

**East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting**  
**Tuesday 30<sup>th</sup> March 2021, 12 noon**  
**Meeting will be held virtually via MS Teams**

**AGENDA**

No.	Item	Lead	Document
1.	Welcome and Introductions	J Forbes	Verbal
2.	Minutes of Last Meeting – 5 <sup>th</sup> January 2021	J Forbes	Paper
3	Audit Scotland Annual Audit Plan 2020/21	P Lindsay	Paper
4.	Internal Audit Progress Update to February 2021	G McConnachie	Paper
5.	HSCP Transformation Plan 2020 21 Update	J Campbell	Paper
6.	Primary Care Mental Health Team Patient Survey	D Aitken	Paper
7.	Future Agenda Items	All	Verbal
8.	A.O.C.B	J Forbes	Verbal
9.	Date of next meeting – June 2021	J Forbes	

**Agenda Item Number: 2.**

**Minutes of  
East Dunbartonshire HSCP Performance, Audit & Risk Committee Meeting  
Date: Tuesday 5<sup>th</sup> January 2021, 12pm  
Location: Via MS Teams**

<b>Present:</b>	<b>Jacqueline Forbes (Chair) (JF)</b>	<b>Gillian McConnachie (GM)</b>
	<b>Susan Murray (SM)</b>	<b>Jean Campbell (JC)</b>
	<b>Caroline Sinclair (CS)</b>	<b>Peter Lindsay (PL)</b>
	<b>Ketki Miles (KM)</b>	<b>Kenneth McFall (KMcf)</b>
	<b>Alan Moir (AM)</b>	<b>Ian Ritchie (IR)</b>

**In attendance: Lorraine Arnott (Minutes)**

No.	Topic	Action by
1.	<b>Welcome and Apologies</b>	<b>JF</b>
	Chair welcomed all, apologies from Derrick Pearce and Sheila Mechan. Furthermore, JF advised the committee that CS would have to leave the meeting early to attend to other urgent commitments therefore the meeting would be kept short and to the point. She welcomed all to the first meeting of 2021 and as the agenda was short, any issues would be kept brief.	
2.	<b>Minutes of previous meeting – 28<sup>th</sup> September 2020 and Matters Arising</b>	<b>JF</b>
	JF raised issue on behalf of herself and IR regarding the papers in the format in which the papers are issued, being that Mac users have difficulty accessing them in this way. It was requested that the papers be sent individually as opposed to embedded, or combined into the one rolling document. This was agreed. The minutes of the previous meeting were thereafter approved and no actions to be picked up from the last meeting.	
3.	<b>Internal Audit Progress Update to November 2020</b>	<b>GM</b>
	GMcC provided overview of the attached internal audit progress update since the last meeting. On the HSCP report on financial planning there were four issues identified. Further detail in relation to planned scheduling since last update. JF stated that this was a very comprehensive report that contained very detailed information therein. She highlighted the issue in relation to claim by providers that there may have been over claims. GMcC advised that the audit work that was performed was at a point in time where there were maybe some issues around the understanding of the types of claims that could be permitted and also issues regarding cut off and claims for before the pandemic started. There will be further work required and ongoing discussion on which team will be taking this forward. JC added that the process of claiming additional costs is currently ongoing. Looking at developing a team to develop guidance note to allow providers to follow process when claiming and will look to move forward with this. Guidance will also continue to be refined.	
4.	<b>HSCP Transformation Plan 2020/2021 Update</b>	<b>JC</b>
	JC updated the committee on the HSCP Transformation plan. She advised that they have now moved onto a different process for updating transformation activity, still refinement going on at the moment to make this more robust. Key projects are still progressing however. Highlights summary report on the key projects that are being progressed attached for reference. More detailed reports will come on the back of this summary to provide committee members with a more detailed updated on individual projects. There	

	<p>has been significant movement on the transformation plan since last reported; 32 projects agreed initially through budget process, and through transformation board have looked at projects that are slightly more operational in nature that relate to aspects of policy that have been agreed, for example charging and implementation of charging. A number of projects considered to be completed, and also there are a number considered to be on hold that have been significantly impacted through COVID. An update on RAG status attached. There is a shortfall of round £1m in the financial year. This has been shown in the LMP return and would expect an update from Scottish Government on how this will be funded.</p> <p>SM commented that it was good to see the organising of the transformation plan. In section 1.7 she advised that there are now 3 categories that the transformation plan falls into, whereby she asked if these categories could be listed in the transformation plan. Also she advised that she wasn't clear on the projects being delivered through operational services plans, and whether these been removed from this transformation plan. JC advised that she tried to reconcile where everything had been moved to. Projects that are now considered operational, some where there has been a financial efficiency attached to them, but where they are considered to be operational. Homecare fleet vehicles was one example provided. However there will still be an oversight of this through financial update but not necessarily through a transformation programme. SM further stated that prevention is an important factor in reducing costs and the need to have control over finances; needs to be investment in future costs. She further queried current ongoing COVID situation, and recognition of the third sector and the service they are providing at present, she asked if there was consideration given to not reducing funding to the third sector in relation to the budget moving forward. JC advised in this financial period there has been no decrease reflected in the budget monitoring position or update in transformation plan. This may be something that can be brought forward at a later date, but not highlighted as an area to introduce further efficiency to third sector services at this time. JF asked if this could be included in a future development session for more detailed discussion.</p> <p>KM stated that while supporting SM views, there needs to be an overall long term vision. Need to look at strategic projects for example PCIP, hard to quantify what savings are. Need to identify top two or three things to do in 2021/22 and cull some low level projects to concentrate on executing some of the larger projects.</p> <p>IR supported both SM and KM approaches, however is concerned that there is not enough focus on longer term implications of immediate need. Need to look at benefits for future and have a responsibility for doing this. Also concerned around the definition of direction. Direction should include view of longer term strategically.</p> <p>JF stated that all are very supportive of this approach. Furthermore, she commented that the documents are very useful and a reconciliation of where we are currently. However, she advised that there is a lot of reviewing being carried out due to COVID, however there is not a lot of redesign identified yet. Also, she asked that any information captured through COVID work that wasn't in original transformation plan be captured and taken forward as information plan is developed into the coming year. Lastly, she asked regarding information contained within section 1.12 in respect of the £0.9m transformation savings, if these are recurring savings and helping towards recurring deficit going forward as this will have impact on future savings.</p>	
5.	<b>HSCP Corporate Risk Register</b>	JC
	JC updated the committee on the Corporate Risk Register. Obligated to review this twice yearly however has been delayed due to COVID. Assurance given to board members that this has been under review and additional risks through COVID have been detailed within	

	<p>the risk register. Total of 26 risks with varying levels of severity presently, in terms of high risk and medium risk. No low risks recorded. Through management actions that have been proposed through risk register, have reduced risk impacts significantly across the board. Will be an evolving picture at present.</p> <p>IR asked regarding the 26 risks yet risk register goes only as far as 12. JC advised that risk register includes the 12 corporate risks and there are 14 specifically related to COVID, therefore the two together highlighted 26 risks in this financial year.</p> <p>SM also asked if any contractors or suppliers have contacted with indications that any of the same risks are affecting them also, and whether this was included in the risk register. JC stated that the biggest risk for providers is the COVID response at the moment, regarding staff shortages and still maintaining services. Some engagement also with providers with regard to Brexit, however the focus just now is on business continuity. Encouraging to keep business continuity plans updated and staff risks. Managing the impact of COVID is the biggest risk at present.</p> <p>JF also raised this issue as it is one of the biggest financial risks also, financially and functionally a risk to us and to continue to support providers. Once these actions are carried out, when does it become normal again after mitigations and what can we do moving forward. JC advised that initially looked at what mitigating actions are and put in place. Currently have sufficient support through groups put in place to support providers. Will update Corporate Risk Register to reflect this. Moved back into COVID response now but hopeful that vaccination programme will have an impact on this. JF also asked if a date could be put on once risk has been updated. JC advised that she will make a version control to capture what changes are made to the risk register and date that this has been introduced.</p>	
6.	<b>Future Agenda Items</b>	<b>All</b>
	<p>JF requested that any standing items or reports for future meetings come through this committee to allow the members to kept updated on relevant issues and business.</p> <p>CS then provided the committee with an overview of the COVID Vaccination Roll out programme, whereby she informed members that the partnership is currently working through the Scottish Government priority list, and to date the first round of care home vaccinations was completed on 31<sup>st</sup> December. She further commented that this was largely in part to the excellent work carried out by competent staff members and the efficiency of NHS GG&amp;C pharmacy colleagues. Only residents who have been unwell, or allergy threshold too high or hospitalised have not yet received. The uptake on this has been approximately 97%. The opportunity was also there to offer surplus to care home staff. Opportunistically, she further advised, that while staff were in care homes they managed to increase the number of care home staff who were also vaccinated. The overall percentage in GGC of wastage of the vaccine is at 7%, with East Dunbartonshire having only wasted one vaccine. Now moving onto local phase of vaccinations for the over 80's utilising Kirkintilloch Town Hall and Milngavie Town Hall as bases. Risk assessment has been comprehensive and working with EDC colleagues to ensure access and entry to the buildings are kept safe to reduce slips, trips and falls. This phase will commence on the 11<sup>th</sup> January and run for 2 weeks. She also stated that a technical note will be produced to articulate which GP practices are delivering from town hall premises, and further detailing why this is the case. Will continue to keep members aware of how this is progressing. Slight challenges encountered in relation to care homes staff with regard to the model for delivery. Issues surrounding opportunities to book for vaccines and travelling to Louisa Jordan. Discussions have taken place with Ann Harkness to determine how we can continue to support this. Booking slots will also soon be issues for Care at Home staff</p>	

	<p>and Supported Accommodation and frontline staff.</p> <p>IR commented that some impressive work has been carried out so far and it has been a fantastic achievement to date. With regard to the second dose of the vaccine he asked where East Dunbartonshire are with this at the moment, or indeed GGC generally. CS advised that direction comes from the JCVI. Expectation is that there would be a 12 week window unless there is a clinical need for the person to receive it. Will be guided by direction of Public Health.</p> <p>AM reiterated the sentiments of IR, and thanked CS for the commitment shown to delivering this programme. In relation to care homes, he asked whether there was an opportunity to provide feedback to homes regarding the successful way the programme has been carried out so far. CS informed that some information could perhaps be conveyed via Twitter.</p> <p>SM also asked in relation to the over 80s vaccinations, if there is an opportunity for carers to receive the vaccine should they be attending in support of someone. CS advised that providing the carer was within the eligibility group then this may be the case. First delivery of vaccinations to arrive also at GPs this week. Will be cautious to ensure that we don't run out for this group therefore will be less flexible.</p>	
<b>7.</b>	<b>AOCB</b>	<b>All</b>
	<p>JF closed the meeting and whilst appreciating that it was a short agenda, thanked members for a good involved discussion, and appreciated the offer of the technical note from CS to provide further insight into the ongoing vaccination programme roll out. She further conveyed her thanks to CS and to all the frontline staff for the work being carried out.</p>	
<b>13.</b>	<b>Date of next meeting – 30<sup>th</sup> March 2021</b>	

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP  
PERFORMANCE, AUDIT & RISK COMMITTEE**

<b>Date of Meeting</b>	<b>30th March 2021</b>
<b>Subject Title</b>	<b>Audit Scotland – Annual Audit Plan 2020/21</b>
<b>Report By</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b> <a href="mailto:Jean.Campbell2@ggc.scot.nhs.uk">Jean.Campbell2@ggc.scot.nhs.uk</a>
<b>Contact Officer</b>	<b>Peter Lindsay, Senior Audit Manager, Audit Scotland,</b> <b>0131-625 1934</b>
<b>Purpose of Report</b>	<p>The purpose of this report is to update members on Audit Scotland’s Annual Audit Plan for East Dunbartonshire IJB.</p> <p>The annual audit plan contains an overview of the planned scope and timing of the audit work to be carried out in accordance with International Standards on Auditing (ISAs), the <i>Code of Audit Practice</i>, and any other relevant guidance.</p> <p>A copy of the Audit Scotland Annual Audit Plan for 2020/21 is included as <b>(Appendix 1)</b>.</p>
<b>Recommendations</b>	<p>The Performance, Audit &amp; Risk Committee is asked to:</p> <p>a) Notes and agrees the contents of the Annual Audit Plan for the IJB.</p>
<b>Relevance to HSCP Board Strategic Plan</b>	<p>The annual audit process provides an opportunity for the oversight of the financial governance and management arrangements for the partnership as well as consideration of value for money. This will in turn support the delivery of the strategic planning priorities in the provision of assurance that the financial affairs of the partnership are considered and well managed.</p>

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Nil
<b>Equalities:</b>	Nil
<b>Financial:</b>	Nil
<b>Legal:</b>	Nil
<b>Procurement:</b>	Nil
<b>Economic Impact:</b>	Nil
<b>Sustainability:</b>	Nil



<b>Risk Implications:</b>	Risks are identified in the course of Annual audit work and highlighted to management to action.	
<b>Implications for East Dunbartonshire Council:</b>	Nil	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Nil	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

# East Dunbartonshire Integration Joint Board

Annual Audit Plan 2020/21



 AUDIT SCOTLAND

Prepared for East Dunbartonshire Integration Joint Board  
March 2021

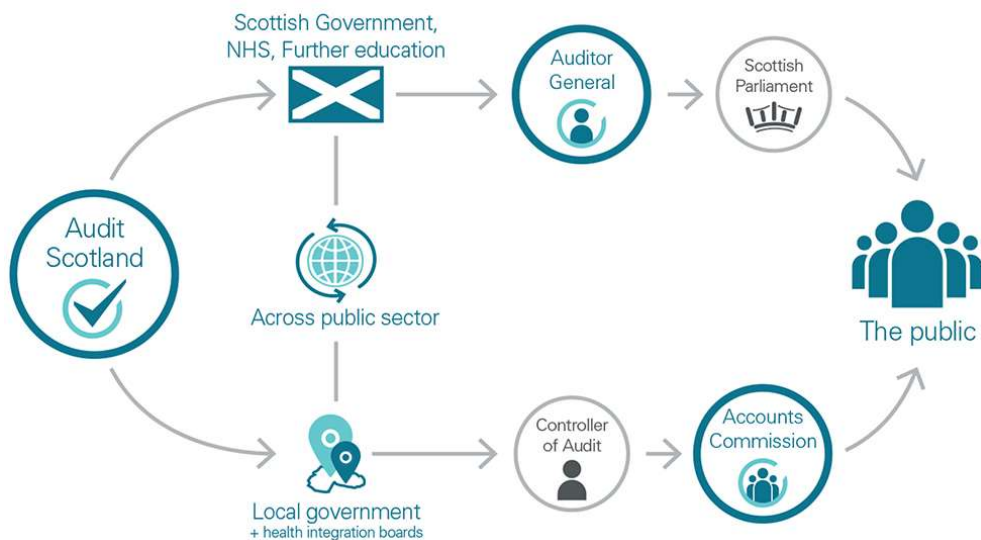




## Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- The Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance.
- The Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government.
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



## About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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# Risks and planned work

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**1.** This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and [guidance on planning the audit](#). This plan sets out the work necessary to allow us to provide an independent auditor's report on the annual accounts and meet the wider scope requirements of public sector audit.

**2.** The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

## Impact of Covid-19

**3.** The public health crisis caused by the coronavirus disease 2019 (Covid-19) pandemic has had a significant and profound effect on every aspect of Scottish society. Public services have been drastically affected, requiring immediate changes to the way they are provided. The impact on public finances has been unprecedented, which has necessitated both the Scottish and UK governments providing substantial additional funding for public services as well as support for individuals, businesses and the economy. It is likely that further financial measures will be needed and that the effects will be felt well into the future.

**4.** Public audit has an important contribution to the recovery and renewal of public services. The Auditor General, the Accounts Commission and Audit Scotland are responding to the risks to public services and finances from Covid-19 across the full range of audit work including annual audits and the programme of performance audits. A January 2021 paper, [Covid-19 What it Means for Public Audit An Update](#), restates the principles and approach we are taking following the reintroduction of significant restrictions in Scotland.

**5.** Audit Scotland is unable to meet the audit timetables which were possible before Covid-19, but we will aim to conclude the audit as early as possible. The well-being of audit teams and the delivery of high-quality audits remain paramount. Maintaining a pragmatic and flexible approach will enable change at short notice as new issues emerge, or current risks change in significance. Where this impacts on annual audits, revisions to this annual audit plan may be necessary.

## Adding value

**6.** We aim to add value to the East Dunbartonshire Integration Joint Board (hereby referred to as the IJB) through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

## Extension of audit appointment


**7.** Auditors appointed under statute by the Auditor General for Scotland are engaged for a five-year period. The current audit engagement was due to end after the conclusion of the 2020/21 audit. Normally at the end of each five-year period a new auditor is appointed, either Audit Scotland or a private sector accountancy firm. Covid-19 had an impact on the 2019/20 audits of public sector bodies and the vast majority of these audits were reported later than normal. Planning for and potentially reporting of 2020/21 annual audit work is also being affected. In October


2020 Audit Scotland approved the extension of current audit appointments for a year to include the 2021/22 audit year. This decision reflects the need for stability and continuity given the longer-term impact of Covid-19 on audited bodies and the difficulty of running the necessary audit procurement exercise during the pandemic.


## Audit risks

8. Based on our discussions with staff, attendance at committee meetings and a review of supporting information we have identified the following significant risks for East Dunbartonshire IJB. We have categorised these risks into financial statements risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).

### Exhibit 1 2020/21 Significant audit risks

 Audit Risk	Source of assurance	Planned audit work
<b>Financial statements risks</b>		
<p><b>1 Risk of material misstatement due to fraud caused by the management override of controls</b></p> <p>International Auditing Standards require that audits are planned to consider the risk of material misstatement in the financial statements caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.</p>	<ul style="list-style-type: none"> <li>Owing to the nature of this risk, assurances from management are not applicable in this instance.</li> </ul>	<ul style="list-style-type: none"> <li>Detailed testing of journal entries.</li> <li>Review of accounting estimates.</li> <li>Focused testing of accruals and prepayments.</li> <li>Evaluation of significant transactions that are outside the normal course of business.</li> </ul>
<p><b>2 Risk of material misstatement caused by fraud in revenue recognition.</b></p> <p>As set out in ISA (UK)240, there is a presumed risk of fraud in the recognition of income. There is a risk that income may be misstated resulting in a material misstatement in the financial statements.</p> <p>In previous years, the unaudited accounts have included the use of direct reserves accounting, which is not permitted, meaning the income of the IJB has been understated on the face of the Comprehensive Income &amp; Expenditure Statement (CIES). Whilst this has been amended in the final, audited accounts, there is a risk that the 2020/21 income in the CIES will be misstated.</p>	<ul style="list-style-type: none"> <li>Robust budget monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>Assurances will be obtained from the auditors of NHS Greater Glasgow &amp; Clyde and East Dunbartonshire Council (EDC) over the accuracy, completeness and allocation of the Integration Joint Board ledger entries recorded in the correct financial year.</li> </ul>
<p><b>3 Risk of material misstatement caused by fraud in expenditure</b></p> <p>As most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure.</p>	<ul style="list-style-type: none"> <li>Robust budget monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>Assurances will be obtained from the auditors of NHS Greater Glasgow &amp; Clyde and East Dunbartonshire Council over the accuracy,</li> </ul>

 <b>Audit Risk</b>	<b>Source of assurance</b>	<b>Planned audit work</b>
<p>There is a risk that expenditure may be misstated resulting in a material misstatement in the financial statements.</p> <p>As the expenditure of the IJB is processed through the financial systems of NHS Greater Glasgow &amp; Clyde and East Dunbartonshire Council, there is a risk that expenditure that does not relate to the IJB is included in the accounts or that expenditure that does relate to the IJB is omitted from the accounts.</p>		<p>completeness and allocation of the Integration Joint Board ledger entries recorded in the correct financial year.</p>
<p><b>4 Estimations and judgements</b></p> <p>The “set aside” figure in the accounts is the Integration Joint Board’s share of the budget for delegated acute services provided by hospitals on behalf of the Joint Board.</p> <p>From 2019/20, the set aside now calculated using actual spend and activity levels for the year where the information is available and estimated annual activity where it is not. Any degree of estimation requiring judgement in a material figure, such as the set aside, presents a risk of misstatement in the accounts.</p>	<ul style="list-style-type: none"> <li>The set aside figure in the 2020/21 accounts will be based on the most accurate information available, including robust and reliable estimates in the absence of actual activity data.</li> </ul>	<ul style="list-style-type: none"> <li>Review the calculation of the set aside figure in the 2020/21 accounts, including the basis for any estimated activity</li> <li>Monitor Scottish Government guidance of the treatment of set aside in the 2020/21 accounts to establish whether the financial statements are compliant</li> </ul>
<p><b>Wider dimension risks</b></p>		
<p><b>5 Financial sustainability</b></p> <p>The general reserves at 31 March 2020 for the IJB was £nil, meaning there were no contingency reserves for balancing the 2020/21 budget. Per the latest budget monitoring report, the IJB had forecast a £0.8m overspend. This includes £3.8m of expenditure relating to Covid-19 response which Scottish Government has yet to commit to fund fully.</p> <p>The Covid-19 pandemic will have a significant impact on the future financial plans of the IJB. In addition, there are currently no longer-term financial plans in place to demonstrate how the IJB will secure the financial sustainability of its services in the future therefore there is a risk to the financial sustainability of health and social care services.</p>	<ul style="list-style-type: none"> <li>Scottish Government have now confirmed and allocated full funding to support Covid costs identified through the LMP / FPR return for East Dunbartonshire.</li> <li>The latest revenue monitoring report will report an underspend on budget of £3.7m. The intent will be to carry this forward to create a general reserve for the HSCP into future years when finalised at year end.</li> <li>We will develop and bring forward a medium-term financial plan for the HSCP in 2021/22 when the response to Covid abates and the immediate and medium-</li> </ul>	<ul style="list-style-type: none"> <li>Ensure budget monitoring is robust and accurately reflects the financial position</li> <li>Confirmation of agreement of funding and balances with host bodies</li> <li>Monitor claims submitted to the Scottish Government and the approval and receipt of additional Covid-19 costs.</li> </ul>

 Audit Risk	Source of assurance	Planned audit work
	<p>term impact on the financial position of the HSCP can be assessed.</p> <ul style="list-style-type: none"> <li>Continue engagement with partners to ensure a fair budget settlement for 2021/22, to be approved by Council on 24<sup>th</sup> March and we await formal letter outlining the NHS offer</li> <li>Covid funding through the Scottish Government to continue into 2021/22 to cover any ongoing cost related to the Covid response.</li> </ul>	
<p><b>6 Service pressures created by Covid-19</b></p> <p>The Covid-19 pandemic continues to place significant pressure on the provision of health and social care services delivered by the IJB. The Strategic Plan 2018-21 was due to expire in March 2021, however due to ongoing response to Covid-19, this has been delayed. Instead a Strategic Bridging Document 2021-22 has been approved by the Board, which continues the existing Strategic priorities to March 2022.</p> <p>Given the ongoing resourcing pressures cause by the pandemic, there is a risk that this will impact on the IJB's ability to meet its objectives within the current strategic plan.</p>	<ul style="list-style-type: none"> <li>HSCP will continue to monitor performance and provide regular reporting to the IJB Board on delivery of strategic objectives.</li> <li>Re-mobilisation plans in place to ensure effective recovery of services in line with strategic priorities.</li> <li>Transformation work continues to identify and deliver strategic priorities and mitigate financial challenges.</li> </ul>	<ul style="list-style-type: none"> <li>Review progress against strategic objectives reported within the IJB's 2020/21 Annual Performance Report</li> <li>Review quarterly performance reports to assess the impact of Covid-19 performance targets.</li> </ul>
<p><b>7 Governance and transparency</b></p> <p>As a result of social distancing measures in place, the IJB Board and Performance, Audit and Risk (PAR) Committee meetings are currently being held remotely online and live streamed on YouTube. A decision was taken to only present papers at these meetings that require approval or decision by the Committee, however papers are not available on the HSCP or EDC websites prior to the meeting taking place. Furthermore, the IJB papers/minutes have not been uploaded to the EDC website since September 2020, and the PAR Committee minutes have not been uploaded to the HSCP website since September 2020.</p>	<ul style="list-style-type: none"> <li>Arrangements for ensuring openness and transparency are under regular review in line with priorities during the Covid-19 response.</li> <li>We will liaise with Council officers on the arrangements for public access to IJB Board meetings online and publications of IJB papers online prior to meetings taking place.</li> <li>Make arrangements to ensure IJB Board and PAR papers appear timeously on the HSCP</li> </ul>	<ul style="list-style-type: none"> <li>Review revised governance arrangements in place as a result of Covid-19 to ensure they promote openness and transparency.</li> </ul>



	Audit Risk	Source of assurance	Planned audit work
	There is a risk that IJB Board and PAR Committee meetings are not sufficiently open and transparent, as committee papers and details of meetings are not readily available to the public.	website in line with accessibility legislation and policy.	

Source: Audit Scotland

## Reporting arrangements

**9.** Audit reporting is the visible output for the annual audit. All annual audit plans and the outputs as detailed in [Exhibit 2](#) overleaf, and any other outputs on matters of public interest will be published on our website: [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

**10.** Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft management reports will be issued to the relevant officer(s) to confirm factual accuracy.

**11.** We will provide an independent auditor's report to East Dunbartonshire IJB and Accounts Commission setting out our opinions on the annual accounts. We will provide the Chief Finance & Resources Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

## Exhibit 2 2020/21 Audit outputs

Audit Output	Target date	Committee Date
Annual Audit Plan	30 March	30 March
Independent Auditor's Report	31 October	TBC
Annual Audit Report	31 October	TBC

The target dates included are those specified in Audit Scotland's Planning Guidance 2020/21

## Audit fee

**12.** The proposed audit fee for the 2020/21 audit of East Dunbartonshire Integration Joint Board is £27,330 [2019/20: £26,560]. In determining the audit fee we have taken account of the risk exposure of the IJB, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited annual accounts, with a complete working papers package on 21 June 2021.

**13.** Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual accounts or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

## Responsibilities

### Performance, Audit & Risk Committee and Chief Finance & Resources Officer

**14.** Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.

**15.** The audit of the annual accounts does not relieve management or the Performance, Audit and Risk Committee as those charged with governance, of their responsibilities.

### Appointed auditor

**16.** Our responsibilities as independent auditors are established by the 1973 Act for local government, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

**17.** Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance, regularity and use of resources. In doing this, we aim to support improvement and accountability.

# Audit scope and timing

## Annual accounts

**18.** The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the business of the IJB and the associated risks which could impact on the financial statements
- identifying major transaction streams, balances and areas of estimation and understanding how the IJB will include these in the financial statements
- assessing the risks of material misstatement in the financial statements
- determining the nature, timing and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the financial statements are free of material misstatement.

**19.** We will give an opinion on whether the financial statements:

- give a true and fair view in accordance with applicable law and the 2020/21 Code of the state of affairs of the Board as at 31 March 2021 and of the income and expenditure of the Board for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2020/21 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.



## Statutory other information in the annual accounts

**20.** We also review and report on statutory other information published within the annual accounts including the management commentary, annual governance statement and the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.

**21.** We also read and consider any information in the annual accounts other than the financial statements and audited part of the remuneration report and report any uncorrected material misstatements.

## Materiality

**22.** We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.

**23.** We calculate materiality at different levels as described below. The calculated materiality values for the IJB are set out in [Exhibit 3](#) overleaf.

## Exhibit 3

### Materiality values

Materiality	Amount
<b>Planning materiality</b> – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure for the year ended 31 March 2020 based on the latest budget for 2021.	£1.851 million
<b>Performance materiality</b> – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 50% of planning materiality.	£0.925 million
<b>Reporting threshold (i.e., clearly trivial)</b> – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 1% of planning materiality.	£19 thousand



Source: Audit Scotland

## Timetable

**24.** To support the efficient use of resources it is critical that the annual accounts timetable is agreed with us to produce the unaudited accounts. We have included an agreed timetable at [Exhibit 4](#).

## Exhibit 4

### Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual report and accounts by those charged with governance	TBC
Latest submission date of unaudited annual report and accounts with complete working papers package	21 June
Latest date for final clearance meeting with Chief Finance & Resources Officer	TBC
Issue of Letter of Representation and proposed independent auditor's report	31 October
Agreement of audited unsigned annual report and accounts	31 October
Independent auditor's report signed	TBC
Issue of Annual Audit Report to those charged with governance	TBC

**25.** The 2020/21 audit planning guidance sets sign-off deadlines for all local government audits of the end of October 2021. However, the achievement of these sign-off dates will be dependent upon resource availability and pressures throughout 2021. If issues arise during the course of the audit (i.e. impact of Covid-19 on the production or audit of accounts) that mean it is not practical to certify the accounts by the end of October then we will communicate this to the IJB at the earliest opportunity available and agree a revised timetable for the completion of the audit. Likewise, if audit resources would enable an earlier sign-off of the

2020/21 annual report and accounts this will also be discussed and agreed with the IJB.

## Internal audit

**26.** Internal audit is provided by East Dunbartonshire Council and NHS Greater Glasgow & Clyde on a joint basis. As part of our planning process we carry out an annual assessment of the internal audit function.

### Using the work of internal audit

**27.** International Auditing Standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible to avoid duplication. We plan to consider the findings of the work of internal audit as part of our planning process to minimise duplication of effort and to ensure the total resource is used efficiently or effectively.

**28.** As part of our wider dimension audit responsibilities we plan to consider the work of Internal Audit in the following areas:

- Social work charging
- Use of Directions
- Carefirst data controls
- Financial planning

## Audit dimensions

**29.** Our audit is based on four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

### Exhibit 5 Audit dimensions



Source: Code of Audit Practice

**30.** In the local government sector, the appointed auditor's annual conclusions on these four dimensions will help contribute to an overall assessment and assurance on best value.

### Financial sustainability

**31.** As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps

### Financial management

**32.** Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude and report on:

- whether arrangements are in place to ensure systems of internal control are operating effectively
- the effectiveness of budgetary control systems in communicating accurate and timely financial performance can be demonstrated
- how the IJB has assured itself that its financial capacity and skills are appropriate
- whether there are appropriate and effective arrangements in place for the prevention and detection of fraud and corruption.

### Governance and transparency

**33.** Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision – making and transparent reporting of financial and performance information. We will review, conclude and report on:

- whether the IJB can demonstrate that the governance arrangements in place are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports.
- the quality and timeliness of financial and performance reporting.

### EU withdrawal

**34.** The United Kingdom's transition period for leaving the European Union ended on 31 December 2020. We will continue to monitor the steps taken by the Joint Board to minimise any disruption caused by EU withdrawal.

### Value for money

**35.** Value for money refers to using resources effectively and continually improving services. We will review, conclude and report on whether the IJB can demonstrate:

- value for money in the use of resources
- there is a clear link between money spent, output and outcomes delivered.
- that outcomes are improving.
- there is sufficient focus on improvement and the pace of it.



## Best Value

**36.** Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on these arrangements.

## Independence and objectivity

**37.** Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.

**38.** The engagement lead (i.e. appointed auditor) for East Dunbartonshire Integration Joint Board is Fiona Mitchell-Knight, Audit Director. Auditing and ethical standards require the appointed auditor Fiona Mitchell-Knight to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of East Dunbartonshire Integration Joint Board.

## Quality control

**39.** International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor’s report or opinion is appropriate in the circumstances.

**40.** The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

**41.** As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time and this may be directed to the engagement lead.

# East Dunbartonshire Integration Joint Board

## Annual Audit Plan 2020/21

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or [info@audit.scotland.gov.uk](mailto:info@audit.scotland.gov.uk)

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**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP  
PERFORMANCE, AUDIT & RISK COMMITTEE**

<b>Date of Meeting</b>	<b>30 March 2021</b>
<b>Subject Title</b>	<b>Internal Audit Progress Update to February 2021</b>
<b>Report By</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b>
<b>Contact Officer</b>	<b>Gillian McConnachie, HSCP Chief Internal Auditor, EDC Audit &amp; Risk Manager 0141 574 5642</b>
<b>Purpose of Report</b>	<p>The purpose of this Report is to advise Committee of the internal audit work completed in the period, as work on the 2020/21 plans continued.</p> <p>This report presents a consolidated summary of the internal audit work completed by both East Dunbartonshire Council's in-house internal audit team on the HSCP and the Council and also the work performed by Azets (formally Scott-Moncrieff), the NHSGGC's internal audit providers.</p> <p>This is the third monitoring report of 2020/21. The report also summarises the risk classifications where appropriate and provides detail on key internal audit findings.</p> <p>The information contained in this report relating to East Dunbartonshire Council or NHSGGC audits has been presented to the Council's Audit &amp; Risk Management Committee (A&amp;RMC) and the NHSGGC Audit &amp; Risk Committee as appropriate, where it receives scrutiny. Once noted by the these committees, this report provides details on the ongoing audit work, for information, to the H&amp;SCP Performance, Audit &amp; Risk Committee and to allow consideration from the perspective of the H&amp;SCP.</p>
<b>Recommendations</b>	<p>The Performance, Audit &amp; Risk Committee is asked to:</p> <p>a) Note the Update on Internal Audit Progress.</p>
<b>Relevance to HSCP Board Strategic Plan</b>	None directly.

**Implications for Health & Social Care Partnership**

<b>Human Resources:</b>	Nil
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<b>Equalities:</b>	Where applicable these are referenced in the body of internal audit reports with associated management actions for improvement.	
<b>Financial:</b>	Internal Audit reports are presented to improve financial controls and aid the safeguarding of physical and intangible assets.	
<b>Legal:</b>	Legal risks are presented in the body of internal audit reports with reference to relevant legislation where appropriate.	
<b>Procurement:</b>	Nil	
<b>Economic Impact:</b>	Nil	
<b>Sustainability:</b>	Nil	
<b>Risk Implications:</b>	Risks are highlighted to management in audit reports. The risks are addressed through agreed action plans, appended to internal audit reports.	
<b>Implications for East Dunbartonshire Council:</b>	The risks identified in the internal audit reports relevant to East Dunbartonshire Council have been highlighted to the Council's Audit & Risk Management Committee.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The risks relevant to the NHS Greater Glasgow & Clyde identified in the internal audit reports have been highlighted to the NHSGGC's Audit & Risk Committee.	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>MAIN REPORT</b>
<p><b>1.0 HSCP INTERNAL AUDIT PROGRESS</b></p> <p>1.1 Since the last Performance, Audit and Risk Committee meeting, work on a number of areas has continued, as detailed in <i>Appendix 1</i>. The following work has been completed since the last PAR:</p> <p>1.2 <i>HSCP Payment Claims Handover (Phase 3)</i> – Members will recall that previous audit work included a review of local care providers reconciliation spreadsheets, detailing additional COVID-19 related costs, costs saved and additional funding received, and other evidence in support of a funding claim. Work by the Internal Audit team in the period since the last PAR committee has included handover and other support for the team which has taken over on the HSCP Payment Claims review process. This work for Internal Audit included a review of further evidence provided by certain providers in relation to original claims in support of a third governance panel. Internal Audit also led a training session, provided process notes and responded to individual queries. This work is now substantially complete but internal audit will continue to provide ad hoc support as required, for example, in relation to any further information received in relation to original claims.</p>

- 1.3 *Planning update – Appendix 1* details the current expected phasing of HSCP and Social Work audits for the remainder of the year and into 2021/2022. Since the drafting of the original plan for 2020/21, the pandemic has changed the risk profile of the services provided by the HSCP and Council and provided new areas of focus for Internal Audit. There has been some slippage, in part due to the refocusing of activity and in part due to a vacancy in the Internal Audit team that has not yet been filled. The post was advertised internally and externally but unfortunately recruitment has to date been unsuccessful. A redistribution of tasks within the team has been performed to allow the continuation and completion of the audits as per *Appendix 1*.
- 1.4 The Chief Internal Auditor is required to plan internal audit's work to enable the provision of her year end opinion. Due to circumstances and emerging risks the work carried out to date has been different to that planned at the start of the year. However, the approach being taken has been specified to enable the provision of the Chief Internal Auditor's year end opinion. With the work completed to date, the work ongoing and planned, the Chief Internal Auditor anticipates being able to provide a year end opinion and does not anticipate any qualification in the scope of the work performed.

## **2.0 EAST DUNBARTONSHIRE COUNCIL INTERNAL AUDIT PROGRESS**

- 2.1 Work continues on the 2020/21 Internal Audit Plan. Progress against the plan will be reported in the first instance to the Council's Audit & Risk Management Committee (A&RMC). Following reporting to the A&RMC, the HSCP's PAR committee will be appraised of any findings relevant to the HSCP. This A&RMC last met in December 2020 and the key points from that committee was communicated to this committee in January 2021. Following the Scottish Government announcement on Monday 4 January of enhanced 'Stay at Home' restrictions, all Council Committees and Boards, with the exception of Councils and Special Councils, have been cancelled for the period of January to March 2021. The next A&RMC is scheduled for 10<sup>th</sup> June 2021 and following this an update will be provided.

## **3.0 NHSGGC INTERNAL AUDIT PROGRESS**

- 3.1 The following audits have been completed since the last update to the PAR committee:
- 3.2 *Financial Systems Health Check – Minor improvement required* - In accordance with the 2020/21 internal audit plan, Azets review focussed on the controls in place for recording and accounting for property, plant and equipment. They also reviewed lease agreements and steps taken to recognise the impact of IFRS 16 within future financial statements. Azets concluded that NHS Greater Glasgow and Clyde (NHSGGC) has generally robust and effective controls in place to accurately record and account for property, plant and equipment. They confirmed that there is appropriate segregation of duties in place over capital additions and disposals, in line with the documented scheme of delegation; and that depreciation charges are system-generated, thereby reducing the risk of human error. They have identified one minor improvement action to ensure that disposals of fully-written down assets

are reflected in the Fixed Asset Register (FAR) on a timely basis. This issue was already known to management and a detailed review of the FAR was underway as at the time of their audit fieldwork. The finding included in the management action plan has been agreed with the audit contacts and sponsor. A timeline for completion of the action has also been agreed, which will be followed up as part of the quarterly follow up process.

3.3 *Assurance Framework – Consultancy support* –The NHS Scotland Blueprint for Good Governance (the Blueprint), published in February 2019, defines governance as ‘the systems by which organisations are directed and controlled’; and that the purpose of corporate governance is ‘to facilitate effective, innovative, and prudent management that can deliver the long-term success of the organisation’. Further, the Blueprint sets out that “‘Active Governance’ requires NHS Boards to have not only a clear and accurate picture of what is happening within the organisation at a given point in time, but also have regard to the wider strategic and policy context in which the Board operates.’ In support of the delivery of active governance in the NHSGGC, Azets have provided consultancy style support, with the current focus on:

- Updating the Corporate Risk Register (‘CRR’) to identify those risks that link directly to the Board’s Corporate Objectives.
- Transferring any operational risks, de-escalated from CRR, to a Business Risk Register at CMT level.
- Reviewing the existing CRR and the operational risk registers to identify any duplication or incorrectly defined risks.

This work has not resulted in an audit opinion but is being provided on a consultancy basis.



**Appendix 1 – Summary of HSCP and Social Care Internal Audit Progress in 2020/21**

<b>Audit Area</b>	<b>Reason for work</b>	<b>Status</b>	<b>Comment</b>
HSCP Payment Claims Review Phase 1	Request of Senior Management (Covid response)	Complete	Update provided at previous PAR on 28 September 2020.
HSCP Payment Claims Review Phase 2	Request of Senior Management (Covid response)	Complete	Update provided at previous PAR on 5 January 2021.
HSCP Payment Claims Handover (Phase 3)	Request of Senior Management (Covid response)	Substantially complete	Work is substantially complete but further support if being provided as required.
HSCP Annual Assurance	Internal Audit Plan	Complete	Update provided at previous PAR on 28 September 2020.
HSCP Financial Planning	Internal Audit Plan	Complete	Update provided at previous PAR on 5 January 2021.
HSCP Contract Awarding	Request of East Dunbartonshire Council	Complete	The implications of the findings will be considered as part of a wider contractual and commissioning review and a detailed report brought to a future Council meeting, with the PAR Committee being provided with a summary of this work as appropriate.
HSCP Corporate Governance	Internal Audit Plan	In progress	This work was delayed due to reprioritisation of other work. Work to recommence April 2020/21.
HSCP Key Controls - Financial Assessments	Internal Audit Plan	In progress	Delayed due to reprioritisation of other work. completion expected early 2021/22
Carefirst data controls	Internal Audit Plan	In progress	In progress and nearing completion.
Follow Up of Previous Audit Risks	Internal Audit Plan	In Progress	Audit work has commenced Q4 2020/21, with completion expected early 2021/22.
HSCP Directions	Internal Audit Plan	Not commenced	Expected to commence Q4 2020/21.
Social Work Charging	Internal Audit Plan	In Progress	Audit work has commenced Q4 2020/21, with completion expected early 2021/22.
Children's Services Ring Fenced Funds	Internal Audit Plan	Not commenced	To be carried forward to 2021/22.
Home Care	Internal Audit Plan	Not commenced	To be carried forward to 2021/22.

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP PERFORMANCE,  
AUDIT & RISK COMMITTEE**

<b>Date of Meeting</b>	<b>30<sup>th</sup> March 2021</b>
<b>Subject Title</b>	<b>HSCP Transformation Plan 2020 21 Update</b>
<b>Report By</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b> <a href="mailto:Jean.Campell2@ggc.scot.nhs.uk">Jean.Campell2@ggc.scot.nhs.uk</a>
<b>Contact Officer</b>	<b>Jean Campbell, Chief Finance &amp; Resources Officer</b> <b>(Tel: 601 3221)</b>
<b>Purpose of Report</b>	To update the Committee on the delivery of the Transformation Plan for the HSCP for 2020/21.
<b>Recommendations</b>	The Performance, Audit & Risk Committee is asked to: a) Note the update to the HSCP Transformation Plan for 2020/21
<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan sets out the priorities and ambitions to be delivered over the next three years to further improve the opportunities for people to live a long and healthy life. The transformation or annual business plan sets out the priorities which will be delivered during 2020/21 in furtherance of the strategic priorities set out in the Strategic Plan.

**Implications for Health & Social Care Partnership**

<b>Human Resources:</b>	None
<b>Equalities:</b>	None
<b>Financial:</b>	None
<b>Legal:</b>	None
<b>Procurement:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for East Dunbartonshire Council:</b>	None

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None	
<b>Direction Required to Council, Health Board or Both:</b>	<b>Direction To:</b>	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. East Dunbartonshire Council	<input type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

## 1.0 MAIN REPORT

### Background

- 1.1 The HSCP Board agreed a transformation plan as part of the budget setting process for 2020/21 on the 26th March 2020. This comprised management actions identified through a budget challenge process (£0.9m), increased turnover targets for social work services (£0.4m), the carry forward of savings priorities identified for 2019/20 (£1.2m) and new transformation activity for 2020/21 (£0.7m). The latter 2 categories form the Transformation Programme for 2020/21.
- 1.2 The transformation activity identified and approved for 2020/21 did not address the full extent of the anticipated pressures for the partnership related to payroll uplifts, contractual and general price increases and demographic pressures and a budget gap of £2.8m remained. Further work, in collaboration with partners, was to be progressed to identify further transformation activity which would seek to mitigate this gap for 2020/21 and in the medium to longer term.
- 1.3 There have been a number of adjustments to the budget since the HSCP Board in March 2020, these adjustments along with recurring funding streams identified during the year end process for 19/20 and in the initial monitoring periods of the budget for 20/21 have reduced the financial gap to £2.1m.

### Transformation Plan 2020/21

- 1.4 The onset of the pandemic (Covid-19) and the impact of this on the delivery of health and social care services has had a significant impact on the delivery of the transformation programme for 2020/21.
- 1.5 This has seen a re-direction of management and leadership capacity across the HSCP, Council and the NHS, toward managing the Covid-19 pandemic which has inevitably had an impact on our collective ability to deliver of the priorities set out in the Transformation Plan with slippage across the entirety of the programme.
- 1.6 The priorities set out within the Transformation Plan were considered to fall into the three categories:-
  - transformative in nature,
  - aligned to delivery of financial efficiencies, or
  - Arising from the introduction of new national policy or legislation.
- 1.7 There has been a review of the Transformation Programme and a number of projects, which were originally classed as transformative, are now considered as being operational in nature and have therefore been re-categorised as such, projects which have been closed off and projects which have been put on pause as they will not be delivered in year given re focus on Covid response and re mobilisation of services. This leaves seven projects which continue to be monitored through the Transformation programme for 20/21.
- 1.8 The dashboard setting out progress on delivery of the remaining projects to be delivered during 2020/21 is attached as **Appendix 1** with a more detailed update on each project attached as **Appendix 2**.
- 1.9 The delivery of the transformation plan for 20/21 is indicating a shortfall of £1.3m at this point in the year. This means that the HSCP expects to achieve £0.6m of

transformation savings during 2020/21. A copy of the status of projects approved as part of the transformation programme 2020/21 and the financial implications are included as **Appendix 3**.

1.10 There were a total of 29 (32) projects to be delivered within the transformation plan for 2020/21 (4 of the original projects have been consolidated under the umbrella of one over –arching area):-

- 1 is considered at Green status – on track
- 1 is considered Amber status (at risk) – work is underway with some risk or delay to delivery.
- 5 are considered Red status – more significant risks / delays to delivery. There are nine of these projects which are now on pause pending review for progress within 2021/22.

1.11 This shortfall along with the revised budget gap of £2.1m are included within Local Mobilisation Plan returns through GG&C to the Scottish Government as part of tracking the financial impact from the Covid pandemic. The SG have advised that all reasonable costs related to responding to the pandemic will be supported by funding from SG and this includes in year un-achieved savings.

## 2.0 Transformation Plan 2021/22

2.1 The transformation plan for 2021/22 is under review and development which will include a review of the projects put on pause during 20/21. The financial gap for 2021/22 is £1.1m to be covered through the identification of transformation activity, this will be under-written through the use of anticipated reserves moving into the new financial year.

2.2 The purpose and qualifying criteria for the transformation plan have become less clear over time, with focus on savings rather than a comprehensive programme of transformation and service redesign.

2.3 The review of our Strategic Plan (SP) identified that we don't have a transparent approach to investment and disinvestment. It also identified that the separation of the Strategic Plan and the Transformation Plan fragments our planning approach. These points were also identified at inspection.

2.4 We don't tend to use our Strategic Priorities (in the SP) to explicitly drive change and for that direction of change to be absolutely clear. Having a number of clear redesign principles might be a better fit for this purpose.

2.5 We could add value by looking at our areas of service redesign collectively, rather than separately, to consider impact across the whole system. Developing our impact assessment approach in general is something that could help us to consider these issues more strategically.

2.6 The proposal is that we create an annual HSCP Delivery Plan that draws together our strategic development priorities for the year, informed by new statute and policy drivers, the SP, Moving Forward Together (MFT), the LOIP and our savings requirements. All our high level strategic planning in one place for the year. All costed with a bottom line that would ensure delivery of our change agendas within the available financial envelope.

- 2.7 All projects will be tested against a number of redesign principles. If they don't contribute then they will not be included in the programme, unless they are required by statute. Projects would also be measured by way of their impact on a number of impact dimensions.
- 2.8 This delivery plan would be high level and anything that was a subordinate action or business as usual would sit below the waterline and anchored at a service level and not routinely reported to HSCP Board.
- 2.9 The delivery plan would deliver our balanced budget overall. It would also include a single line for management actions that would deliver miscellaneous efficiency savings with the detail sitting below the waterline.
- 2.10 Once we agree our delivery plan, the below the waterline actions would need to be set out in more detail and led by the Heads of Service for their service areas, with golden thread connection to individual PDRs.



# HSCP Transformation Programme 2020/21

Programme Dashboard – Arranged by Priority Score



HSCP TRANSFORMATION PROGRAMME 2020/2021							
Programme overview				Summary of RAG Status			
Number of Projects <b>7</b>				On Track <b>1</b>		At Risk <b>1</b>	In Exception <b>5</b>
Priority	Project Name	Previous Status	Current status	Progress	Reason for RAG Status	Original Project End Date	Forecast Project End Date
84	Review of Voluntary Sector Commissioning Spend			<div style="width: 80%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 80%	Red as non-achievement of financial efficiency in 20/21 and engagement with 3rd sector delayed during COVID-19 response	01-Jun-2019	31-Mar-2021
82	Call Monitoring System: Private Providers Roll Out			<div style="width: 35%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 35%	Red as non-achievement of financial efficiency in 20/21 and potential delay to the Care at Home framework through SXL National contract until 21/22	01-Jun-2019	31-Aug-2021
80	Development of Digital Access to service option			<div style="width: 50%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 50%	Project progressing as expected	31-Mar-2021	31-Mar-2021
71	Review and Implementation of Community Care Policies			<div style="width: 50%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 50%	Red due to non-achievement of financial efficiency in 20/21 and delays in establishing review team.	01-Sep-2019	31-Mar-2021
65	Review staffing levels in registered services across HSCP			<div style="width: 75%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 75%	Red due to non-achievement of financial efficiency saving in 20/21	31-Mar-2021	31-Mar-2021
65	Review of MH / Addictions Commissioning following outcome of needs assessment			<div style="width: 50%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 50%	Amber as outcome of needs assessment not conclusive and further delay in developing new model locally	31-Mar-2021	31-Mar-2021
64	Alternative Accommodation Options Through Care			<div style="width: 50%;"><div style="background-color: #4f81bd; height: 10px;"></div></div> 50%	Red as shortfall of £200,000 on saving resulting in non-delivery of full financial efficiency in 20/21	31-Mar-2021	31-Mar-2021






# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-TRA-03 Review of Voluntary Sector Commissioning Spend				<div style="border: 1px solid black; padding: 2px; display: inline-block;">80%</div>	Red as non-achievement of financial efficiency in 20/21 and engagement with 3rd sector delayed during COVID-19 response
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status	
01-Jun-2019	31-Mar-2021			HSCP committed financial efficiency of £185,000 within 2020/21 budget – non achievement of saving included in LMP return to SG	
Project Description					
A full review of payments to 3rd sector organisations for support services delivered across the HSCP					
Project Sponsor			Project Manager		
Jean Campbell			Gillian Healey		
HIGHLIGHT REPORT					
Since Last Report			Actions in the Next Reporting Period		
The review is nearing completion, however an element of the saving is dependent on specific service reviews which will require a tendering process, and these are currently underway.			Continue work with the sector to identify efficient ways of working to deliver 5% efficiency for 21/22. Scope potential Covid related efficiencies which may be recouped at year end as part of audit reconciliations pending recurring efficiency agenda		
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation		
Capacity to continue discussions and identify efficiency savings while managing Covid response			Application of efficiency savings to be delayed until 21/22,		
Benefits					Progress against Intended benefits
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress
£185,000	£46,250	3,6			5%



# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-TRA-04 Call Monitoring System: Private Providers Roll Out (On behalf of HSCP)				35%	Red as non-achievement of financial efficiency in 20/21 and potential delay to the Care at Home framework through SXL National contract until 21/22.
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status	
01-Jun-2019	31-Aug-2021			£300,000 financial efficiency within the HSCP 2020/21 budget as approved by the IJB. Unlikely to be achieved until 21/22	
Project Description					
Implementation of a monitoring system for external homecare provision to provide a more robust, accurate mechanism to pay for care at home services in line with internal audit recommendations.					
Project Sponsor			Project Manager		
Derrick Pearce			Gillian Healey		
HIGHLIGHT REPORT					
Since Last Report			Actions in the Next Reporting Period		
None reported			Continue work towards: <ul style="list-style-type: none"> <li>• completing Care at Home contract via Scotland excel national Flexible Framework Agreement for Care at Home</li> <li>• initiate project plan for implementing CM2000 with Private Providers</li> </ul>		
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation		
Work to move current homecare externally contracted business to the Care at Home Framework is progressing. A robust steps plan and oversight group is in place to govern the delivery of this. A risk register is also in place			There remains a delay to implementation in line with award of new Care at Home framework which will also have an impact on the timeline and the achievement of the financial benefits		
Benefits					Progress against Intended benefits
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress
£300, 000	£0 expected for 19/20	6			35%



# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-TRA-19 Development of Digital Access to service option				<input type="text" value="50%"/>	Project is progressing as expected
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status	
31-Mar-2021	31-Mar-2021			No anticipated financial impact to 20/21 Budget	
Project Description					
Development and implementation of a digital strategy to support service delivery models going forward.					
Project Sponsor			Project Manager		
Derrick Pearce			Elaine Marsh		
HIGHLIGHT REPORT					
Since Last Report			Actions in the Next Reporting Period		
None reported			Continued progression of agreed digital health and care works teams - notably roll out of Ask Sara and progression of Home and Mobile Health Monitoring		
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation		
None reported			None reported		
Benefits					Progress against Intended benefits
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress
No financial efficiency currently committed for this project		6			50%



# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-TRA-08 Review and Implementation of Community Care Policies				50%	Red due to non-achievement of financial efficiency in 20/21 and delays in establishing review team.	
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status		
01-Sep-2019	31-Mar-2021	05-Sep-2019		£326,000 financial efficiency committed within the HSCP 20/21 budget as approved by the IJB		
Project Description						
4 strands of review looking at <ul style="list-style-type: none"> <li>• Fair access for all</li> <li>• Transport Policy</li> <li>• Charging Policies</li> <li>• Sleepover policy</li> </ul>						
Project Sponsor			Project Manager			
David Aitken			David Aitken			
HIGHLIGHT REPORT						
Since Last Report			Actions in the Next Reporting Period			
Now reclassified as a larger project			Continued implementation of policy through prioritisation of individual service review process			
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation			
Availability of review function to support policy implementation.			No escalation required			
Benefits					Progress against Intended benefits	
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress	
£326,000	£50,000	3, 6			50%	




# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-TRA-36 Review staffing levels in registered services across HSCP				<input type="text" value="75%"/>	Red due to non-achievement of financial efficiency saving in 20/21	
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status		
31-Mar-2021	31-Mar-2021			£52,500 financial impact anticipated 20/21 budget		
Project Description						
Review of staffing within Ferndale, John Street and Pineview registered provision in line with care commission levels to ensure maximum efficiency in the deployment of staff within these services.						
Project Sponsor			Project Manager			
Claire Carthy			Claire Carthy			
HIGHLIGHT REPORT						
Since Last Report			Actions in the Next Reporting Period			
None reported			<ul style="list-style-type: none"> <li>- Final report to be completed</li> <li>- no scope for savings as reduced staffing levels prompt higher levels of overtime to maintain care inspectorate staffing levels and rotas.</li> </ul>			
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation			
None reported			None reported			
Benefits					Progress against Intended benefits	
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress	
£52,500 financial efficiency committed within the HSCP 2019/20 budget as approved by the IJB	£0 expected in 2020/21	6			75%	

# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE						
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status	
HSCP-TRA-38 Review of MH / Addictions Commissioning following outcome of needs assessment				50%	Amber as outcome of needs assessment not conclusive and further delay in developing new model locally	
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status		
31-Mar-2021	31-Mar-2021			No financial impact anticipated in 20/21 budget		
Project Description						
Conclude needs assessment and implement outcomes to ensure robust service models to support individuals within addiction and mental health through recovery.						
Project Sponsor			Project Manager			
David Aitken			Gillian Healey			
HIGHLIGHT REPORT						
Since Last Report			Actions in the Next Reporting Period			
None reported			As the outcome of needs assessment was not conclusive the initial thinking is around an overarching service with some services supporting this therefore - action to develop and conclude new model locally			
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation			
None reported			None reported			
Benefits					Progress against Intended benefits	
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress	
No financial efficiency currently committed for this project		6			50%	

# HSCP TRANSFORMATION PROGRAMME HIGHLIGHT REPORTS

PROJECT RAG STATUS UPDATE					
Project ID/ Project Name		Previous Status	Current Status	Project Progress to Date	Reason for RAG Status
HSCP-TRA-14 Alternative Accommodation Options Through Care				50%	Red as shortfall of £200,000 on saving resulting in non-delivery of full financial efficiency in 20/21
Original Project End Date	Forecast Project End Date	Date of last project board		Revenue Monitoring Status	
31-Mar-2021	31-Mar-2021			£400k savings identified and approved through the IJB - £200,000 indicative shortfall as at Oct 20/21 captured within the LMP submission to SG.	
Project Description					
Development of 'house project' and access to funding through Life Changes Trust to implement within East Dunbartonshire.					
Project Sponsor			Project Manager		
Claire Carthy			Claire Carthy		
HIGHLIGHT REPORT					
Since Last Report			Actions in the Next Reporting Period		
None reported			The House project now has a staff team of one co-ordinator and two facilitators. Local and National Multi-agency Steering Groups have been established. Young People entitled to Continuing Care Services have been identified and training programmes will shortly commence. There has been a delay in implementation due to Covid 19, however there has been a positive outcome which has already achieved 50% of the identified saving target this year.		
Issues and Mitigation actions			Key Issues and Risks Requiring Escalation		
None reported			None reported		
Benefits					Progress against Intended benefits
Target £ (Indicate Year)	Actual Predicted (Indicate Year)	LOIP (Specify Numbers)	Digital Transformation	Other (please Specify)	Benefits Progress
£400,000	£200,000	6			50%



East Dunbartonshire HSCP  
Financial Planning 2020/21  
Transformation 2020/21

Ref	Workstream	Action	Description	HOS Lead / Approver	Project Lead / Author	Financial Impact 20/21 (€000) - per UB March 20	Financial Impact 20/21 (€000) - 16th July 2020	Financial Impact 20/21 (€000) - Sept 2020	Financial Impact 20/21 (€000) - Dec 2020	Financial Impact 20/21 (€000) - Mar 2021	RAG Status	Dependencies	Comments
<b>19/20 Savings Ctwd</b>													
19/20/01	Digital	CM2000 External Providers	Implementation of a scheduling system for external homecare providers to support payment for services on actual service delivery as opposed to planned.	Derrick	Gillian Healey	300	0	0	0	0	Red	SXL Contract Award, Planned vs Actual reconciliation	Linked to the award of the Care at Home framework through SXL National contract - potential delay until 21/22. Project meetings to be re-started (DP) to plan for go live date of 1st April 2021.
19/20/03	Policy	Fair Access to CC	Implementation of Fair Access to Community Care Policy which ensure an open, transparent and equitable access to community care services.	David	Stephen McDonald	200	100	50	50	50	Red		Review team now established, prioritisation of work underway including the re-start of services (where these have ceased / reduced) and development of a schedule of rates. Risk narrative to be developed.
19/20/04	Service Change	Transport Policy	Implementation of Assistance with Transport policy across adult and children's services.	David / Claire	Stephen McDonald (Adults/Older People)	50	25	12.5	12.5	12.5	Red		As above
19/20/05	Charging	Fully Implement Existing Charging Policies	Implementation and application of non residential charging policy to all individuals determined to fall within the criteria for incurring a charge for the services they receive.	Jean	Jean Campbell	26	0	6.5	6.5	0	Red	Linked to the prioritisation of work through the review team.	As above
19/20/06	New Model	Sleepovers	Review of sleepover arrangements with a view to maximising opportunities for technological solutions.	David	Stephen McDonald	50	25	25	25	25	Red		As above
19/20/07	Efficiency	3rd Sector Grants	Review of 3rd sector commissioned spend to maximise efficiencies across the sector.	Gillian H	Gillian Healey	185	92.5	46.25	46.25	46.25	Red	Part of provider reconciliation exercise, planned vs actual, review of needs assessment for alcohol & drugs support services.	Engagement with 3rd sector delayed during Covid response - discussion to resume with lessons learned during Covid response to inform new ways of working across the sector. Meeting to be established to link into Drug & Alcohol needs assessment (GH). Reconciliation process to be progressed at year end to recover any surplus monies arising from Covid impact during the year.
19/20/12	Service Change	Review staffing levels in registered services across HSCP	Review of staffing within Ferndale, John Street and Pineview registered provision in line with care commission levels to ensure maximum efficiency in the deployment of staff within these services.	Claire	Claire Carthy	52.5	26.25	26.25	0	0	Red		Review of staffing levels in Ferndale, Pineview and John Street completed - final report to be completed (CC) - no scope for savings as reduced staffing levels prompt higher levels of overtime to maintain care in separate staffing levels and rates.
19/20/15	Service Change	Review of MH / Addictions Commissioning following outcome of needs assessment	Conclude needs assessment and implement outcomes to ensure robust service models to support individuals within addiction and mental health through recovery.	David	Gillian Healey	0	0	0	0	0	Amber	Review of 3rd sector and related dependencies within project 19/20/07	Outcome of needs assessment not conclusive. Initial thinking around an over arching service with some services supporting this - develop and conclude new model locally
<b>Sub Total 19/20 Savings C/wd</b>						<b>863.5</b>	<b>268.75</b>	<b>166.5</b>	<b>140.25</b>	<b>133.75</b>			
<b>Service Redesign 20/21</b>													
20/21/01	Assets	Scope possible alternative accommodation options to meet the needs of throughcare / care leavers	Development of 'house project' and access to funding through Life Changes Trust to implement within East Dunbartonshire.	Claire	Raymond Walsh	400.0	200.0	200.0	200.0	200.0	Red	Accommodation through housing.	In progress - funding approved, contract with legal services, Co-ordinator appointed and recruitment of 2 facilitators underway, work with housing to identify tenancies underway.
20/21/05	Access	Develop Digital Access to service option	Development and implementation of a digital strategy to support service delivery models going forward.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0.0	Green		Scope further opportunities in light of new working during Covid - to be anchored through Digital Strategy Group (DP)
<b>Sub Total Service Redesign / Transformation 20/21</b>						<b>400.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>	<b>200.0</b>			
<b>TOTAL Deliverable Programme 2021</b>						<b>1,263.50</b>	<b>468.75</b>	<b>366.50</b>	<b>340.25</b>	<b>333.75</b>			

**Projects Paused for 20/21 - to be reviewed for 21/22**

19/20/10	Efficiency	Review Approach to Prescribing	Review of local prescribing practice and benchmarks to identify opportunities for further efficiencies in the prescribing of medicines across ED.	Derrick	Carolyn Fitzpatrick	200	0	0	200	200	Green	Board wide savings programme, staff re-directed to Covid response.	Number of risks for prescribing for 20/21 - number of drugs moving onto short supply causing price increases, additional funding for 19/20 for 20% increase in March to be repaid in 20/21 as volumes for April / May show a compensating reduction - monitor closely. In addition pharmacy staff redeployed to Covid effort impacting delivery of local savings.
19/20/14	Access	Re Investigate On Line Asset Map	Re establish work to scope and capture community resources across East Dunbartonshire to support self management and sign posting for individuals seeking to access support.	Derrick	David Radford	0	0	0	0	0	Red	Digital Strategy	Work paused - priority directed to covid response. To be delivered through Digital & Care Board
20/21/07	Service Change	Deliver locality based access points and community led support	Deliver locality based access points and community led support	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0	Red		As above
20/21/08	Service Change	Redesign HSCP Staffing and mgt structure to support new ways of working	Redesign HSCP Staffing and mgt structure to support new ways of working	Caroline	Caroline Sinclair	25.0	12.5	0.0	0.0	0	Red		Linked to HSCP delivery model going forward
20/21/09	New Models / Practice	Pilot family group decision making model	Pilot family group decision making model	David	David Aitken	0.0	0.0	0.0	0.0	0	Red		Not progressed during Covid period
20/21/11	New Models / Practice	Scope potential for residential care beds in East Dun / new residential care home	Scope potential for residential care beds in East Dun / new residential care home	Derrick	David Dickson	0.0	0.0	0.0	0.0	0	Red		Business case on hold during Covid response
20/21/12	Service Change	Evaluation of Care at Home revised service model	Evaluation of Care at Home revised service model	Derrick	Richard Murphy	0.0	0.0	0.0	0.0	0	Red		Full implementation of new model on hold during Covid period - establish evaluation 6 months after full implementation.
20/21/13	Service Change	LD Supported Accommodation Review (In House Service)	Review of in house service delivery models to support individuals with a learning disability requiring residential accommodation	David	David Aitken	0.0	0.0	0.0	0.0	0	Red		LD Review on hold during Covid response.
20/21/14	Service Change	LD Supported Accommodation Review (Commissioned Services)	Review of externally purchased service delivery models to support individual with a learning disability requiring support within a supported accommodation model.	David	Gillian Healey	0.0	0.0	0.0	0.0	0	Red		LD Review on hold during Covid response.
<b>Sub Total Projects Paused 20/21</b>						<b>225.0</b>	<b>12.5</b>	<b>0.0</b>	<b>200.0</b>	<b>200.0</b>			

**Projects Reviewed and Considered Management Action and Moved to Operational Service Plans**

19/20/11	Efficiency	Improved management of allocated fleet and pool cars	Improved efficiency in the use of fleet / pool cars to reduce the reliance on the use of mileage.	Derrick	Stephen McDonald	30	15	15	15	15	Red	Impact of social distancing requirements on fleet use	Anticipate increased mileage for homecare during Covid period and impact on ongoing transport provision in adherence to social distancing requirements.
19/20/02	Charging	Day Care / Transport Charging	Increases in charging for daycare services to £20.80 per day and for transport to £4.20 per day.	Jean	Jean Campbell	50	0	6.25	0	0	Red		Daycare / transport services ceased during Covid and will not resume to previous levels due to social distancing measures within day centre provision. Increases set to apply from the 28th Sept 2020, level of saving achieved dependent on timing and levels of daycare services to resume post covid response period.
19/20/13	Efficiency	Tighter Control of Equipment Ordering	Review of equipment ordering across health and social team teams with a view to streamlining provision.	Derrick	Fiona Munro	33	33	33	33	33	Green		In progress.
20/21/03	Workforce / Practice	Upskill staff to provide evidence based interventions (Just Enough Support)	Training and upskilling staff to support evidenced based approach to assessment.	David	Kelly Gainty	0.0	0.0	0.0	0.0	0	Amber		Endowment application completed to progress training - no savings anticipated.
20/21/04	Workforce / Practice	Upskill staff to provide evidence based interventions (Signs of Safety)	Training and upskilling staff to support evidenced based approach to assessment.	Claire	Suzanne Greig	0.0	0.0	0.0	0.0	0	Amber		As above
20/21/06	Workforce / Practice	Develop and deliver locality based working with two teams	Develop and deliver locality based working with two teams	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0	Amber		Review use of Milngavie Clinic in light of social distancing requirements, progress use of Enterprise House to locate west locality teams (DP)
20/21/16	New Model	Tailored Moving & Handling	Tailored Moving & Handling	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0	Amber		In progress (DP)
<b>Sub Total Projects moved to Operational Service Plans 20/21</b>						<b>113.0</b>	<b>48.0</b>	<b>54.3</b>	<b>48.0</b>	<b>48.0</b>			

**Project Closed - Completed**

19/20/09	Service Change	Review of Independent Mobility Assessment	Review of process to access a mobility assessment to support entitlement to blue badge.	Derrick	Fiona Munro	18	9	9	9	9	Green		Review completed - balance of saving into the equipment line.
19/20/08	Service Change	Review of Daycare East	Conclusion of review of daycare provision within the East locality.	Derrick	Kelly Gainty	25	25	25	25	25	Green	Linked to planning for the recovery of day centre provision.	Daycare services ceased during Covid response, consideration of guidance on safe restart to congregate services underway - savings resulting from supplies & services / transport expenditure in short term pending conclusion of review. Final element of review to be re-considered for 2021/22.
20/21/02	Service Change	Withdraw from Canal Project	Re-provisioning of housing support delivered through the Canal Project from Social Work to housing services.	Claire	Claire Carthy	276.0	276.0	276.0	276.0	0	Green		Complete - Costs are now being met through housing department.
20/21/10	New Models / Practice Enabler	Develop and implement resource management bureau for Adult and Older People Services	Develop and implement resource management bureau for Adult and Older People Services	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0	Green		1st Phase complete - Re-visit paper and develop flowchart for RSG process and submit through SMT for approval and implementation (KG / SMcD / DA / DP)
20/21/15	Digital	Digital alternative to homecare med prompt calls	Scope potential digital solutions to ensure safe and effective med prompts for individuals in receipt of support from homecare services.	Derrick	Derrick Pearce	0.0	0.0	0.0	0.0	0	Green		Review complete - Not viable given the lack of technology awareness of cohort and increased complexity of need limiting numbers where there is a med call only.
20/21/17	New Model	Implementation of East Dunbartonshire Strategic Cancer Partnership	Implementation of East Dunbartonshire Strategic Cancer Partnership	Derrick	David Radford	0.0	0.0	0.0	0.0	0	Green		Approved through HSCP Board and implementation in progress
<b>Sub Total Projects Completed 20/21</b>						<b>319.0</b>	<b>310.0</b>	<b>310.0</b>	<b>310.0</b>	<b>34.0</b>			
<b>TOTAL Programme Approved March 2020</b>						<b>1,920.50</b>	<b>839.25</b>	<b>730.75</b>	<b>898.25</b>	<b>615.75</b>			
<b>Shortfall 20/21</b>								<b>1,189.75</b>	<b>1,022.25</b>	<b>1,304.75</b>			

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PERFORMANCE, AUDIT & RISK COMMITTEE**

<b>Date of Meeting</b>	<b>30<sup>th</sup> March 2021</b>
<b>Subject Title</b>	<b>East Dunbartonshire Primary Care Mental Health Team Patient Feedback Report July-December 2020</b>
<b>Report By</b>	<b>David Aitken</b> <b>Interim Head of Adult Services</b> <b>Email: <a href="mailto:David.Aitken@eastdunbarton.gov.uk">David.Aitken@eastdunbarton.gov.uk</a></b>
<b>Contact Officer</b>	<b>Caroline Sinclair</b> <b>Interim Chief Officer</b>
<b>Purpose of Report</b>	The purpose of this report is to update the Audit & Risk Committee on recent patient survey feedback undertaken within our Primary Care Mental Health Team covering the period July to December 2020.
<b>Recommendations</b>	The Performance Audit & Risk Committee is asked to:  a) Note the content of the report and attached patient survey feedback report.
<b>Relevance to HSCP Board Strategic Plan</b>	The work of the Primary Care Mental Health Team contributes to meet priorities 1,2,3, 5 and 7 within the HSCP Strategic Plan, particularly;  1. Promote positive health and wellbeing, preventing ill health and building strong communities; and 5. People have a positive experiences of health and social care services  Local Outcome Improvement Plan – Outcome 5 – Our people experience good physical and mental health and wellbeing with access to a quality built and natural environment in which to lead healthier and more active lifestyles

**Implications for Health & Social Care Partnership**

<b>Human Resources:</b>	N/A
<b>Equalities:</b>	N/A
<b>Financial:</b>	N/A
<b>Legal:</b>	N/A
<b>Procurement:</b>	N/A
<b>Economic Impact:</b>	N/A
<b>Sustainability:</b>	N/A



<b>Risk Implications:</b>	N/A	
<b>Implications for East Dunbartonshire Council:</b>	Patient survey report demonstrates sustained high performance and positive outcomes achieved by Primary Care Mental Health Team.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As above	
<b>Direction Required to Council, Health Board or Both:</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

## MAIN REPORT

### 1.0 Introduction

- 1.1 The Primary Care Mental Health Team (PCMHT) in East Dunbartonshire is based within the Kirkintilloch Health and Care centre.
- 1.2 The PCMHT supports adults with mild to moderate mental health problems. The service helps those experiencing common mental health problems such as anxiety and depression, and tries to tailor their service to the individual. This can be via self-help materials, short "advice clinic" appointments, psycho-educational groups or short courses of brief individual therapy.
- 1.3 The PCMHT provides information and support to enable people to work through their emotional health and mental health difficulties and aims to improve overall health and wellbeing
- 1.4 The PCMHT is self-referral service but often patients will already have had contact with healthcare professional e.g. GPs, health visitors (if in the perinatal period) and other mental health services who will advise a referral.
- 1.5 The team will initially carry out a telephone assessment, during which they may advise of services that can help and explain more about the options available within the service, Patients are usually seen on an individual basis for up to six sessions of CBT self-help although the number of sessions can be extended if sufficient clinical need is indicated.
- 1.6 The services offered by the PCMHT included counselling, CBT, E-CBT, Anxiety and Stress management, depression based supports in both group based and 1-1 support formats.
- 1.7 Prior to the Covid 19 pandemic the PCMT had already developed and evaluated digital and telephone based therapies which the team have developed further during 2020/21, and appointments have been offered via telephone, digital/virtual and where appropriate face to face appointments.

1.8 The PCMHT works with between 250 to 300 patients at any one time

1.9 The average monthly referrals to the PCMHT is approximately 100 new referrals each month.

1.10 The PCMHT staffing in East Dunbartonshire is one Band 7 Team Lead/CBT therapist and six Band 6 Mental Health Practitioners, with each holding on average a case load of 30 patients in their work plan and Clinic slots.

1.11 The PCMHT have noted an increase in referrals due to Covid 19 of approximately 20%, and have also received referrals from the Staff Wellbeing line following completion of the Wellbeing Staff Survey.

## **2.0 PCMHT Patient Survey Report July to December 2020**

2.1 The Patient Survey is completed twice yearly based on questionnaire based returns from those who have completed their treatment and work with the PCMHT.

2.2 The July to December 2020 report is based the feedback from 47 respondents. Overall feedback from the return demonstrated that 96% of the respondents rated the service as excellent or good (77% of people rated service as excellent and 19% as good).

2.3 In terms of meeting needs and achieving outcomes 86% felt that the service had met most or all of their needs and 93% felt that the service had enabled them to more effectively manage their mental health needs.

2.4 There were particular themes within the comments around kind and compassionate care, and the professionalism of the PCMHT staff.

2.5 There was an understanding noted within the responses of restrictions during the Covid 19 pandemic period and respect that mental health services had remained open and accessible in a digital way. There was also recognition that people had been given the right level of support to maintain self-management in their recovery journey during this period.

## **3.0 Conclusion**

3.1 The Patient Survey Report is an important mechanism to monitor and evaluate the performance of the PCMHT and a mechanism to inform improvement and service development.

3.2 An Action Plan is produced in response to each Patient Survey Report and improvements to service delivery developed in response. The Action Plan is currently being finalised by the Team Lead and will be developed to reflect the learning from the Covid 19 pandemic period.

3.3 The latest PCMHT Patient survey report demonstrates sustained high performance and positive outcomes achieved by the team with overall satisfaction ratings of 96% from respondents.

3.4 Other Key Performance Indicators for the PCMHT are:

- Waiting times for referral to assessment – all initial assessments are telephone assessments and usually completed within 4 to 14 days of referral; Standard for NHS GGC is 4 weeks
- Waiting times assessment to treatment - Patient treatment waits at present are 4 weeks this can vary between 4-6 weeks Treatment waiting time standard for NHS GGC is 9 weeks
- % of patients satisfied with their treatment – Recent survey states 96%

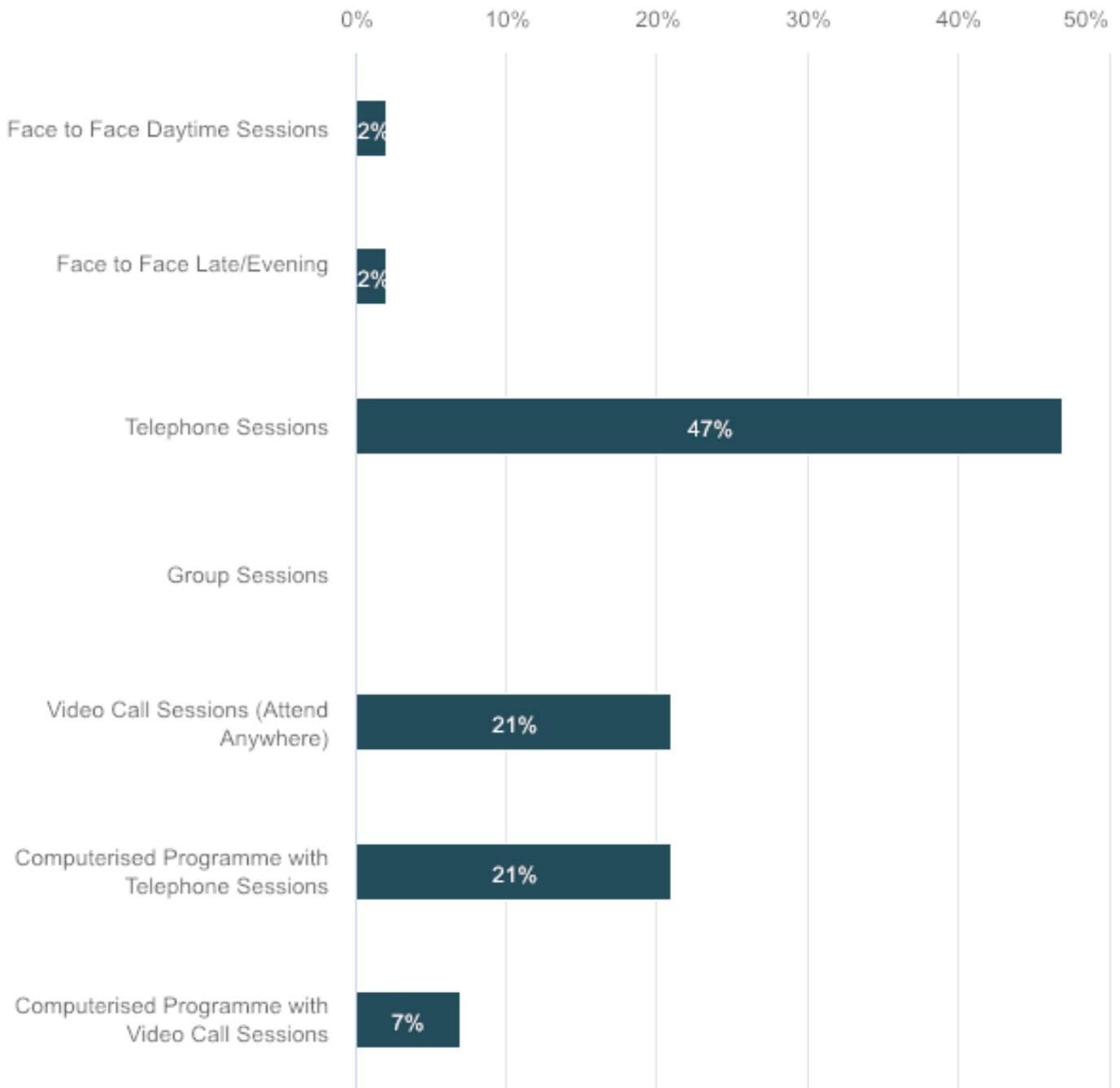
3.5 The Performance Audit & Risk Committee is asked to note the content of reports.

# Primary Care Mental Health Team Questionnaire: East Dunbartonshire PCMHT July-December 2020

Showing 43 respondents

## 1. What kind of Service did you receive?

Number of respondents: 43

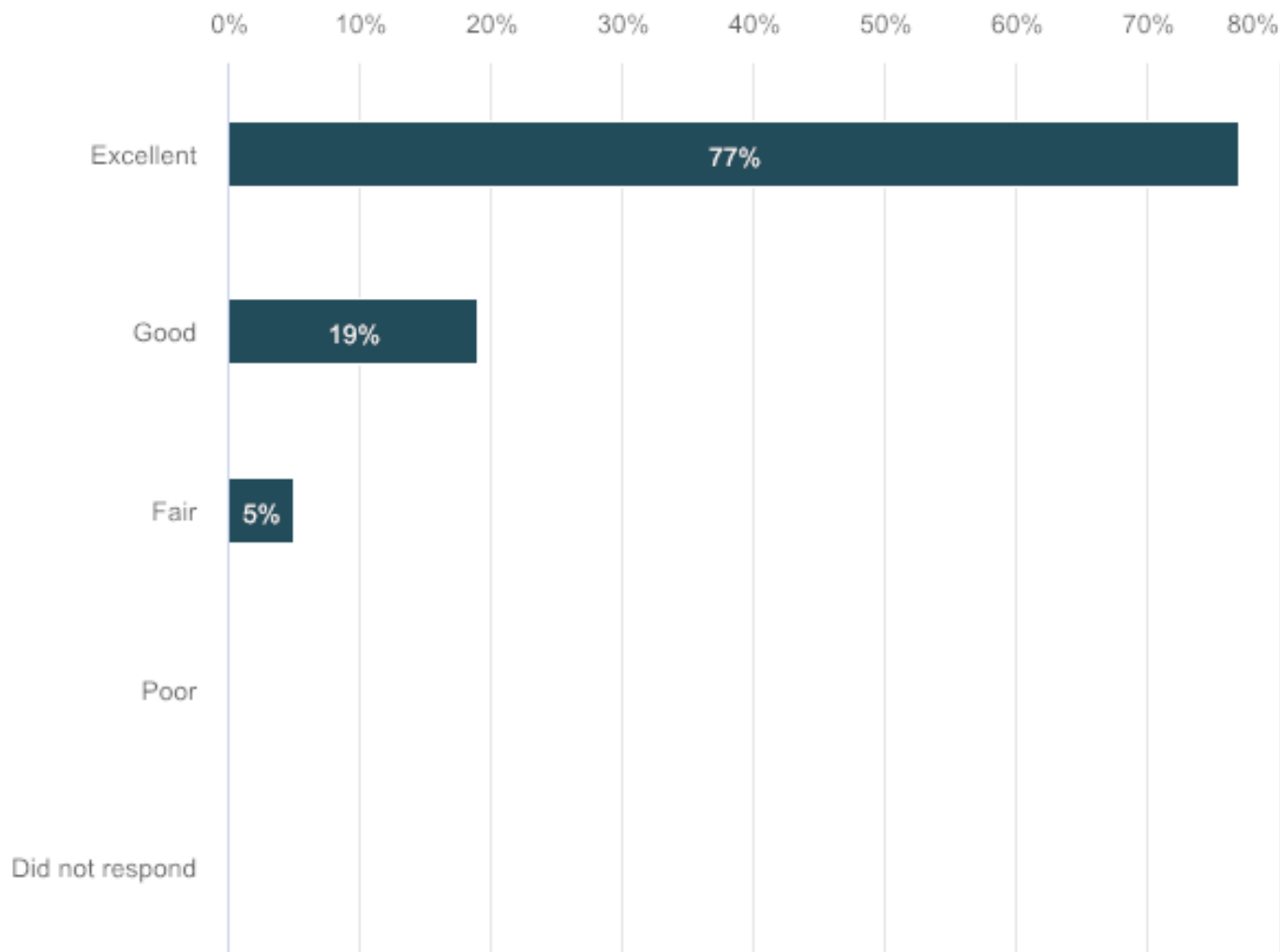


	<b>n</b>	<b>Percent</b>
Face to Face Daytime Sessions	1	2.32%
Face to Face Late/Evening Sessions	1	2.33%
Telephone Sessions	20	46.51%
Group Sessions	0	0%
Video Call Sessions (Attend Anywhere)	9	20.93%
Computerised Programme with Telephone Sessions	9	20.93%
Computerised Programme with Video Call Sessions	3	6.98%



## 2. How would you rate the Service you received?

Number of respondents: 43



	n	Percent
Excellent	33	76.74%
Good	8	18.6%
Fair	2	4.65%
Poor	0	0%
Did not respond	0	0%

## 2b) Please provide comments

Number of respondents: 27

Responses
This service has helped me so much and think it is an amazing resource! The fact that you can work through the modules at your own pace or revisit any time that is necessary is great! There is an abundance of resources available and each and every one I have been used is useful! The telephone conversations are motivating and help to keep you on track.
Was able to communicate well via video chat.
NAME was a great help to me. She has an intrusive ability to gauge my feelings and respond appropriately as well as clearly being highly qualified and experienced.
Late evening service was important to me as I did not have to explain the circumstances to my workplace nor ask for time off to attend. The sessions were very private and felt comfortable in the environment.
It was great to be able to chat through video call as seeing the person you are speaking to is important for me. It made it more personal and beneficial.
The service suited my circumstances and was flexible allowing me to do in my own home at my own pace and time.
No technical difficulties. Could be better to help with depression and not just CBT.
The service helped me to motivate myself and reevaluate things that were getting me down.
The computerised programme with telephone sessions has been very helpful in supporting me. I found each of the modules online very informative and it is great that I am able to refer back to them whenever I need them. My telephone sessions were also very beneficial and helped to clarify anything I was unsure of. I wish there was more telephone sessions as I feel my therapist had an abundance of supportive advice so I was wishing I had more sessions maybe every ten days instead of 2 weeks.
I found the online modules helpful.
Very helpful sessions, would use again if required. Very relaxed.
My practitioner was professional, helpful and reassuring throughout.
The telephone sessions were a fantastic way to deliver the modules and share my thinking. I felt listened to and supported throughout my experience.
NAME helped me so much I really appreciate it.
I was in touch with NAME as part of your service provided. She explained what the service was about and what was involved, fortnightly calls and online modules. Due to Covid-19 there were no face to face options. It was all very clear. NAME was very easy to talk to and I really felt I could trust her with what I'd been going through.
Very patient staff.
I was given to tools to help me look after myself. I was not led to specific structure but was guided to ensure I was using what worked for me.
NAME was at the right age group to relate to my issues and provided a very compassionate and educational service.
I found it very useful to have access to the full list of videos and books plus the service provided by the nurse was excellent.
Personally and economically at this time this/these methods of communication dealt with my needs to be listened to and improve my knowledge of dealing with challenging situations.
Couldn't fault the counsellor for her advice.

Kind and compassionate interaction. Clear guidance and good reading materials.

Telephone not ideal for me due to my hearing deficit. My friend took the calls with NAME and relayed my responses. The calls were prompt and at all times courteous and polite. As stated, they were not as spontaneous on my side as I feel a face to face would have been.

The calls were of great benefit to me and were always very punctual. Grounding techniques and mindfulness have been a daily help for my anxiety.

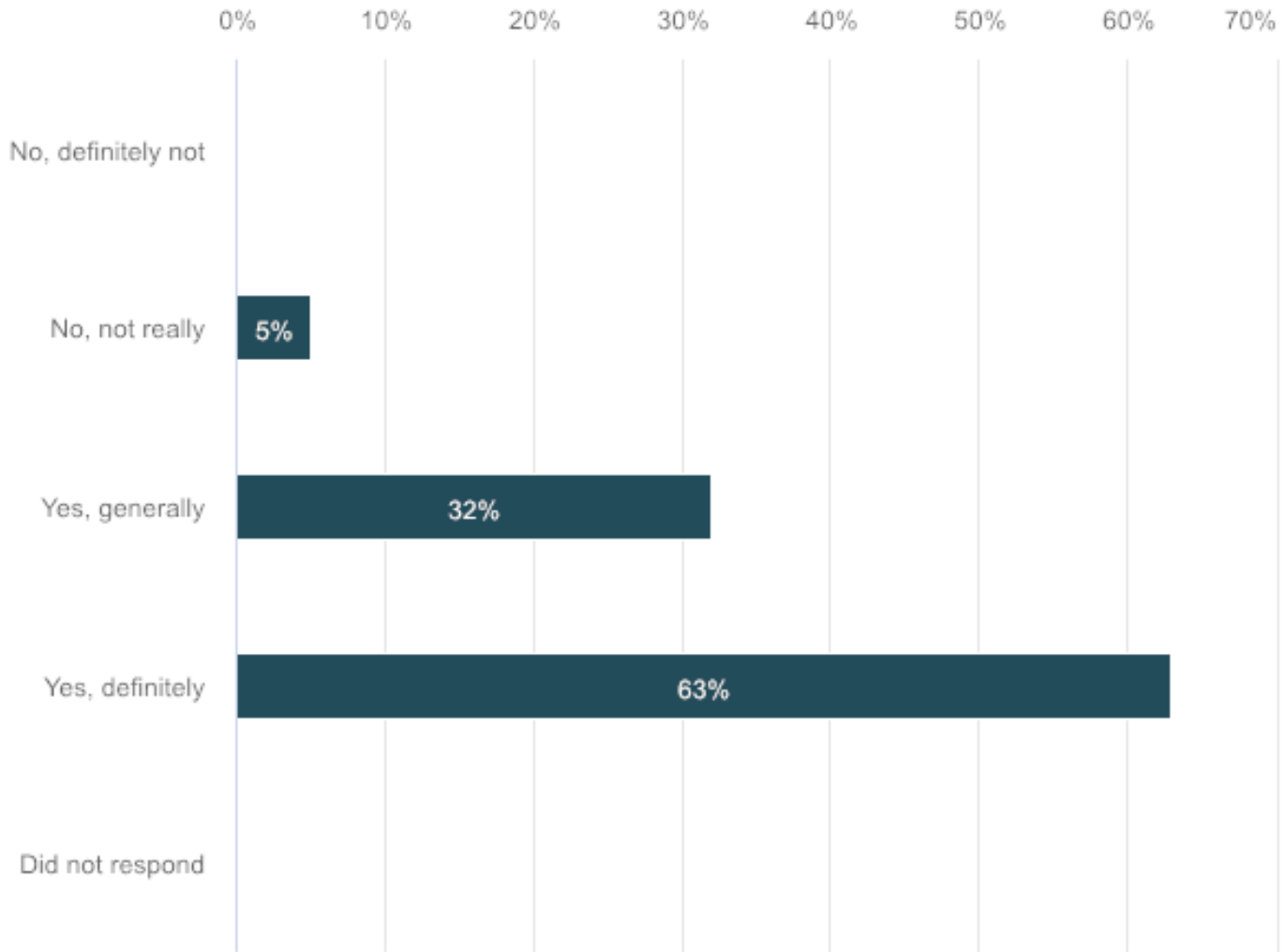
NAME was excellent at assessing my issues and suggesting plans of action for each, also at following up and picking up on areas that I need to continue to focus on.

Helped me think about things in a different way.

Punctual, structured, tailored to my needs.

### 3) Did you get the kind of service you wanted?

Number of respondents: 43



	n	Percent
No, definitely not	0	0%
No, not really	2	4.65%
Yes, generally	14	32.56%
Yes, definitely	27	62.79%
Did not respond	0	0%

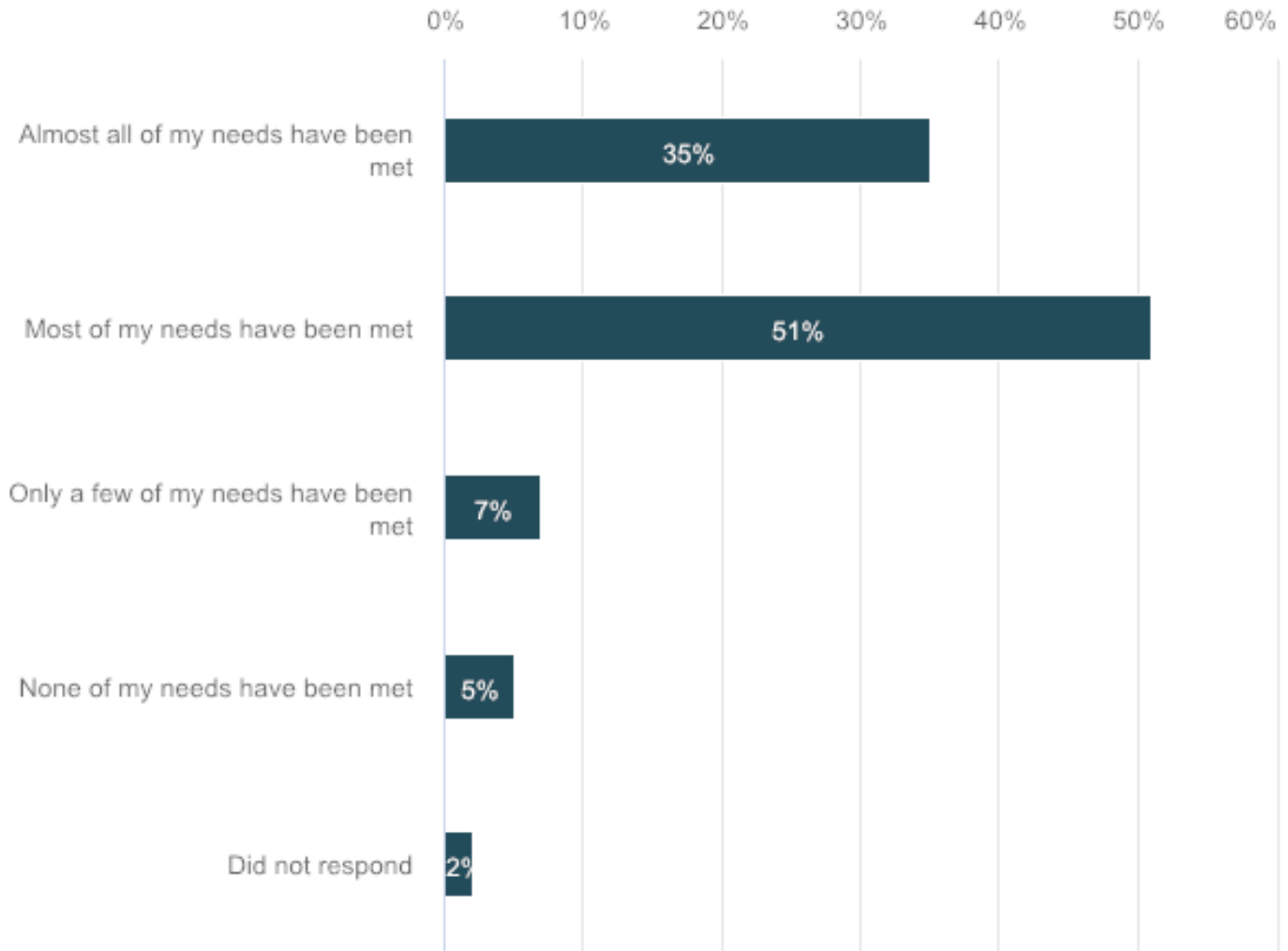
### 3b) Please provide comments

Number of respondents: 25

Responses
Yes, it was exactly what I needed. The fact that you can work through at your own pace and have a telephone session afterwards to talk through anything that you found challenging is great! Also that you can work on it from your own home is great!
Yes, each session was explained to me and it fulfilled my needs.
I did get the service I wanted particularly given the circumstances meeting in person was not possible due to COVID-19 but nevertheless the sessions were all very useful despite never meeting NAME.
I found the sessions very helpful to my needs. Very professional and structured but also allowing me freedom to express my feelings.
I felt it wasn't at all personal.
Yes the service was informative, practical and reusable,
Not in terms of depression and PTSD but definitely with anxiety.
I received a regular call and also motivated myself to be prepared for call.
I would have preferred a face to face appointment however due to Covid this was not possible.
I found the online modules helpful however I would have benefitted from slightly more targeted counselling sessions eg. Speaking to someone who had more specialist interest/information on the area I was struggling with.
I needed additional support due to the pandemic and the video sessions gave me that.
Would have preferred face to face but this was the best option due to pandemic.
The modules did not overwhelm or stress me despite completing them after working hours. I felt the service was personal and my practitioner really listened and responded to my responses.
I was able to have time to consider my emotions and explore them through the course.
It would have been nice to do some in person sessions but given current circumstances I appreciate this was not possible.
I didn't really know what to expect from the service. The GP had initially said 'counselling' so that's what I thought the service was at first. Once explained it was all good.
It wasn't really what I needed at this time unfortunately.
The support given helped me as was not designed as a quick fix. To be given information on how to look after my mental health long term was as important to me as dealing with the immediate issues.
I needed compassionate and evidence based service and that's what I got along with extra resources about health anxiety.
Excellent service.
Prompt and helpful.
I felt that my situation "was understood and addressed by NAME and that was helpful.
Having no idea initially what I needed I was surprised at how effective CBT techniques are in helping me with day to day living.
Helped me overcome my anxiety and depression
To be honest I wasn't expecting much, but was desperate and struggled for many years - however I found service helpful and very professional.

#### 4) To what extent has our Service met your needs?

Number of respondents: 43



	n	Percent
Almost all of my needs have been met	15	34.88%
Most of my needs have been met	22	51.16%
Only a few of my needs have been met	3	6.98%
None of my needs have been met	2	4.65%
Did not respond	1	2.33%

## 4b) Please provide your comments

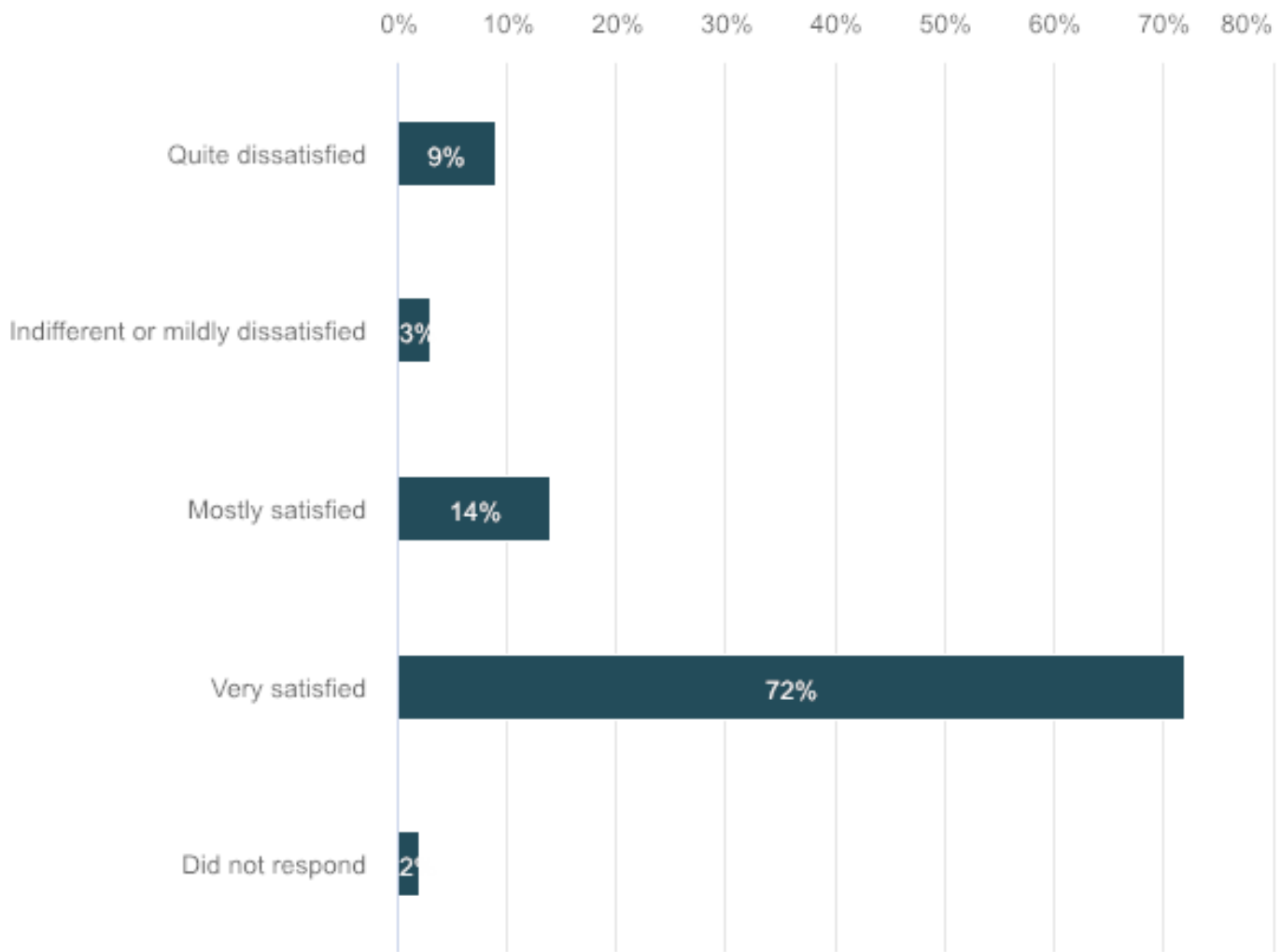
Number of respondents: 22

Responses
It has been really helpful to get me back on track and feeling like myself again! I cannot rate the service highly enough! It is a fantastic resource. It is non- threatening for people as you are responsible for yourself and have support too!
Was given appropriate coping techniques and was supported well.
I benefited greatly from your service which has been an important stepping stone on my intended journey of self discovery which now includes further counselling and reading and learning about self compassion and various other aspects of my mental health. I still need to do a lot more work on this.
Excellent service however as well as I understand the budget constraints could have done with more sessions for the good work and effort to have a more lasting impact. At least a further 4 sessions or follow up sessions.
Didn't tell me anything I don't already know.
My needs were mostly met or all met at the time. What they also showed is that I may have other issues that have to be addressed.
I am a work in progress.
NAME was very helpful in supporting me and helping to meet my needs. She has a vast amount of knowledge and helpful information and was able to guide me on the right path to becoming more relaxed and less anxious.
It has given me skills to cope and though I still struggle at time I am more equipped to deal with situations.
My doctor prescribed tablets to deal with my anxiety but the talking therapy was an excellent addition. Both treatments worked together.
My anxiety has reduced from 26 to 2 on the assessment questionnaire. I feel like I have gained control of my anxiety again and have strategies to use if it affects me the same in future.
Due to the nature of my situation the CBT could only provide support to the aspect. I needed to seek private counselling services to tackle the other areas.
It has allowed me to introduce 'ME TIME' which I failed at before. It has also taught me that I can't control what others say and do but I can control, or try at least, to work on how I deal with and react to it.
Was not the best therapy at this time.
This was not a counselling service I was informed of that at the start. I feel I may have to pursue a counselling course separately.
If only it could last longer.
Excellent communication with a soft reassuring listener who could read into my needs and reactions and how to expand on this.
As I have said I felt phone calls lacked spontaneity on my side so perhaps some needs would have evolved with a one to one consultation. This is not a criticism just a statement of my thoughts and feelings.
It has helped control my anxiety when it gets bad, I still get negative thoughts frequently but now I feel I have some control when it comes on but my lack of sleep is still an ongoing issue.
Doing these sessions with NAME has helped me cope with the 'here and now', which is incredible but I know there are deeply rooted behaviours and memories from the past that I need to address at some point.
Feel more confident as a person



Feeling better than I have done in a very long time, although still have a long way to go before I could say that all this is behind me - however I believe that I have been set on a path to wellness. Real hope is a wonderful thing.

## 5) How satisfied are you with the amount of help you have received?



	n	Percent
Quite dissatisfied	4	9.3%
Indifferent or mildly dissatisfied	1	2.33%
Mostly satisfied	6	13.95%
Very satisfied	31	72.09%
Did not respond	1	2.33%

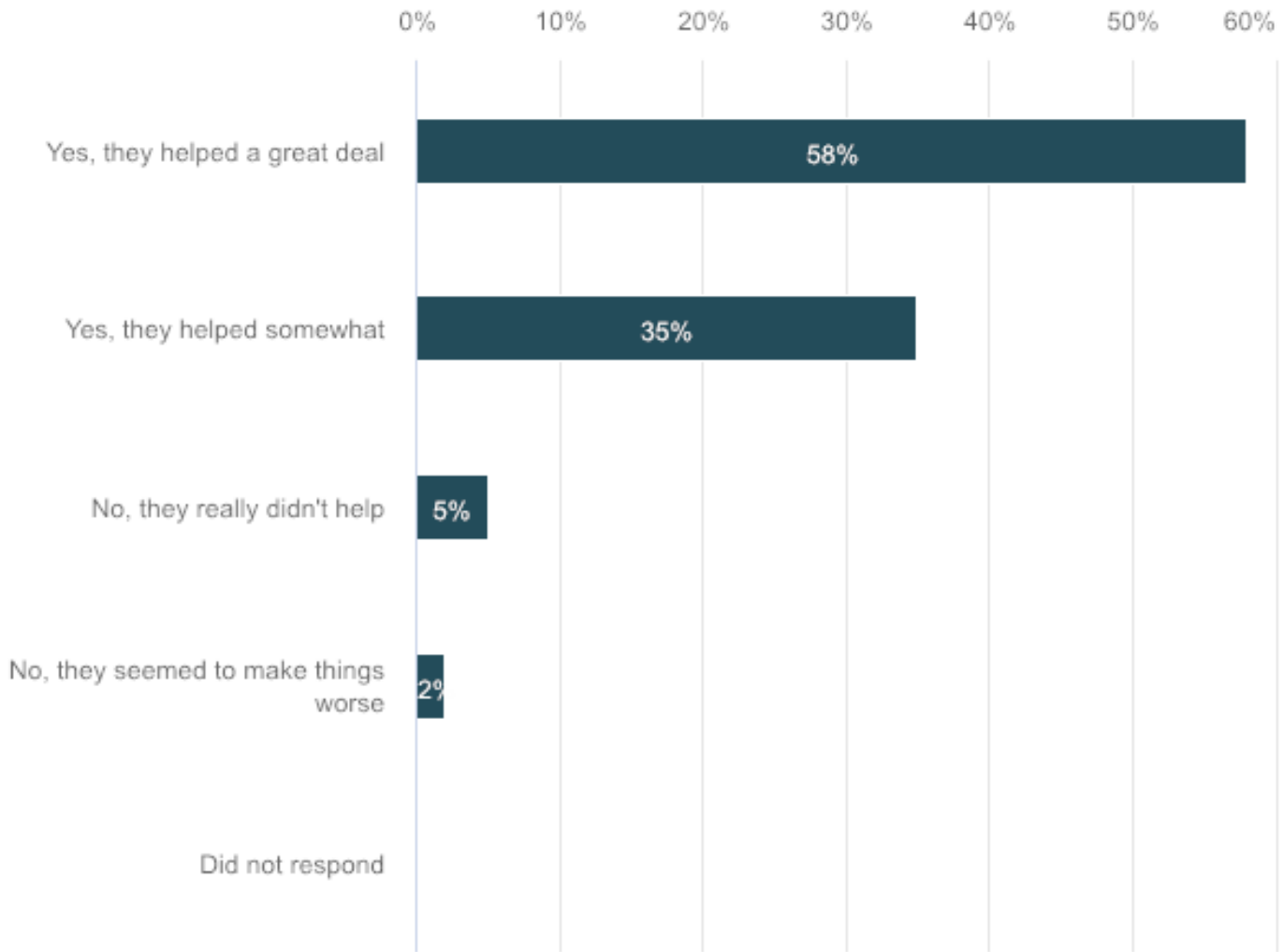
## 5b) Please provide comments

Number of respondents: 21

Responses
The facilitator I have been dealing with has been an amazing help to me. She has been great at pointing me in the right direction and helping me to focus on particular areas that I have been finding difficult. She has a lovely manner and makes you feel at ease.
Each session was appropriately spaced out.
NAME extended the initial 6 sessions to 8 sessions and whilst I wish a lot more help was available I was happy with the service provided.
I found NAME to be extremely professional, caring and helpful and her support has given me excellent strategies to take forward.
NAME was very understanding and did not judge me for my actions and thoughts. She was sympathetic and easy to chat to and set me achievable goals.
Knowing I would receive regular calls was a good support.
NAME was very helpful and when she didn't have the answers she guided me in the right direction.
I wish I had been able to have face to face sessions with my therapist, as I feel I would have benefited even more from this. However due to the current situation with Covid this was not possible. However I was given support from my therapist over the phone and I was able to refer back to my online modules. So this was very beneficial.
NAME was very supportive and an attentive listener.
NAME was very patient, sincere and friendly. I was never rushed. It was easy to talk to her.
I spoke with my practitioner once a fortnight which was enough for me as I was working. There was no pressure.
The phone calls were a great help and it felt nice to talk to someone about my situation without feeling like I was being judged.
I was advised at the beginning it would be a maximum of 6 sessions unless otherwise required. I would love a fortnightly call with NAME to follow up how I was feeling and to discuss the modules completed and what was suggested next.
The level of support I was given was what I had been told when I started the course. Knowing what the course was designed for and how it would work at the start set my expectations well.
I managed to cover everything needed in the time, in a perfect world we could have gone into more detail.
I was always given opportunity to ask questions.
The situations I thought were discussed to my satisfaction.
I didn't expect to be fully cured with my depression and worry and lack of sleep but again the sessions have given me a tool to deal with the anxiety.
I can't thank NAME enough for the difference she has helped me make to my life.
Able to now be my own therapist most forward and ensure that I don't take a step back
Before sessions began, didn't think a relatively small amount of sessions would have much impact on me, since my anxiety is longstanding. I was wrong, I kind of knew a lot of the stuff before from personal reading, but could not have undertaken the magnitude of change required on my own.

## 6) Have the services you received helped you to deal more effectively with your problems?

Number of respondents: 43



	n	Percent
Yes, they helped a great deal	25	58.14%
Yes, they helped somewhat	15	34.88%
No, they really didn't help	2	4.65%
No, they seemed to make things worse	1	2.33%
Did not respond	0	0%

## 6b) Please provide your comments

Number of respondents: 23

Responses
I was feeling very anxious before I began the course and it has helped to alleviate this a huge amount and I am so grateful for this service! It is so nice to be feeling more like my normal self again!
Given me techniques and I understand my mental health more now.
The services provided clarity about my issues gave me confidence during the roughly 10 week span of the phone calls and have led to future plans for my mental wellbeing. I am now confident that help is available should I need it and that I don't need to "suffer" alone. I am an "old guy" with some deep seated issues from childhood so I need more help/work.
Yes however a few extra or follow up sessions I felt would have been supportive if this could be taken into consideration if finance allows in the future.
They have given me the kick start and the tools to get better each day. The modules were very helpful.
Yes in terms of anxiety but not depression.
The support helped me enormously - lockdown happened just after completing the course and I do think it helped me cope with lockdown a lot.
I am so glad I have the modules online to refer back to whenever I am needing more advice. This is a very helpful tool.
See previous answer
Yes, the modules delivered the theory of how to deal with my health anxiety. I learned the principles and was able to discuss over the phone. The combination worked.
This service has reduced my anxiety and given me strategies which have helped me in difficult situations.
Coupled with my private therapy sessions, I feel like I am in a much better head space as I now have strategies to make myself feel more positive and to move forward.
Yes I feel they have. I was suffering with anxiety/stress which was work related. I wasn't sleeping and just felt useless, sad, knots in my tummy. By the last session my sleep had improved considerably, I was starting to feel more positive and less anxious and upset. I was provided with some tools to use to help me deal with what I was going through. I have introduced them to my daily routine.
I felt worse each time, frustrated that I could make things better.
The problems remain and maybe a couple of extra sessions would help cement the processes. Possibly some kind of completion system on the website to ensure I was doing the sessions at a steady pace would help.
The service was a great help and I have a lot of resources to help me in the future.
My needs have been realised but there is no magic wand which will reverse my diagnosis. I have been reassured by it being suggested to see my GP for re referral.
I will know for sure when I go back to work but I now have a degree of confidence about this that I didn't think was possible before.
The reading matter in preparation enabled me to address my problems and then further explore with NAME.
as above
I now stop myself from mind reading and look at the evidence for why I am thinking a certain way. I reach out to my family more for support when I need it.

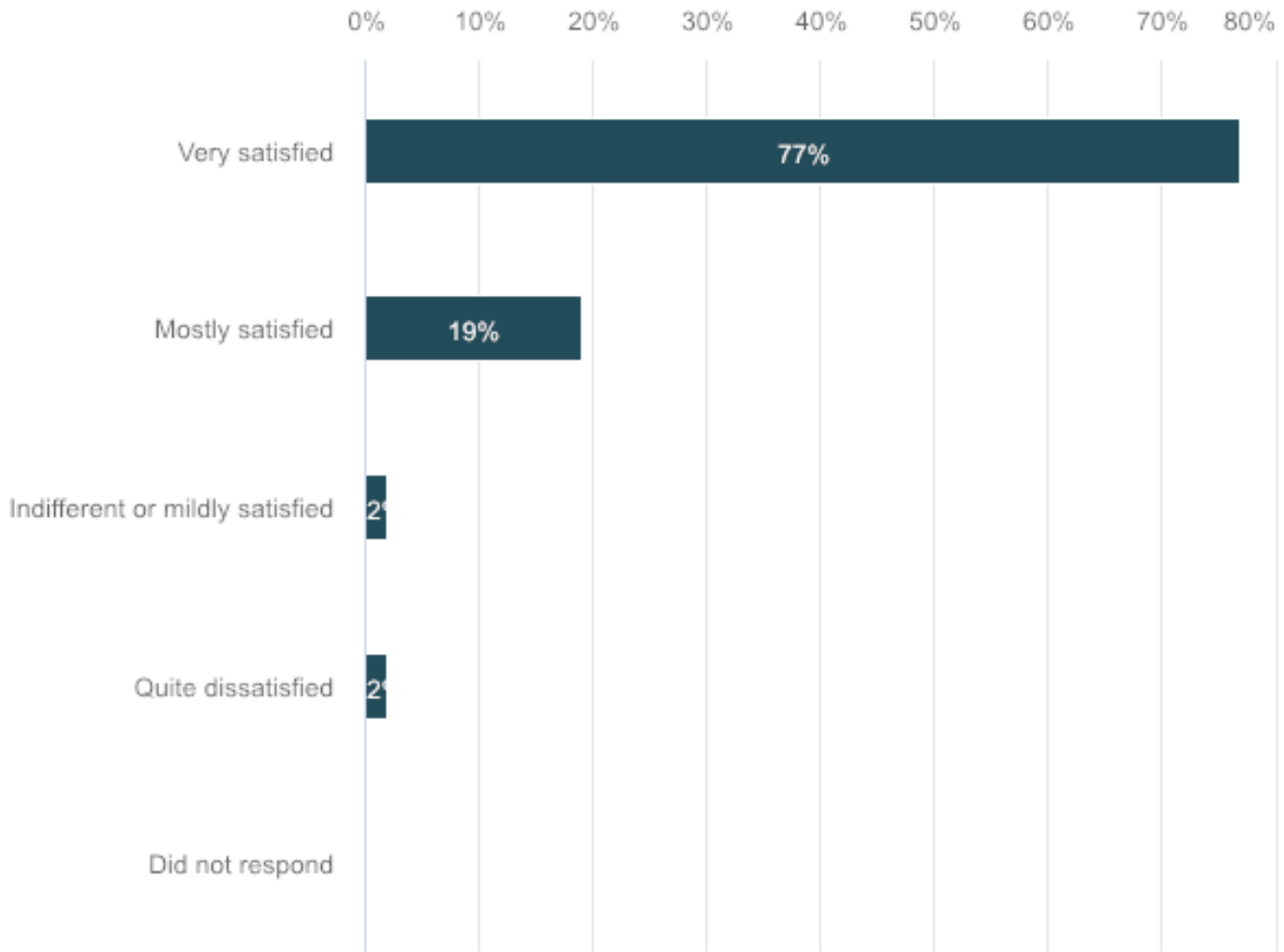
I realise that not all the opinions of other people need to affect me so much, I am better at brushing aside comments and opinions that could previously have got me very anxious, angry and upset.

Don't think about everything in such a negative light.

Although I've only very recently begun to see improvement, I know that I will continue my efforts and I believe that normal life is possible. I have not thought like that for over ten years, so for me having that belief in itself is enormously uplifting.

## 7) In an overall, general sense, how satisfied are you with the Service you have received?

Number of respondents: 43



	n	Percent
Very satisfied	33	76.74%
Mostly satisfied	8	18.6%
Indifferent or mildly satisfied	1	2.33%
Quite dissatisfied	1	2.33%
Did not respond	0	0%



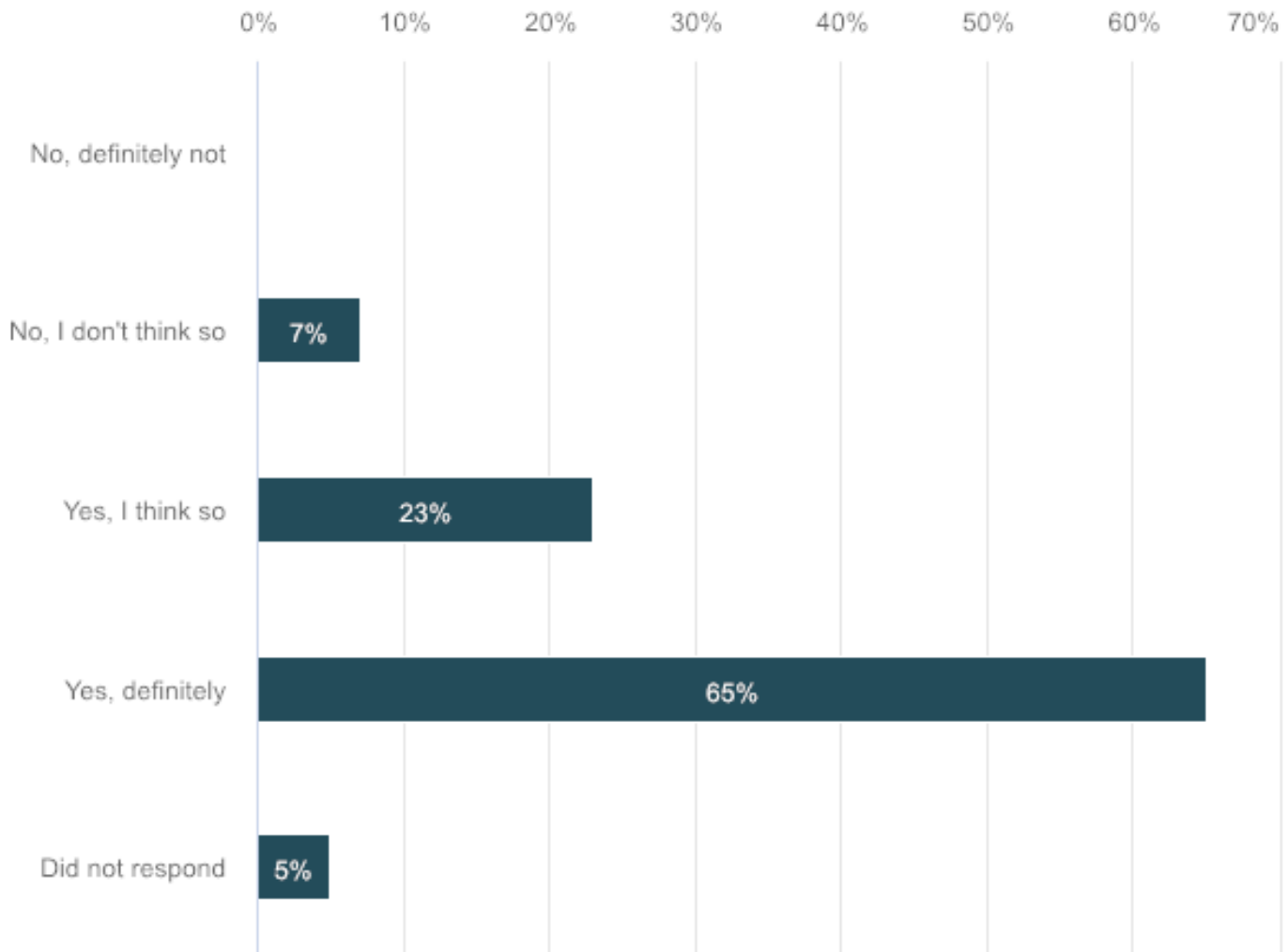
## 7b) Please provide your comments

Number of respondents: 19

Responses
I think the service that you provide is fantastic and has helped me so much! It is easy to use, it works well and you can do it from your own home. I think having the telephone support is very motivating and helped me work through the modules at a good pace.
Very satisfied, the service was great.
NAME is an insightful person who has a good memory for my problems and experiences and is able to discuss a wide range of issues in a helpful and honest manner and has gained my trust so I couldn't ask for more except that the number of sessions are restricted to 6 or 8 in my case and I need more help.
They allowed me to get the weight of my issues off my shoulders and the video calls were much better than the telephone.
It helped that the person calling me had a lovely gentle approach. Very easy to talk to - Thank you.
As I have stated previously I feel I would have benefited even more from face to face sessions. However due to Covid this was not possible. However the sessions I did receive were very beneficial.
I would not hesitate to use the service again if I felt I needed more help.
Job done in a relatively short period of time.
I feel that the service was very helpful. It has given me the confidence to do the things I enjoy again.
See previous comments
I was a bit sceptical at first but just because I had no idea what was involved in CBT. Once it was all explained I was ok. As I was completing the modules I could really resonate with what was being discussed, fooling, thoughts ect. Really felt the narrator knew me personally.
I feel that a couple more sessions would have been useful but am also aware that we might have been repeating ourselves a bit.
Thank you.
Would highly recommend.
Within the limitations placed on us by Covid the service was indeed excellent as was NAME.
The practitioner was very professional and caring and thorough and always punctual.
I find it hard to believe looking back to July and August and how bad I felt about my life that things have changed so much for the better.
Gave me the help and support I needed
Felt support information and given was adapted to my particular needs. I'd like to mention that I was given paper copy of relevant materials and this was better than just having information online.

## 8) If you were to seek help again, would you come back to our Programme?

Number of respondents: 43



	n	Percent
No, definitely not	0	0%
No, I don't think so	3	6.98%
Yes, I think so	10	23.25%
Yes, definitely	28	65.12%
Did not respond	2	4.65%

## 8b) Please provide comments

Number of respondents: 16

Responses
I would happily use the service again and think it would be so useful for so many people to know that this type of support was available in this format!
Would come back to receive more help if I thought I needed it.
I would have no hesitation coming back but I would prefer that the government and NHS would prioritise mental health as it would be cost effective in the long term over physical health I.M.H.O and personally I would benefit from revision care whilst on a tight financial budget.
I really enjoyed the modules and the bi weekly catch ups.
See previous answer
I will use the modules in future and recommend this service to others.
The self referral system was easy access and the programme has helped me deal with a challenging situation.
The service provided has allowed me to see things from a different perspective, to take a step back to realise how I feel/think is it true or just my own thoughts playing tricks on me and how I can change how I react to situations.
When the time is right - if needed
As stated above I understand the processes of the course and repeating them may be useful as a refresher but if these problems persist and I am maintaining my use of the CBT then alternative help would probably be best.
If there was anything different that could be covered.
This service listened to my issues, dealt with what I was going through and taught me to look at other perspectives.
I would only if it were a face to face situation.
I hope that I am focused enough in my daily practice of the things I have learned that I will not need this particular service again. Thank you NAME.
Good to have someone to talk to and get the support I needed.
I hope that I have been put on a path where I will continue to improve and although appreciate life will no doubt present its fair share of problems, I'm hoping that I'll be in a better place to cope. But experience was positive, and wouldn't hesitate to return if required.

## 9) What did you find most helpful about attending the service?

Number of respondents: 38

Responses
Being taken through the coping strategies and having the opportunity to talk through issues.
The opportunity to work through my thoughts. The guidance offered by my counsellor on specific things that were causing me stress/worry.
I think being able to work at your own pace and being able to access the information again and again if necessary was really useful! I think having the telephone conversations was really helpful and motivating. I will use the skills that I have learned through doing the course again and again.
I am now able to understand my mental health more and was given appropriate coping mechanisms.
NAMES's input.
Being able to talk openly with someone independent who I felt did not judge me and helped me form a better opinion of myself and rebuild some self esteem.
It was flexible.
The modules and then discussing how I felt and talking through them, this was really helpful.
Giving me some structure - motivation rather than giving up.
Another voice
Having the support and guidance from my therapist has been very helpful. The online modules were also very informative and great to refer back to when necessary.
Someone to speak to/ regular check in point & online module information helped me learn and understand my issues
NAME was easy to speak to and very reassuring, she put me at ease immediately. She was lovely.
Having someone to listen and offer support at a difficult time.
Quick initial response. 9 modules not too long. Telephone calls were reliable and prompt. Programme felt very organised.
Strategies provided and talking about my issues.
The phone calls and speaking to someone were the most helpful as I could openly discuss my feelings.
NAMES suggestions on coping mechanisms. Checking in, being able to speak to someone every 2 weeks.
To take time for me and that I need to look after 'me' and be 'kind' to 'me' which I've never done before. Introduced relaxation time into my day and exercise and doing things I enjoy, like reading and not look after everyone.
Identified that other issues needed addressed.
Being given a structure to help day to day to manage and minimise the effects of the depression and anxiety.
I got an explanation to my behaviour and positive ways I can improve it.
Mindfulness techniques
The videos in the online course I was provided with did help me reduce the amount of times I binge and gave more information about how to stop.
Being able to explore your own thoughts and behaviours with someone who was able to discuss these with you and better understand them.

Speaking to the mental health professional and receiving her advice and feedback to my problems
Mentioned above Idea to listen to calming music - perhaps regularly.
The sense that I am able to deal with things now.
-The sessions were always on time and really good continuity on my personal situation throughout the service. -Friendly. -Supportive.
The living life to the full website. Also just having a general discussion of my difficulties helped me to better understand them.
The modules.
NAME was a great listener and provided good advice
It was helpful speaking with someone who addressed the problems and accepted my responses and views which I was given the chance to express.
Gaining a tool to fight the anxiety and negative thoughts, being able to talk to a professional who understands.
Having someone to talk to who could give me advice to make things easier and who could point me towards other resources which were invaluable.
Specifically directed suggestions of things to try.
Thinking about things in a different way and not always thinking about the negatives. Learned to think about the positives.
Having to account fortnightly for myself, this really encouraged me to work hard and take action. This was really important early on, although I was desperate to make the most of the opportunity, it was still difficult at start to exercise every day.

## 10) What did you find least helpful about attending the service?

Number of respondents: 26

Responses
Due to Covid the inability to have a face to face discussion was an issue but not the fault of your service
I cannot think of anything that is not useful.
Nothing.
The session limit and phone calls as opposed to meeting face to face. Zoom or webex video calls would be better than phone calls.
Sometimes I felt really helpless and hopeless.
Nothing at all.
I wish the telephone sessions were more frequent.
Not being able to go to speak to my councillor face to face and not having a counsellor who was trained specifically in design with issues surrounding eating
Nothing.
There was too much writing for me.
Nothing.
Nothing really - only thing I would say is or ask - would it have been a different experience if it was face to face instead of online and with a fortnightly telephone call.
Not being able to do it.
It is a singular approach and while certain issues were addressed a combination counselling service may also be useful.
Wish it could have been longer.
Unsure
Not having direct face to face contact with the nurse.
Too short.
Covid- 19 made it difficult to practice what I was learning. (Unavoidable)
Nothing springs to mind.
Time on the phone ranged from 20-35 mins.
N/A
Responding to a voice on the phone via someone else. As stated before I found this affected the spontaneity of my responses.
Due to the current, worldwide pandemic, the only contact I had was via telephone which is not my preferred method of communication. I found the service to be very helpful nonetheless.
N/A
Nothing, really. I was grateful for help. I've been ill and just struggling for so long before this.

## 11) Do you have any other comments?

Number of respondents: 19

Responses
I cannot thank you enough for this service and it has really helped me to cope with issues in a healthier manner.
I would like to say that this is an excellent resource and I am so glad that I made the phone call and got the help that I really needed. Thank you
Thanks to NAME for supporting me and helping me. Also that I could not fault the online sessions as I was able to do it from the comfort of my own homes.
Please keep doing what you are doing and Thank you!
NAME, thank you so much for helping me to take the first steps in building my life. So grateful for your support and kindness.
I'd just like to thank the team for their help and positivity and for providing the tools for me to make a change.
Thank you for being there when I needed support at a difficult time. My coach was supportive, helpful and kind which was very much needed and appreciated. Also being able to talk but not see the person (or they see me was important too). Thank you
No
Thank you for all you did.
Overall I have found the service very beneficial and informative I have noticed a huge difference in myself after receiving the support and I will continue to refer back to my modules. I would definitely recommend the service.
I am very thankful that I was offered this service at a difficult time for all. NAME went out of her way to deliver the service out with normal times and this is greatly appreciated. Very happy with the service.
I appreciate all the help and support received from NAME.
I just want to thank NAME again for all her help. I'm really not sure I could have got there on my own. I'm still not 100% but definitely on my way there all thanks to her patience and kindness.
Very grateful for the help I received.
No
No
I cannot think of any other comments other than gratitude for the service and help given over the sessions.
No other comments
Having physical copies of reading material I found much better than reading online. Although I took lots of notes, it's obviously better to have the real thing.















