-27 is in development but has been delayed until 2025/26.The Community Rehabilitation Team provide rehabilitation advice, care and treatment. Services delivered include working with people with frailty, prevention of admission, supported discharge, rehabilitation in intermediate care, and working to deliver rehabilitation in Care homes. The service also provides rapid response for GPs and Scottish Ambulance Service to support avoidable admissions and community follow-up. In 2024, we have seen 3,800 people referred through our services, including 370 from our 14 local care homes. Referrals have increased year on year; referrals have increased by 62% when compared to pre-covid 2019 and 13% for the same period in 2023.

Commitment: Developing integrated quality management arrangements

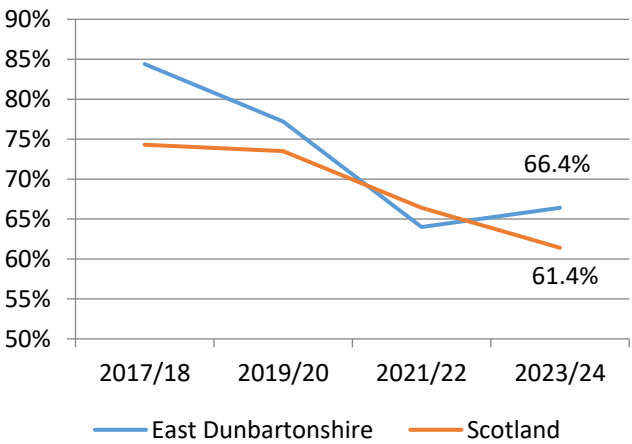
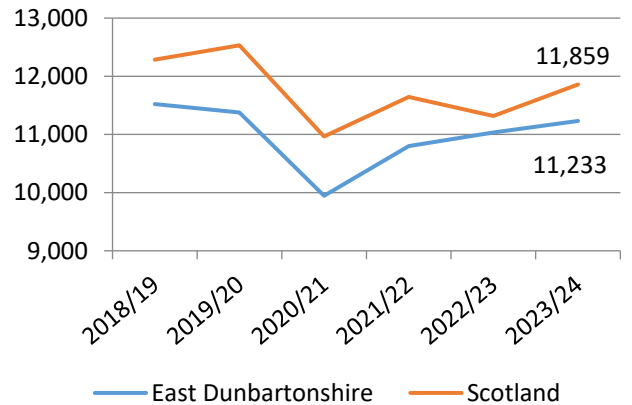
Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework

- We revised our Quality Management Framework and carried out joint self-assessment of community health and care services.

Our Performance

National Core Integration Indicators

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

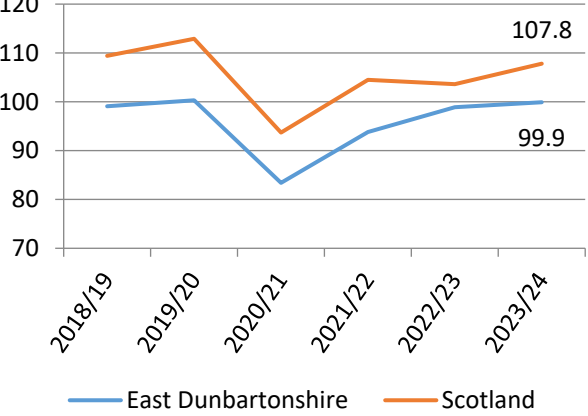

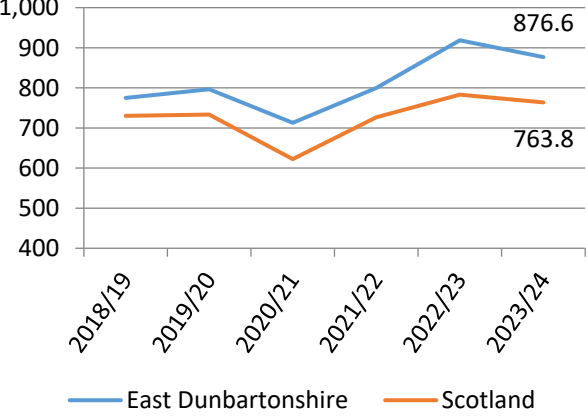

Indicator, Rating and Rank		Performance Trend
4) Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated (National Outcome 3, 9) (Objective: increase)		
National ranking:	Comparison with Previous Year:	
8		
↑	↑	
12) Emergency admission rate for adults per 100,000 population (National Outcome 1,2,4,5) (Objective: decrease)		
National ranking:	Comparison with Previous Year:	
12		
↓	↓	

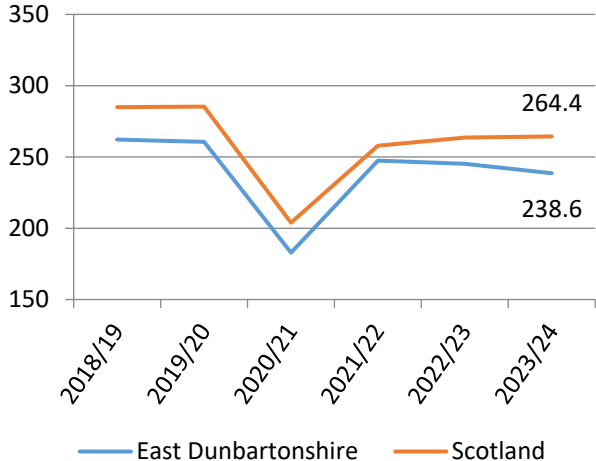
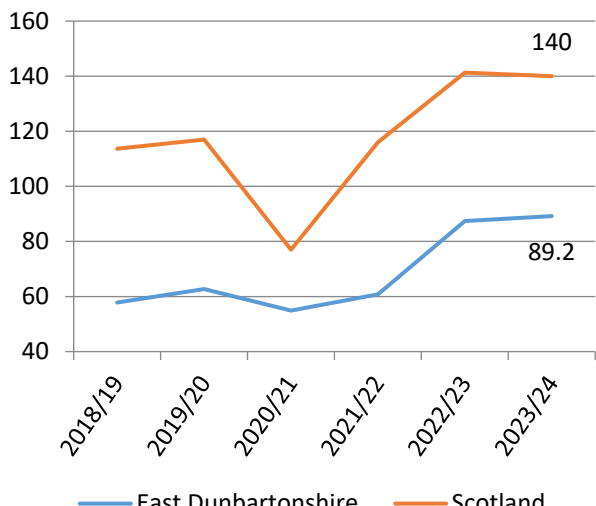
Indicator, Rating and Rank		Performance Trend																								
13) Emergency bed day rate for adults per 100,000 population (National Outcome 2,4,7) (Objective: decrease)		<table border="1"> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>114,000</td> <td>122,000</td> </tr> <tr> <td>2019/20</td> <td>113,000</td> <td>121,000</td> </tr> <tr> <td>2020/21</td> <td>102,000</td> <td>104,000</td> </tr> <tr> <td>2021/22</td> <td>110,000</td> <td>116,000</td> </tr> <tr> <td>2022/23</td> <td>120,000</td> <td>123,000</td> </tr> <tr> <td>2023/24</td> <td>121,134</td> <td>120,407</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	114,000	122,000	2019/20	113,000	121,000	2020/21	102,000	104,000	2021/22	110,000	116,000	2022/23	120,000	123,000	2023/24	121,134	120,407			
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National ranking: 19 	Comparison with Previous Year: 																									
17) Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (National Outcome 3,4,7) (Objective: increase) 2024/25 data to be published in July		<table border="1"> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2019/20</td> <td>90%</td> <td>82%</td> </tr> <tr> <td>2020/21</td> <td>89%</td> <td>83%</td> </tr> <tr> <td>2021/22</td> <td>86%</td> <td>75%</td> </tr> <tr> <td>2022/23</td> <td>87%</td> <td>75%</td> </tr> <tr> <td>2023/24</td> <td>86%</td> <td>77%</td> </tr> <tr> <td>2024/25</td> <td>94.0%</td> <td>82.0%</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2019/20	90%	82%	2020/21	89%	83%	2021/22	86%	75%	2022/23	87%	75%	2023/24	86%	77%	2024/25	94.0%	82.0%			
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National ranking: Not yet available	Comparison with Previous Year: 																									
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)		<table border="1"> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>360</td> <td>790</td> </tr> <tr> <td>2019/20</td> <td>330</td> <td>770</td> </tr> <tr> <td>2020/21</td> <td>300</td> <td>490</td> </tr> <tr> <td>2021/22</td> <td>340</td> <td>740</td> </tr> <tr> <td>2022/23</td> <td>460</td> <td>880</td> </tr> <tr> <td>2023/24</td> <td>410</td> <td>870</td> </tr> <tr> <td>2024/25</td> <td>481</td> <td>952</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	360	790	2019/20	330	770	2020/21	300	490	2021/22	340	740	2022/23	460	880	2023/24	410	870	2024/25	481	952
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National ranking: 7 	Comparison with Previous Year: 																									

Indicator, Rating and Rank		Performance Trend	
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: 8 	Comparison with Previous Year: 		

Scottish Government Ministerial Strategic Group Indicators

This section provides the HSCP's performance against Scottish Government Ministerial Strategic Group indicators. The data for 2024/25 will be published and updated in June.

Indicator and Rating		Performance Trend																					
1. Unplanned admissions – rate per 1,000 population (National Outcomes 1,2,3,4) (Objective: decrease)		 <table border="1"> <caption>Performance Trend Data for Indicator 1</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>99.9</td> <td>107.8</td> </tr> <tr> <td>2019/20</td> <td>99.9</td> <td>107.8</td> </tr> <tr> <td>2020/21</td> <td>99.9</td> <td>107.8</td> </tr> <tr> <td>2021/22</td> <td>99.9</td> <td>107.8</td> </tr> <tr> <td>2022/23</td> <td>99.9</td> <td>107.8</td> </tr> <tr> <td>2023/24</td> <td>99.9</td> <td>107.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	99.9	107.8	2019/20	99.9	107.8	2020/21	99.9	107.8	2021/22	99.9	107.8	2022/23	99.9	107.8	2023/24	99.9	107.8
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2023/24	99.9	107.8																					
Comparison with Previous Year: 																							
2. Unplanned bed days - rate per 1,000 population (National Outcomes 2,4,7) (Objective: decrease)		 <table border="1"> <caption>Performance Trend Data for Indicator 2</caption> <thead> <tr> <th>Year</th> <th>East Dunbartonshire</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018/19</td> <td>876.6</td> <td>763.8</td> </tr> <tr> <td>2019/20</td> <td>876.6</td> <td>763.8</td> </tr> <tr> <td>2020/21</td> <td>876.6</td> <td>763.8</td> </tr> <tr> <td>2021/22</td> <td>876.6</td> <td>763.8</td> </tr> <tr> <td>2022/23</td> <td>876.6</td> <td>763.8</td> </tr> <tr> <td>2023/24</td> <td>876.6</td> <td>763.8</td> </tr> </tbody> </table>	Year	East Dunbartonshire	Scotland	2018/19	876.6	763.8	2019/20	876.6	763.8	2020/21	876.6	763.8	2021/22	876.6	763.8	2022/23	876.6	763.8	2023/24	876.6	763.8
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2023/24	876.6	763.8																					
Comparison with Previous Year: 																							

Indicator and Rating	Performance Trend																					
<div>3. A&E attendances - rate per 1,000 population (National Outcomes 1,2,9)</div> <div>(Objective: decrease)</div>	<div></div> <table><tr><th>Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr><tr><td>2018/19</td><td>265</td><td>285</td></tr><tr><td>2019/20</td><td>265</td><td>285</td></tr><tr><td>2020/21</td><td>185</td><td>205</td></tr><tr><td>2021/22</td><td>250</td><td>260</td></tr><tr><td>2022/23</td><td>245</td><td>265</td></tr><tr><td>2023/24</td><td>238.6</td><td>264.4</td></tr></table>	Year	East Dunbartonshire	Scotland	2018/19	265	285	2019/20	265	285	2020/21	185	205	2021/22	250	260	2022/23	245	265	2023/24	238.6	264.4
Year	East Dunbartonshire	Scotland																				
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<div>Comparison with Previous Year:</div> <div>↑</div>																						
<div>4. Delayed discharge bed days - rate per 1,000 population (National Outcomes 2,3,4,9)</div> <div>(Objective: decrease)</div>	<div></div> <table><tr><th>Year</th><th>East Dunbartonshire</th><th>Scotland</th></tr><tr><td>2018/19</td><td>58</td><td>115</td></tr><tr><td>2019/20</td><td>62</td><td>118</td></tr><tr><td>2020/21</td><td>55</td><td>78</td></tr><tr><td>2021/22</td><td>60</td><td>115</td></tr><tr><td>2022/23</td><td>88</td><td>140</td></tr><tr><td>2023/24</td><td>89.2</td><td>140</td></tr></table>	Year	East Dunbartonshire	Scotland	2018/19	58	115	2019/20	62	118	2020/21	55	78	2021/22	60	115	2022/23	88	140	2023/24	89.2	140
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Part 3. How Well Are We Developing Our Enablers?

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



Workforce & Organisational Development

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Supporting the wellbeing of the health and social care workforce</i>	
Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised	<ul style="list-style-type: none"> The HSCP has three dedicated Microsoft Teams channels to provide a varied selection of wellbeing information and advice and a calendar of strategic wellbeing support has been developed. Staff are well informed through monthly newsletters, Microsoft Teams channels, and regular meetings. Peer support continues to be promoted and developed across the service. Full implementation of the first phase of the national reduced working week for staff employed under an Agenda for Change contract. This represents a reduction in the working week from 37.5 hours to 37 hours.
<i>Commitment: Equipping the workforce and workplace during and after the pandemic</i>	
Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic	<ul style="list-style-type: none"> 36 bespoke team development sessions were facilitated with over 600 participants in 2024 with the aim of promoting highly effective integrated team working. Continued focus on staff experience, supporting managers to provide quarterly updates and share team stories.
<i>Commitment: Redesigning the Public Dental Service</i>	
Redesign the Public Dental Service by implementing a new service delivery model	<ul style="list-style-type: none"> A project manager was appointed to lead on implementing the recommendations from the Public Dental Service Review Programme Board. All recommended actions have now been completed or included in the Operational and Strategic workplan.

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Implementing a skills framework for supporting children's mental health and wellbeing</i>	
Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework	<ul style="list-style-type: none"> • We successfully completed the third year of implementing the Children & Young People's Mental Health & Wellbeing action plan.



Medium Term Financial & Strategic Planning

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Maximising available resources</i>	
Maximise available resources through efficiency, collaboration and integrated working	<ul style="list-style-type: none"> Following a programme of public consultation, the HSCP Strategic Plan 2025-30, setting out our strategic direction with a programme of action to deliver against our strategic priorities and enablers was finalised and approved by the Integration Joint Board in March 2025. All business continuity plans and the HSCP Winter Plan were updated to ensure the continued safe delivery of local services to vulnerable service users and the maintenance of a safe environment for staff. An overprescribing workstream is underway and polypharmacy reviews are being carried out to achieve savings.
<i>Commitment: Balancing investment and disinvestment</i>	
Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan	<ul style="list-style-type: none"> The IJB was able to set a balanced budget for 2025/26 in March 2025 which included a savings programme under written by general reserves to smooth in the delivery of key areas of disinvestment. An Annual Delivery Plan for 2025/26 was developed to support the delivery of the HSCP's strategic priorities. This plan is underpinned by Head of Service and team level plans, as set out in the HSCP Performance Management Framework. Work began on reviewing the HSCP Transport Policy and will continue in 2025/26 with full stakeholder consultation and equality impact assessment. Following the completion of an equality impact assessment, the Care of Gardens scheme was ceased on grounds of affordability.
<i>Commitment: Delivering financial sustainability</i>	
Ensure longer term sustainability of services within available resources	<ul style="list-style-type: none"> The Medium-Term Financial Strategy outlines the financial outlook for the next five years and provides a framework which will support the HSCP to remain financially sustainable. It forms an integral part of the Strategic Plan, highlighting how the medium-term financial planning principles will support the delivery of our strategic priorities.



Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Co-designing solutions with the third and independent sectors</i>	
Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers	<ul style="list-style-type: none">Partners from health, social work and the third sector have collaborated to develop An Infant Feeding Pathway to support families who need to access emergency infant formula. The Pathway optimises options and entry points for a parent/infant to be supported to access formula food, and to be linked to a network of wider support services, such as financial advice.
<i>Commitment: Supporting primary care improvement</i>	
Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding	<ul style="list-style-type: none">As part of the ongoing delivery of our Primary Care Improvement Plan, our Pharmacotherapy Hub opened in April. The Hub provides all 15 GP practices with a medicines reconciliation service, processing all Immediate Discharge Letters. This essential service ensures patients are updated on changes made to medicines whilst inpatients, and gives them the opportunity to discuss their medication with a pharmacy professional. This has helped release time for our pharmacists to provide care to those with more complex needs.



Infrastructure & Technology

Our Progress in 2024/25

Objectives for 2022-25	Progress in 2024/25
<i>Commitment: Modernising health and social care facilities</i>	
Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices	<ul style="list-style-type: none">• Work continued this year on the progression of the Property Strategy to redesign and refresh our current accommodation. As a result, work is underway on the development of the Bishopbriggs Community Treatment and Care Centre, planned to open later in 2025 in adjoining retail units which will provide four high specification treatment rooms. The HSCP is continuing to explore options for clinical and non-clinical accommodation in the West Locality, in discussion with NHSGG&C Property and Capital Planning.
<i>Commitment: Maximising the potential of digital solutions</i>	
The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).	<ul style="list-style-type: none">• Work on the development and testing of the delivery of access to shared systems for our Council and NHS workforce is ongoing, including a joint desktop with access to key information management systems to support frontline service delivery and resource management systems.• The rollout of productivity and collaboration tools in Microsoft 365 continued with improvements to functionality across the partnership and availability of training sessions and resources throughout the year.

Part 4. Locality Planning

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



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

The HSCP continues to review the purpose and governance of locality planning within the HSCP, working towards a new vision in 2025/26. The HSCP is developing a model that focuses on prevention activity and ensures a closer link between locality needs, service delivery, resources and assets. Locality profiles have recently been updated for both areas, providing contextual information to support planning and help identify needs.

The HSCP Board is an equal partner in the East Dunbartonshire Community Planning Partnership and has responsibility for leading on key outcomes within the Local Outcome Improvement Plan, as well as contributing to others. Central to the HSCP's contribution to community planning is its support for a locality-based asset approach. Community planning within localities enables partners to evaluate outcomes in the context of smaller communities and collaboratively plan with local people.

Part 5. Hosted Services

Background and Context

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

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

East Dunbartonshire HSCP Board hosts two functions on behalf of the family of IJBs in the NHS Greater Glasgow and Clyde area: Specialist Children's Services and Oral Health Services. These services are described in more detail below, with a summary of their achievements during 2024/25 and their planned priorities in the year ahead.



Specialist Children's Services

Specialist Children's Services (SCS) support the health and wellbeing of children and young people across Greater Glasgow and Clyde. We offer a range of services within Specialist Community Paediatric Teams (SCPT), Child and Adolescent Mental Health Services (CAMHS), and Tier 4 Services. SCS has a large workforce based throughout the NHSGGC area. Some of these staff work within the local communities, such as health centres, in hospitals and inpatient units, schools (mainstream and additional support for learning), and within the patient's home, and SCS have many office bases throughout NHSGGC and the six partnership areas.

Across Scotland, there is a tiered approach to mental health services in the public sector. Getting It Right for Every Child principles underpin service delivery in each tier and these are built into service specifications. Tier 1 mental health support is delivered locally and as part of universal services such as Health Visiting and Education. Tier 2 covers mild mental health presentations and is targeted towards those who need it. These services are usually delivered by voluntary and community organisations and offer short-term interventions. Tier 3 community CAMHS services are targeted at children and young people with moderate to severe mental health needs who require assessment, intervention and management

which is more specialist than that which can be provided by universal services. Tier 4 CAMHS services focus on highly specialist services operating on a GGC level with small numbers of children who require specialist care. GGC CAMHS also host the West of Scotland regional child and adolescent psychiatric in-patient unit at Skye House, and the national children psychiatric in-patient unit for under 12s at the Royal Hospital for Children.

Areas of Development and Progress during 2024/25

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

CAMHS & Neurodevelopmental

- The CAMHS waiting times standard of 90% of children and young people starting treatment within 18 weeks has been maintained above the national target since June 2023, in February 2025 RTT=98.5%. No long waits for first treatment appointment.
- A range of actions to ensure evidence-based programmes are adopted and new and existing staff are well inducted and developed. Delivery of online therapeutic group work for children, young people and parents on allocation lists. Information about CAMHS and Care Bundles for young people and families set up on Right Decision Support service, as part of MyApp: My Mental Health. Development regarding Eating Disorders provision is noted in the next Priority.
- We have migrated all school age children on to a neurodevelopmental pathway which has allowed us to establish the demand for the service. Demand/ capacity modelling has been completed to show limitations of resource available to meet demand.
- Recruitment for CAMHS engagement research study completed in quarter 2. Early findings presented at NHS CAMHS Benchmarking Network event in quarter 3. Qualitative Analysis continues with dedicated time agreed for quarter 1 of 2025/26.

Eating Disorders

- Test of change for Physiotherapist, Speech and Language Therapist (SLT) and Occupational Therapist (OT) supporting young people with eating disorders completed. OT and Physiotherapy are in place, recruitment for SLT underway so the Eating Disorders (ED) team in a stronger position overall. Benchmarking of the current ED service provision against the national ED service spec is ongoing.

Infant Mental Health

- The Infant Mental Health Service, also known as Wee Minds Matter, continues to provide: Outreach and Care Planning support to health and social care practitioners; Consultation to support existing networks around infant/family; Specialist Intervention working directly with infants and families; and Education to raise awareness of IMH with families and professionals. Specialist intervention includes formulation work, Newborn Behavioural Observation, Circle of Security Parenting, Parent Infant Psychotherapy, Child Parent Psychotherapy, psychoanalytic infant observation, Family/Systemic therapy, SLT support, OT support, (VIG), and art-based psychotherapeutic work.

- In 24/25 a structured implicit review was undertaken of infant voice in Wee Minds Matter case notes. This has been used to improve practitioner and parent understanding of parent/infant relationships.
- Feedback from parents and caregivers highlights the positive impact of the team, for example, “It has helped us to help him in understanding his behaviour and knowing how to work together with him to...understanding his behaviour and how he displays his emotions” and “the work they do is invaluable and has helped us as parents and my son massively, ... a god send as my son transitions into nursery and early learning environment, the wee minds matter service has been fantastic for us.”

Specialist Community Paediatric Teams

- Started to review the service delivery model in the SCS Disability Pathway where significant backlogs to see both the Nursing and medical elements of the pathway have developed due to workforce issues and increased demand. The review aims to modernise and reform the pathway identifying priorities for future service delivery. Mapping of disability review and engagement scoping completed on 7th October with a range of staff across GGC and including universal colleagues. Progress being made to better understand the current service delivery and to consider what the service demands are and how the service can evolve to meet the greatest demand and what skills development would be required. Public engagement work commenced beginning of February 2025. Patient Experience and Public Involvement (PEPI) Survey completed in February 2025, now analysis of survey occurring. Staff focus groups planned and ongoing from April to May 2025.

Regional CAMHS Tier 4 Developments

- SCS continues to finalise the Capital and Workforce plan in order to operationalise the West of Scotland Child & Adolescent Intensive Psychiatric Care Unit (IPCU). Final agreement from GG&C CMT in March 2025, dependent on written confirmation of recurring funding. Project timelines reviewed in April 2025 in light of the projected high-level timeline from Capital Planning regarding the refurbishment and final handover of Munro Ward.
- As part of the Mental Health Recovery & Renewal (MHRR) SCS has supported the planning to establish the delivery of regional Forensic CAMH services for children and young people with forensic needs and those who are in secure care to deliver a more coherent system of forensic mental health services in West of Scotland. We will continue to work with the West of Scotland (WOS) regional planning network to allow GGC to host a regional FCAMHS and Secure Care Hub. The delivery of this is dependent on the allocation of additional funding which currently remains unconfirmed.

Areas of Focus / Key Priorities in 2025/26

- Maintain the National CAMHS 18-week Referral to Treatment (RTT) target.
- Ongoing refinement of the ND pathway and monitoring of implementation. This will include reviewing clinical requirements to meet the ND Service Specification relative to demand and capacity, and appraising options to mitigate waits for access to assessment

and diagnosis, for example, alternative service models, improving cross sector support to children and families, or use of digital assessment tools.

- Continue to undertake analysis on factors that impact engagement with CAMHS. This will be used to inform potential interventions to enhance engagement and reduce non-attendance.
- In conjunction with adult services, continue to implement the national Eating Disorder Service Specification. This will include consolidating tests of change undertaken or underway in expanding the role of AHPs to support young people with eating disorders, particularly those with neurodevelopmental co-morbidities.
- Continuing to work with Public Health Scotland, and other stakeholders on the development of the Child & Adolescent Psychological Therapies National Dataset (CAPTND), including data quality work to identify areas for improvement.
- Continue to develop perinatal and infant mental health services clinically in line with associated professional guidelines and standards.
- Finalise the planning required to operationalise the regional Child & Adolescent Intensive Psychiatric Care Unit (IPCU), should recurring funding be allocated.
- Review supervision policies and practises, and develop standards aligned with values such as empowering people, self-management, shared decision-making, and co-production within SCS.
- Review waiting lists and approaches to care and flow.

Oral Health Directorate (OHD)

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

The OHD structure incorporates:

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

General Dental Services (GDS)

The role of the OHD General Dental Services administration team is to provide a comprehensive administrative support service to 266 practices and over 800 General Dental Practitioners in Greater Glasgow and Clyde in accordance with The National Health Services (General Dental Services) (Scotland) Regulations 2010. The department acts as an enabling function providing practitioners with the necessary support and expertise associated with their terms and conditions obligations. The department supports the organisation by ensuring that its statutory responsibilities are fulfilled in relation to this group of NHS independent contractors.

Public Dental Service (PDS)

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

Oral Health Improvement (OHI)

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

Secondary Care Dental (SCD) Service

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

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

Dental Public Health (DPH)

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

Areas of Development and Progress during 2024/25

Over the last year, development and improvement work has continued within Primary and Secondary Care dental services. Some highlights include:

- Implementation of the recommendations from the Public Dental Service Review Programme Board have now been completed.
- A Project Manager was appointed within OHD and part of their role was to progress the PDS Review recommendations, which was an objective within the Annual Delivery Plan. He is now supporting other key projects within the Directorate.
- Access to NHS GDS remains a key challenge, particularly within the Inverclyde area. A pilot of an Emergency Dental Treatment Centre model of care took place at Greenock Health Centre, which provided emergency and urgent care to support patients were not able to register with a dentist. A meeting with GPs within the Inverclyde area and representatives of Inverclyde HSCP also took place in February 2025 to discuss potential options for providing a similar service within this area.
- The creation of an OHD wide Communication and Engagement Strategy was completed. Work continued on the creation of a rolling communications programme and action plan to ensure that our interactions with key stakeholders via social media and other mediums is meaningful and that the strategy becomes embedded as business as usual.
- The Public Dental Service ran a successful pilot to develop a trauma informed approach to the management of complex and vulnerable patients who are unable to access main stream dental services e.g. homeless patients, recently liberated prisoners and patients with addictions. This involved training staff in trauma informed care and was primarily located at Bridgeton Health Centre.
- A review undertaken of the paediatric patient pathway led to a number of recommendations which allowed us to track/monitor patient progress through their pathway. This now ensures that we maintain an accurate waiting list, have streamlined the patient pathway, and can provide robust data.

Areas for Focus during 2025/26

- Update the OHD Workforce Plan, giving consideration to the potential impact of the Health and Care Safe Staffing Act and the reduction to 36 hours for all agenda for change staff which comes into effect on 1st April 2026.
- Continue to monitor the number of de-registrations from practices to ensure we have an overview on any other areas where there may be a significant access issue developing.
- Continue to work with colleagues within Inverclyde HSCP to seek solutions to the limited access to NHS dentistry within the area. Offering support and guidance to any practitioner who wishes to apply for Scottish Dental Access Initiative funding to establish a new NHS dental practice in the Inverclyde area.

- Monitor the number of practices and patients registered in practices, which are owned and operated by Dental Body Corporates (DBC). Due to volume of DBCs within NHSGGC there is an access risk in the event a DBC goes out of business.
- Progress the creation of an OHD Strategic and Operational Plan which will capture all significant projects and allow us to effectively chart progress against these areas of work.
- We will take delivery of a Mobile Dental Unit in April 2025 which will be used to help address some service challenges in the PDS, in particular the management of dental care for vulnerable and socially excluded individuals, where delivery of care is not possible or practicable from within fixed estate.
- A review of the Special Care patient pathway will be finalised and similar to the paediatric pathway this will allow us to maintain an accurate waiting list, streamline the patient pathway, and provide robust data.
- The Childsmile Executive Team has informed all health boards that there will be a refocus of the Childsmile programme. The notable change will be the removal of Fluoride Varnish (FV) within the nursery setting, and teams concentrating on the quality and sustainability of toothbrushing within schools and nurseries. The Oral Health Directorate will meet with HSCPs to discuss the way forward and agree key objective terms within each locality.

Part 6. Other Achievements and Good Practice Highlights

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

Empowering People

What Matters To You?

What Matters To You? Day is a world-wide campaign with the aim of encouraging deeper conversations with our patients who receive care and also with our staff and colleagues who provide care. In HSCP sites across East Dunbartonshire, we invited patients, carers and members of staff to have some cake and tell us, "What matters to you?" and "What makes a good day for you?". The events highlighted the importance of having patient and carer interactions that revolve around the individual needs of people in need of health and/or social care and those who provide care.



Managing COPD at Home

Supporting people with COPD in their home environment has been shown to be safe and effective, and is used as an alternative way of caring for patients who would otherwise need to be admitted to hospital. COPD is related to high healthcare costs largely from hospital admissions, and our new enhanced model of respiratory physiotherapy care is designed to proactively manage respiratory disease at community level, by providing specialist respiratory support to patients with COPD during exacerbations; on discharge from hospital following a flare up; and to help improve their ability to self-manage their condition. Data shows a 65% reduction in A&E attendances for patients who have received input from our Respiratory Physiotherapist. Training has also been provided to staff within the wider HSCP to enable them to manage breathlessness, recognise signs of and exacerbation, and next steps.

Art and Creative Thinking Workshops

An art project was delivered in partnership with local recovery after-care charity GRACE, engaging with 15 participants over 10 weeks. Led by artist Rachel Toner, Art and Creative Thinking workshops built on GRACE's existing art workshops, with participants working collaboratively on a variety of artistic pieces. The project merged creativity, community recovery, and healthcare, and participants not only contributed bespoke artwork but also found purpose, connection, and healing through the process. The artwork was installed at Kirkintilloch Health & Care Centre to enhance our consultation and waiting areas.



Adult Community Nursing

Our Adult Community Nursing service was selected to present three posters at an NHS Scotland event in June. Following a competitive process, applicants were selected to produce and showcase their posters to national delegates and our successful candidates were: Michelle Dalgarno presenting on transforming district nursing services through the introduction of District Nurse Advanced Nurse Practitioners; Douglas Bell on Advanced Nurse Practitioner initiation of first dose medication during home visits; and Fiona Denham on Empowering patients to self-administer Vitamin B12 injections using a values-based approach.

Care Homes Summer Cycling Initiative

The CAPA (Care about Physical Activity Team) ran their Summer Cycling initiative this year, bringing joy and physical activity to care home residents. The first week in July marked the first session in Buchanan House Nursing Home where residents thoroughly enjoyed the experience, coupled with a film of cycling along the beachfront at Salou, and listening to a playlist of Summer tunes. The team ran further sessions throughout summer, providing continued engagement and fun in bringing physical activity to care home residents.

Falls Awareness

In September, the CAPA Team used Falls Week as an opportunity to get some of the key messages about falls awareness and prevention around the local area. The theme for the week this year was winter preparedness, which was reinforced during the Autumn/Winter period. The team visited local Care Homes (13 participated) and set up touchpoint and learning stations to carry out awareness activities with staff and others in the Care homes. The team spoke with 128 people in Care homes, including a range of staff in different roles, and there was good engagement throughout the week. Engagement with the public took place in Dobbie's Milngavie and Caulder's garden centres. Almost 100 people took part in conversations about falls prevention, with 3 referrals taken to Community Rehab, 4 walking aids issued, 11 ferrule changes completed, and 1 stick height change, all to support falls prevention.



Occupational Therapy Waiting Lists

The Occupational Therapy Team has continued to work hard over the last year to reduce waiting times. Waiting lists have dropped from 3 years to 4 months thanks to implementing a new duty system allows for better screening , carrying out comprehensive assessments, and teamwork to reduce waiting times.

Improving the Cancer Journey



The East Dunbartonshire Macmillan Improving the Cancer Journey Team was shortlisted as finalists for two prestigious awards in recognition of their outstanding work. The team was named as one of the final five contenders for the Excellence in Innovation category at the Macmillan Excellence Awards, the only Scottish representation to make the final five and a remarkable achievement that highlights the team's ground-breaking work. The team has pioneered a first-of-its-kind service at HMP Low Moss, where cancer wellbeing practitioners provide vital support to inmates affected by cancer. By introducing holistic needs assessments, the team ensures prisoners receive personalised cancer care plans that address their emotional, practical, and medical needs. The innovation has fostered collaboration between prison healthcare and external services, improving early detection, treatment and survivorship outcomes. With a multidisciplinary approach, the service supports both inmates and their families, breaking down barriers, reducing stigma, and ensuring equitable access to compassionate cancer care. In addition, the team was also shortlisted as finalists for the Top Team award at the Scottish Health Awards.

Empowering Communities

Meet the Services

Members of the public were given a great opportunity to interact with a wide range of health and social care support services at an event held in Kirkintilloch Town Hall in April. The event was attended by local third and voluntary sector providers and across a wide range of partners and stakeholders, sharing knowledge and raising awareness. The variety of organisations and services participating in the event was impressive and reflects the variety of services available in East Dunbartonshire. Events like these play a crucial role in connecting people with the support they need and raising awareness about the services available in their local area.

Income Maximisation

Over the past six years, the East Dunbartonshire Income Maximisation Service has significantly bolstered the community by securing over £5 million in income for local residents. The service primarily assists families with young children, families with children up to age 25 with recognised disabilities, and older adults, making a notable impact across these groups. In the 2023/24 period alone, the service processed a total of 430 referrals across the two services, resulting in a financial gain of over £1.1 million. This remarkable achievement highlights the service's dedication and effectiveness in supporting the community. Residents can self-refer, or our health care partners can refer to the service via a QR code system, streamlining access to this vital resource. Alternatively, a paper form or phone call can also be used to refer to this service.

Public Protection

Children's Rights

The United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act 2024 came into effect in July 2024, and the Children and Families Social Work Team held a launch party to celebrate children's rights and acknowledge the work being carried out across services in East Dunbartonshire. The UNCRC embodies the idea that every child should be recognised, respected and protected as a rights holder and as a unique and valuable human being. The UNCRC principles were discussed by practitioners at the event and the importance of not only listening to the child's voice, but acting on what they say, was highlighted. A seven-minute briefing relating to UNCRC has also been developed.



Supporting Families & Carers

Allander Resource Centre Awards

The Allander Resource Centre was a winner in the Diversity in the Public Sector category at The Herald & GenAnalytics Diversity Awards 2024. Judges noted the integration with the community, fostering partnerships, and the delivering of a vital inclusive service in a public sector space. The accomplishment of the service is a testament to the dedication, hard work and excellence in keeping diversity and inclusion at the forefront of what the service do. The Allander was also the winner in the Leisure and Arts category of the Glasgow Institute of Architects awards.

Gold Baby Friendly Services

Since 2018, the East Dunbartonshire Health Visiting (HV) Team have been accredited as UNICEF Gold Baby Friendly. Accredited services must submit an annual summary of the last year in order that effective maintenance and progress of standards may be monitored. Encouragingly, statistics have increased for both total and partial breastfeeding at 6-8 weeks and the 13-15 month breastfeeding rates have also increased since 2018. The HV Team report on leadership, culture, monitoring, progression, and data trends in relation to 4 standards (antenatal care, enabling continued breast feeding, informed decisions and loving relationships). 100% of mothers reported that they were happy with the care received and that staff were kind and considerate.

Corporate Parenting Awards

Children's services were nominated in four categories of the Who Cares? Corporate Parenting Awards 2024, with some nominations submitted by young people / service users.



The services were nominated and won the Excellence in Innovation category for the work of the East Dunbartonshire House Project which provides a scaffolding of support around Care Experienced people who are leaving care and entering their own tenancy. The House Project uses a trauma-informed, relationship-focused approach to ensure Care Experienced people are given choice on where they live, and feel prepared to live independently. The support offered is tailored to support individuals and allows Care Experienced people to plan for the future and create a timescale for entering their tenancy. Care Experienced people stated that the staff at the House Project ensure they feel “supported and safe”, and “they are really transparent and honest, and they help us prepare for change”.

The House Project was also nominated in the Outstanding Corporate Parent and Stable Foundations categories for the work to ensure that all Care Experienced people have an opportunity to build their life skills and help those looking for their own tenancy. Staff were recognised as going above and beyond to provide support to Care Experienced people, ensuring their voices are heard and providing a listening ear. The Champions Board also gives Care Experienced people an opportunity to share their views and advocate for change within the local authority.

The services were nominated in the Changing the Narrative category following the introduction of a Language and Communication Group to understand the issues and concerns in terms of the language used across social work and wider services. A consultation with Care Experienced people, foster carers, and practitioners led to further changes in practice and policy relating to language and communication, including the embedding of life story work as common practice.

Community Support Team

The Community Support Team provide a support service to over 100 children and young people and their families in East Dunbartonshire. The 22-strong Community Support Team made up of Family Support Workers, Social Work Assistants, an Organiser and Team Manager support vulnerable children and young people who have a range of additional support requirements and their families. The service has continued their hugely successful Christmas project and supplemented it with an Easter project, the winter Wrap Up program, running a local food and clothing bank and family days, including Cuppa and Chat events which have also supported the participation work that helps service users feel valued and part of the service design and delivery. Following an unannounced inspection in January, the service received sector leading grades and the Care Inspectorate praised the service for being understanding, insightful, committed to their work and reflective about their practice.

Ferndale Children's Service

Ferndale Children's Service was inspected by the Care Inspectorate in June 2024 and the service received outstanding grades based on the question, "How well do we support children and young people's rights and wellbeing?". Ferndale was evaluated as an excellent service, where performance was sector leading, resulting in gaining grade 6 for the full inspection. The Care Inspectorate commented on the team's practice, stating it was effective, innovative and sustainable across a wide range of activities which they offer. It was also reported that our staff team provided exceptional levels of care and more importantly one of the young people told the Inspector that this allowed them to feel safe, secure and nurtured. Stakeholders commented on the excellent communication and collaborative approach. The report states that staff prioritised their relationships with young people, and these were warm, nurturing and respectful. Relationships were informed by staff's knowledge of attachment, trauma and children's rights. Although Ferndale has achieved grade 6 for the second year running, this is first time that we have achieved the maximum grades in every area that was inspected. Ferndale has also been identified as a Promise Corporate Parent and can now coach the young people in their care through the Duke of Edinburgh scheme and the Prince's Trust Awards.

Improving Mental Health & Recovery

Primary Care Mental Health Survey

In our most recent online patient survey for the Primary Care Mental Health Team, collated between May and September, 97% of respondents reported an overall improvement in relation to symptom management whilst 80% of respondents were generally satisfied with the treatment they received. Comments highlighted that our patients valued our compassion and empathy, patient-centred and tailored CBT (Cognitive Behavioural Therapy) approach, and over 95% of respondents felt validated and heard in their treatment sessions.

Conversation Café

Peer recovery workers from the East Dunbartonshire Alcohol & Drugs Partnership held a conversation café to encourage informal discussion on topical issues in a relaxed and friendly setting. As a community-building tool, this brings people together to share their perspectives on important topics and to learn from each other. The conversations are facilitated in a way that encourages everyone to participate, regardless of their background or beliefs. The café is now open every Tuesday, 12-4pm, at St Columba's Hillhead Parish Church in Kirkintilloch. Whether someone is new to recovery or in long-term recovery, experiencing a crisis or struggling with a relapse, in a mental health transition or going through a difficult life change, the café is a place of support and stability for all who are seeking to break the cycle of destruction and despair. We provide programming and services to build a holistic, person-centred system of care, backed by evidence-based best practices, that engages individuals for a lifetime of managing their recovery and empowers them to build a life that realizes their full potential.

Workforce & Organisational Development

UKPHR Innovation in Public Health Awards 2024

East Dunbartonshire Health Improvement, part of the NHS GGC Workforce Development Group, won the UK Public Health Register (UKPHR) Innovation in Public Health 2024 Award for Employer of the Year. This award recognises their practical support for practitioner registration, and their contribution to enhancing public health and reduce inequalities. The SharePoint site developed by the group, helps maintain public health competencies and keeps the core public health workforce across GGC updated with the latest news, approaches and learning opportunities. It equips staff with essential skills and training, so they feel supported to do their job and able to contribute to the priority themes of our health strategies.

Part 7. Financial Performance

The HSCP is projecting an overspend on budget for 2024/25 of £2.438m in the delivery of our strategic priorities. This is based on period 10 projections as year-end information is not yet available due to ongoing issues with the upgrade in the Council ledger system. The overspend on budget relates to pressures in relation to increases in costs for residential accommodation, supported accommodation and daycare provision, which has been partly offset by a reduction in supported living and external care at home. There were significant pressures related to prescribing. However, these were managed through underspends on community health staffing budgets and reserves set aside for this specific purpose.

Funding continued to be received to support specific priorities including the Primary Care Improvement Plan, Enhanced Mental Health Outcomes which covered Mental Health Action 15, School Nursing, Learning Disability Health Checks and Children & Adolescent Mental Health services, and Adult Winter Planning.

Overall, a balanced budget was able to be set for 2025/26, which included a combination of a challenging savings programme alongside the use of reserve balances. It is recognised that the use of reserves is a short-term solution and requires recurring savings options to be identified in future years. Work continues within the HSCP to scope recurring savings options to meet the financial challenges ahead, with an expectation that this will have an adverse impact on the range and scale of services delivered within East Dunbartonshire unless additional funding becomes available to address the challenges within Social Work services and Prescribing.

The years ahead will see significant financial challenges in the context of rising demand for services, increasing unit cost of service delivery, and the very constrained overall public funding pot available. We work hard to assess the financial position and risks in an ongoing manner and to develop a medium-term financial plan to support delivery of our key strategic priorities. We will continue to engage with key stakeholders and undertake public consultation as options emerge and to elicit views on where we can meet our financial challenges.

Part 8. Inspection and Regulation

Service Inspections

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

ANNEX 1: National Outcomes and Local Strategic Priorities & Enablers

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

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	X	X	X		X	X	X	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	X	X	X		X	X		
3	People who use health and social	X	X			X	X		X

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
	care services have positive experiences of those services, and have their dignity respected.								
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	X	X	X	X	X	X	X	X
5	Health and social care services contribute to reducing health inequalities.	X	X	X	X	X	X	X	
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on	X	X	X		X	X		

National Outcome		East Dunbartonshire HSCP Strategic Priorities							
		Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection	Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
	their own health and well-being.								
7	People who use health and social care services are safe from harm.	X			X	X	X		X
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.							X	X
9	Resources are used effectively and efficiently in the provision of health and social care services.	X	X	X				X	X

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

ANNEX 2: CARE INSPECTORATE EVALUATIONS – LOCAL SERVICES

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

The Care Inspectorate award grades for certain quality themes that they have assessed, covering 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 theme assessed using a six point grading scale:

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 HSCP works to improve its own services through direct management and operational oversight, and purchased services are subject to detailed specification and contract monitoring by our Commissioning Team. The Care Inspectorate's most recently assessed grades for all services are set out below. Inspection reports can be found at on the [Care Inspectorate](#) website.

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
HSCP / Council In-house Services					
Adoption Service	5	Not Assessed	Not Assessed	Not Assessed	5
Allander Resource Centre*	5	Not Assessed	5	Not Assessed	N/A
Community Support Team for Children and Families	6	6	6	Not Assessed	5

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Ferndale Care Home for Children & Young People	How well do we support children and young people's rights and wellbeing? - 6				
Ferndale Outreach for Children & Young People	5	Not Assessed	Not Assessed	Not Assessed	6
Fostering Service	5	Not Assessed	Not Assessed	Not Assessed	5
John Street House	2	3	3	3	3
Homecare Service	5	Not Assessed	4	Not Assessed	Not Assessed
Meiklehill & Pineview	5	5	Not Assessed	Not Assessed	Not Assessed
Commissioned - Supported Accommodation					
Cornerstone Community Care	5	Not Assessed	5	Not Assessed	Not Assessed
Key Housing Association (East and West Dunbartonshire)	5	5	5	Not Assessed	5
Living Ambitions (West of Glasgow and East and West Dunbartonshire)	5	5	5	Not Assessed	5
Orems Care Services	5	4	4	Not Assessed	4
Quarriers (Phase 1)	5	4	Not Assessed	Not Assessed	Not Assessed
Quarriers (Phase 2)	5	4	Not Assessed	Not Assessed	Not Assessed
Quarriers (Phase 3)	4	4	Not Assessed	Not Assessed	Not Assessed
Real Life Options East Dunbartonshire Service	5	4	5	Not Assessed	4
The Richmond Fellowship East & West Dunbartonshire Support Living Services	5	4	Not Assessed	Not Assessed	Not Assessed

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Independent Care Homes					
Abbotsford House	5	4	Not Assessed	Not Assessed	Not Assessed
Antonine House	4	4	Not Assessed	Not Assessed	Not Assessed
Ashfield House	5	4	Not Assessed	Not Assessed	Not assessed
Birdston Care Home	5	Not Assessed	5	Not Assessed	Not Assessed
Boclair Care Home	5	4	5	5	5
Buchanan House	4	4	4	4	4
Buchanan Lodge	4	Not Assessed	5	Not Assessed	Not Assessed
Buttercup House	How well do we support children and young people's rights and wellbeing? - 6				
Campsie View	5	Not Assessed	5	Not Assessed	Not Assessed
Lillyburn	5	5	Not Assessed	Not Assessed	5
Mavisbank	5	Not assessed	5	Not Assessed	Not Assessed
Milngavie Manor	4	3	4	4	4
Mugdock	6	Not assessed	5	Not assessed	Not assessed
Springvale	4	4	4	4	4
Westerton	Not Assessed	Not Assessed	4	5	Not Assessed
Whitefield Lodge	4	Not assessed	4	4	4
Commissioned – Care at Home Services					
Bluebird Care	5	5	5	Not Assessed	4

Service	Wellbeing	Leadership	Staffing	Setting	Care Planning
Cornerstone	5	Not Assessed	5	Not Assessed	Not Assessed
Delight Supported Living	5	Not Assessed	5	Not Assessed	Not Assessed
Extended Personal Care	5	4	Not Assessed	Not Assessed	Not Assessed
Hands-On Homecare	4	4	4	Not Assessed	4
Home Instead	5	4	Not Assessed	Not Assessed	Not Assessed
The Richmond Fellowship – East and West Dunbartonshire	5	4	Not Assessed	Not Assessed	Not Assessed

*Not yet assessed under current assessment model. Allander Resource Centre assessment relates to previous inspection of Kelvinbank Day Service.

ANNEX 3: COMPARATIVE INCOME & EXPENDITURE 2019/20 – 2024/25

Objective Analysis	2024/25*	2023/24	2022/23	2021/22	2020/21	2019/20
Strategic / resources	TBC	3,177	3,743	3,044	2,568	3,042
Addictions	TBC	2,246	1,692	1,351	1,369	1,285
Older people	TBC	54,948	47,551	42,664	38,644	39,410
Learning disability	TBC	24,930	23,380	20,479	19,333	19,580
Physical disability	TBC	5,346	5,093	5,005	4,880	4,067
Mental health	TBC	6,416	6,057	5,520	5,378	5,155
Adult services						
Children & families	TBC	18,071	14,930	14,795	14,262	14,277
Criminal justice	TBC	258	455	346	162	211
Other - non sw	TBC	1,125	984	810	741	817
Community health services						
Oral health	TBC	12,317	12,738	10,786	9,820	9,835
Family health services	TBC	35,884	33,218	31,314	29,822	27,678
Prescribing	TBC	23,107	22,027	19,936	19,178	19,484
Covid-19	TBC	0	2,930	6,245	7,215	
Operational costs	TBC	322	304	289	282	270

Cost of Services Managed By East Dunbartonshire HSCP	TBC	225,681	175,101	162,584	145,111	145,111
Set Aside for Delegated Services provided to Acute Services	TBC	40,244	40,306	35,982	36,975	32,247
Total Cost of Services to East Dunbartonshire HSCP	TBC	265,925	215,407	198,566	190,629	177,358
NHS Greater Glasgow & Clyde	TBC	(193,055)	(137,042)	(149,959)	(144,950)	(120,508)
East Dunbartonshire Council	TBC	(75,214)	(71,437)	(62,753)	(57,719)	(55,760)
Taxation & Non Specific grant Income	TBC	(268,269)	(208,479)	(212,712)	(202,669)	(176,268)
(Surplus) or deficit on Provision of Services	TBC	(2,344)	6,928	(14,146)	(12,040)	1,090
Movement in Reserves	TBC	(2,344)	6,928	(14,146)	(12,040)	1,090

General Reserves	2024/25	2023/24	2022/23	2021/22	2020/21	2019/20
Movement in General Reserves only	TBC	123	(1,293)	(1,143)	(1,935)	41
Balance on Reserves	TBC	(4,248)	(4,371)	(3,078)	(1,935)	0

* 2024/25 financial data is not yet available due to ongoing issues with the upgrade to the Council's ledger system. The report will be updated and published when this data is available.

ANNEX 4: ACHIEVEMENT OF BEST VALUE

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

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

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

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

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

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

ANNEX 5: NOTES ON PERFORMANCE DATA METHODOLOGY

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

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

Notes on Core National Integration Indicators

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

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

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

The primary sources of the remaining data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. Annual figures for these indicators are presented by financial year until the most recent reporting year. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all HSCPs, the most recent reporting period available is calendar year 2024; this ensures that these indicators are based on the most complete and robust data currently available and acts as a suitable proxy, for comparison purposes.

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

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

Trends and National Rankings

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

Ministerial Strategic Group Performance Indicators

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

Annual data is presented by financial year. However, 2024 calendar year figures are used as a proxy for indicators 1, 2 and 5 due to national data completeness issues.

Impact of Coronavirus (COVID-19)

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

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