

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch, G66 1XT on Thursday 28th March 2024 at 9.00am** or via remote access to consider the undernoted business.

Chair: Councillor Calum Smith

East Dunbartonshire Health and Social Care Partnership
Integration Joint Board

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

A G E N D A

Sederunt and apologies

Any other business - Chair decides if urgent

Signature of minute of meeting for the HSCP Board held on; 18th January 2024

Item	Report by	Description	Update	For Noting/ Approval
STANDING ITEMS				
1.	Chair	Declaration of interests	Verbal	Noting
2.	Martin Cunningham	Minute of HSCP Board held on 18 th January 2024	Paper	Approval
3.	Caroline Sinclair	Chief Officer's Report	Verbal	Noting
STRATEGIC ITEMS				
4.	David Aitken	Learning Disability Strategy 2024 - 2029	Paper	Approval
5.	Alison Willacy	HSCP Strategic Plan Review 2022 – 2025	Paper	Approval
6.	Jean Campbell	Financial Planning 2024 - 25	Paper	Approval

Item	Report by	Description	Update	For Noting/ Approval
7.	Jean Campbell	Annual Delivery Plan 2024/2025	Paper	Approval
GOVERNANCE ITEMS				
8.	David Aitken	Joint Inspection of Adult Support and Protection in the East Dunbartonshire Partnership	Paper	Noting
9.	Alison Willacy	Quarter 3 Performance Report	Paper	Noting
10.	Jean Campbell	Financial Performance on Budget 2023/24 – Month 10	Paper	Approval
11.	Derrick Pearce	Hospital Discharge Delays; Performance and Assurance	Paper	Noting
12.	Michael O'Donnell	Public Service User and Carer Group held on 25 th January 2024	Paper	Noting
13.	Jean Campbell	Performance, Audit and Risk Committee Draft Minutes held on 16 th January 2024	Paper	Noting
14.	Jude Marshall	Clinical and Care Governance Group Minutes held on 17 th January 2024	Paper	Noting
15.	Derrick Pearce	HSCP Strategic Planning Group draft Minutes held on 11 th January 2024	Paper	Noting
16.	Tom Quinn	Staff Forum Minutes held on 8 th November 2024	Paper	Noting
17.	Caroline Sinclair	East Dunbartonshire HSCP Board Agenda Planner January 2024 – March 2025	Paper	Noting
18.	Chair	Any other competent business – previously agreed with Chair	Verbal	

FUTURE HSCP BOARD DATES

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

Thursday 27th June 2024

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

Minute of virtual meeting of the Health & Social Care Partnership Board held on
Thursday, 18 January 2024.

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

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

Non-Voting Members present:

C. Sinclair	Chief Officer and Chief Social Work Officer
J. Campbell	Chief Finance and Resource Officer
L. Connell	Chief Nurse
Dr J. Marshall	Clinical Director
F. McManus	Carers Representative

Councillor Calum Smith (Chair) presiding

Also Present: D. Aitken	Head of Adult Services
C. Carthy	Head of Children's Services & Criminal Justice
L. Dorrian	General Manager – Oral Health
A. Dolan	Committee Services Officer
K. Lamb	General Manager Specialist Children's Services
G. McConnachie	Internal Audit
V. McLean	Corporate Business Manager
D. Pearce	Head of Community Health and Care Services
L. Walsh	Senior Organisational Development Advisor

APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of Michael O'Donnell, Tom Quinn and Alison Willacy

1. DECLARATION OF INTEREST

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

2. MINUTE OF MEETING – 16 NOVEMBER 2023

There was submitted and approved minute of the meeting of the Health & Social Care Partnership (HSCP) Board held on 16 November 2023.

3. CHIEF OFFICER'S REPORT

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

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- General Covid update noting little to report on community transmission or impact on services but did note the impact on in-patient facilities.
- There had been some outbreaks in East Dunbartonshire Care Homes which were being closely monitored.
- East Dunbartonshire HSCP had seen a 35% uptake for vaccinations for staff, noting that there were also other routes for staff to access vaccinations which might increase the uptake.
- NHSGG&C had received an update on capital funding financial position via a letter from Scottish Government detailing curtailed investment over the next few years. For East Dunbartonshire HSCP it was likely the financial constraints would impact future developments in Milngavie/Bearsden which had seen an increase in development costs, and this might not progress as planned. The HSCP would continue to investigate opportunities in the West Locality area.
- The establishment of Mera Apna Ghar service from 8th January 2024.

Following consideration, the Board noted the information.

4. SUPPORTING ACCESS TO PRIMARY HEALTHCARE IN TWECHAR

Report HSCP/180124/04 by the Head of Community Health and Care Services, copies of which had previously been circulated, updated the Board on the actions taken since the HSCP Board meeting in June 2021 with regards to the proposed closure of the Satellite Clinic at the Twechar Healthy Living Centre. Full details were contained within the Report and attached Appendices.

The Head of Community Health and Care Services provided further detail on the content of the Report. Members of the Board thanked the Head of Community Health and Care Services and Team for the work that was being done.

Following further consideration, the Board agreed as follows:

- a) to consider the Report and accompanying Appendix;
- b) to note that Woodhead Practice would not resume service delivery in the satellite clinic in Twechar; and
- c) to approve direction to NHSGGC Primary Care Support to undertake any relevant associated business linked to the cessation of the service.

5. PRIMARY CARE TRACKER 6.5

Report HSCP/180124/05 by the Head of Community Health and Care Services, copies of which had previously been circulated, provided an update to the Health

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and Social Care Partnership Board on the latest PCIP Financial Tracker, PCIP 6.5. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted the content of the Report and Appendix 1, PCIP 6.5 submission.

6. HSCP DIGITAL STRATEGY 2023 – 2025

There was submitted Report HSCP/180124/06 by the Chief Finance & Resource Officer, copies of which had previously been circulated, which sought approval from the Board on the HSCP Digital Strategy 2023-2025 for East Dunbartonshire HSCP. Full details were contained within the Report and attached Appendices.

The Chief Finance & Resource Officer provided further detail on the content of the Report and responded to questions. There followed discussion on issues including support for those who did not have digital capability at home: looking at ways that elderly people could interact; ways of reaching out to those in need; those who were unable to pay for technology at home; business continuity; informing the Board of any updates to the Strategy; and long-term financial viability.

Following further consideration, the Board agreed as follows:

- a) to note the content of the Report and approve the HSCP Digital Strategy 2023-2025 (Appendix 1); and
- b) to note the draft equalities impact assessment attached as Appendix 2.

7. UNSCHEDULED CARE WINTER 2023 – 2024 UPDATE

There was submitted Report HSCP/180124/07 by the Head of Community Health and Care Services, copies of which had previously been circulated, updating the Board Members on developments in the delivery of the HSCP's Unscheduled Care agenda ahead of Winter 23/24. The Report provided an update to the IJB on how East Dunbartonshire HSCP and other GGC HSCPs were working with health board colleagues to deliver whole-system change against urgent and unscheduled priorities to minimise the impact of unscheduled care during Winter 2023 - 2024. Full details were contained within the Report.

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

8. ALCOHOL AND DRUGS PARTNERSHIP STRATEGY 2023 – 2025

There was submitted Report HSCP/180124/08 by the Head of Adult Services, copies of which had previously been circulated, updating the Health & Social Care Partnership Board on the development of the Alcohol and Drug Partnership Strategy 2023 to 2025, and presenting the draft strategy for approval. Full details were contained within the Report and attached Appendices.

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The Head of Adult Services provided a summary of the Report and responded to questions. The Chair thanked the Head of Adult Services for a very informative Report.

The Board noted that the Report had also been considered by the Health and Social Care Forum and Members of the Forum had found the Report and accompanying presentation very detailed and recognised the amount of work that had been done in conjunction with partner organisations. The Board also supported proposals for more work on managing treatment and prevention. The Head of Adult Services highlighted that the focus on prevention was already in place and there were currently strong links with other services.

Following consideration, the Board noted the Report and approved the updated Alcohol and Drug Partnership Strategy for 2023 to 2025 (Appendix 1).

9. FINANCIAL PLANNING 2024 – 2025 UPDATE

There was submitted Report HSCP/180124/09 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial planning assumptions and work to date on the HSCP Budget 2024/25. Full details were contained within the Report and attached Appendices.

Following further consideration, the Board agreed as follows:

- a) to note the financial planning assumptions and work to date on the HSCP Budget 2024/25;
- b) to approve the savings (charging) proposal presented in 3.15.3 of the Report to allow progress through the Council governance processes for implementation from the 1st of April 2024 (Appendix 2);
- c) to note the outcome of the HSCP consultation on the Budget 2024/25 (Appendix 3);
- d) to note the risks set out in 3.17 to the HSCP financial position; and
- e) to note the summary of directions set out within (Appendix 4).

10. CORPORATE RISK REGISTER

Consideration was given to Report HSCP/180124/10 by the Chief Finance & Resource Officer, copies of which had previously been circulated, updating on the Corporate Risks and how they are mitigated and managed within the HSCP. Full details were contained within the Report and attached Appendix.

Following consideration, the Board approved the Corporate Risk Register attached as Appendix 1 of the Report.

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11. DIRECTIONS REPORT

Report HSCP/180124/11 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the HSCP Board on the status of HSCP Integration Joint Board Directions which are recorded and issued to East Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Full details were contained within the Report and attached Appendix.

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

12. FINANCIAL PERFORMANCE ON BUDGET 2023/24 – MONTH 8

There was submitted Report HSCP/180124/12 by the Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the financial performance of the partnership's budget as at month 8 – 2023/24. Full details were contained within the Report and attached Appendices.

The Chief Finance & Resources Officer provided further detail on the content of the Report.

Following consideration, the Board agreed as follows:

- a) to note the projected outturn position is reporting a deficit on budget of £5.482m as at month 8 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provided a deficit on budget of £2.143 m;
- b) to note that the Chief Officer and her management team continued to work on actions to mitigate cost pressures in the current year;
- c) to note and approve the budget adjustments outlined within Paragraph 3.2 (Appendix 1);
- d) to note the HSCP financial performance as detailed in (Appendix 2);
- e) to note the progress on the achievement of the approved savings plan for 2023/24 as detailed in (Appendix 3);
- f) to note the anticipated reserves position at this stage in the financial year set out in (Appendix 4); and
- g) to note the summary of directions set out within (Appendix 5).

13. HOSPITAL DISCHARGE DELAYS: PERFORMANCE ANALYSIS

There was submitted Report HSCP/180124/13 by the Head of Community Health and Care Services, copies of which had previously been circulated, providing an update to members of the position of East Dunbartonshire in relation to delayed hospital discharge performance, and to provide assurance regarding management

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and scrutiny of delayed discharge performance. Full details were contained within the Report.

The Head of Community Health and Care Services provided further detail on the content of the Report.

Thereafter, the Board noted the Report and the performance and assurance reflected therein.

14. COMMUNITY PAYBACK ORDERS

There was submitted Report HSCP/180124/14 by the Head of Children's Services and Criminal Justice, copies of which had previously been circulated, advising members of the Integration Joint Board of the content of the Community Payback Order Annual Report 2022 - 2023. Full details were contained within the Report and attached Appendix.

The Head of Children's Services and Criminal Justice provided a summary of the content of the Report.

Following consideration, the Board noted the content of the Report and recognised the excellent practice evidenced by the Criminal Justice Team as set out at section 3.5 of the Report.

15. PUBLIC SERVICE USER AND CARER GROUP (PSUC) UPDATE

Consideration was given to Report HSCP/180124/15 by the Health Improvement & Equalities Officer, copies of which had previously been circulated, describing the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC). Full details were contained within the Report and attached Appendix.

The group representative provided a summary of the content of the Report.

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

16. PERFORMANCE AUDIT AND RISK COMMITTEE DRAFT MINUTES HELD ON 3 NOVEMBER 2023

Consideration was given to Report HSCP/180124/16 by Chief Finance & Resources Officer, copies of which had previously been circulated, updating the Board on the HSCP Performance, Audit and Risk Committee meeting held on 3 November 2023 (attached as Appendix 1. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 3 November 2023.

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17. CLINICAL AND CARE GOVERNANCE GROUP MINUTES HELD ON 15 NOVEMBER 2023

There was submitted Report HSCP/180124/17 by the Lead for Clinical Pharmacy and Prescribing, copies of which had previously been circulated, sharing the draft minutes of the Clinical and Care Governance Group Meeting held on 15 November 2023. Full details were contained within the Report and attached Appendix.

The Lead for Clinical Director provided a summary of the minutes.

Following consideration, the Board noted the content of the Clinical and Care Governance Group Meeting held on 15 November 2023.

18. HSCP STRATEGIC PLANNING GROUP DRAFT MINUTES HELD ON 2 NOVEMBER 2023

Consideration was given to Report HSCP/180124/18 by the Head of Community Health and Care Services, copies of which had previously been circulated, sharing the draft minutes of the HSCP Strategic Planning Group held on the 2 of November 2023. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted the content of the HSCP Strategic Planning Group draft minutes of 2 November 2023.

19. STAFF FORUM MINUTES HELD ON 27 SEPTEMBER 2023

There was submitted Report HSCP/180124/19 by the Head of Human Resources, copies of which had previously been circulated, sharing the minutes of the Staff Partnership Forum meeting held on 27 September 2023. Full details were contained within the Report and attached Appendix.

Following consideration, the Board noted the content of the Staff Partnership Forum Meeting held on 27 September 2023.

20. EAST DUNBARTONSHIRE HSCP BOARD AGENDA PLANNER: JANUARY 2023 – MARCH 2024

Following consideration, the Chief Officer advised that she would be happy to receive suggested agenda topics and thereafter the Board noted the content of the Agenda Planner.

EXCLUSION OF THE PUBLIC

The Board resolved that under Section 50A(4) of the Local Government (Scotland) Act 1973, as amended, the press and public be excluded from the meeting for the following item of business on the grounds that it may involve the likely disclosure of exempt information as defined in Paragraph 5 of Part 1 of Schedule 7(A) of the Act.

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21. UNACCOMPANIED ASYLUM-SEEKING CHILDREN – SERVICE DEVELOPMENT

There was submitted Report HSCP/180124/22 by the Head of Children's Services and Criminal Justice, copies of which had previously been circulated, updating members on the financial framework required to support Unaccompanied Asylum-Seeking Children (UASC) locally and agreed contractual arrangements as detailed within Paragraph 3.10. Full details were contained within the Report and attached Appendix.

The Head of Children's Services and Criminal Justice provided further detail and responded to questions. There followed full and detailed discussion in relation to: costs; funding; legislation that applied in Scotland; differences in UK and Scottish Law; legislation recognised by the Home Office; CoSLA involvement in ongoing Scottish and UK discussions; collaborative approach for securing contract; Implementation Plan; East Dunbartonshire's quota; access to housing and independent living skills services; and individual care plans;

Following further consideration, during the course of which the Chair thanked Officers for the detailed Report, the Board agreed as follows:

- a) to note the content of the Report;
- b) to approve the development of a new strategic approach to the delivery of a service for unaccompanied asylum-seeking children as set out from sections 3.6 to 3.10 of the Report;
- c) to approve the financial framework required to support this service delivery as outlined in section 3.12 of the Report; and
- d) to note work undertaken to put effective service delivery arrangements in place to support delivery of the strategic approach including temporary arrangements as described at section 3.9 of the Report.

22. DATE OF NEXT MEETING

Date of next meeting – 9.30 am to 1.00 pm if a seminar is scheduled, the start time will be 9.00 am for the seminar and Board business commencing at 9.30 am.

Thursday, 21 March 2024

The Board noted that there would be a guest presentation on the Role of Mental Welfare Commission for Scotland, and this would commence at 9.00 am.

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

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/04

CONTACT OFFICER: DAVID AITKEN, HEAD OF ADULT SERVICES

SUBJECT TITLE: LEARNING DISABILITY STRATEGY 2024 - 2029

1.0 PURPOSE

1.1 The purpose of this report is to seek HSCP Board approval for the new East Dunbartonshire HSCP Learning Disability Strategy 2024–2029, following a period of public consultation.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this Report and approve the revised East Dunbartonshire HSCP Learning Disability Strategy 2024-29 (**Appendix 1**)

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Learning Disability Strategy 2024-29 follows and builds upon East Dunbartonshire Health and Social Care Partnerships prior Learning Disability Strategy, launched in 2018.
- 3.2** The development of a Learning Disability Strategy is non statutory and is therefore not subject to legislative requirements. However, Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run.
- 3.3** At its meeting on 15 September 2023, the HSCP Board approved plans for public consultation on the Learning Disability Strategy Consultation Paper, supported by a Communication, Engagement and Participation Plan.
- 3.4** Development and coproduction of the strategy has involved people with lived experience, relevant stakeholders, partners and the general public. Now concluded, the four stage consultation process, incorporated:
1. A review of the statute, guidance and main drivers for change and improvement, with examination of national and local policy and local needs;
 2. Preparation of an initial summary report that reflects the above review and identifies proposed areas for priority action;
 3. Consultation on the initial summary and proposals (90 days);
 4. Preparation of a final Learning Disability Strategy inclusive of consultation feedback, for approval by the HSCP Board.
- 3.5** The consultation generated detailed comments and suggestions which have been incorporated within the final drafting of the new strategy. A final Learning Disability Strategy 2024-29 has now been prepared for consideration and approval by the HSCP Board attached as **Appendix 1**.
- 3.6** The strategy reflects on the achievements made during the term of the previous strategy including;
- The development of the new resource centre within the new Allander Centre and redesigned day services for people with learning disabilities.
 - Development of our Fair Access to Community Care Services to establish protocols for transparent and equitable allocation of resources supporting the implementation of self-directed support and personal budgets.
 - Establishment of collaborative partnerships with other HSCPs across NHS GGC to take forward joint improvement and service development to supporting the implementation of national policies including 'Coming Home' (2018) and Dynamic Support Register to establish more cohesive approaches to reducing delayed discharge and providing care closer to home for people with learning disabilities.
- 3.7** A coproduced approach has been taken to develop the priorities for our new Strategy 2024-29 and priority actions and areas for development have been identified.
- To further develop and improve the transitions journey and pathway for young people, families and carers moving from children's to adult services and a review of our procedures will be completed as part of this activity.
 - To undertake a review of existing accommodation based and respite services to ensure we continue to deliver maximum benefit and best value from the

resources available and ensure that we can respond quickly and effectively to changing and emerging needs, including at times of crisis.

- To maximise the use of technology enabled care (TEC) for people with a learning disability as a means of delivering support to safely develop independence and greater control.
- To develop a programme of health checks for people with a learning disability delivered locally with partners across NHS Greater Glasgow and Clyde and to use this opportunity to provide information and signposting to oral health care services.
- To increase the capacity of formal support services for those most at risk, by working with third sector partners to develop increased informal support opportunities for people with a learning disability.

3.8 The final presentation version of the new Strategy will be finalised with the support of East Dunbartonshire Council's corporate communication team to complete the public facing document which will be distributed and available to partners, stakeholders and on the HSCP website and related public access. Easy read and accessible versions will also be prepared.

4.0 IMPLICATIONS

The implications for the Board are as undernoted;

4.1 Relevance to HSCP Strategic Plan 2022-2025 Priorities - The Learning Disability Strategy 2024-29 is aligned with all strategic priorities.

4.2 Frontline Service to Customers – The strategy relates directly to the ways in which front line services to people with learning disabilities and their families and carers are delivered.

4.3 Workforce (including any significant resource implications) – There are no planned changes to the workforce at this time. The implementation of the Strategy is overseen by the Learning Disability Strategic Review Group.

4.4 Legal Implications – No anticipated implications.

4.5 Financial Implications – The Learning Disability Strategy 2024-29 priorities will be delivered within the existing Financial Framework.

4.6 Procurement – The HSCP commissions a wide range of third sector providers to deliver services to people with learning disabilities, on their behalf.

4.7 ICT – No anticipated implications.

4.8 Corporate Assets – No anticipated implications.

4.9 Equalities Implications – An Equalities Impact Assessment has been completed on the provisions of the new Learning Disability Strategy 2024-29.

4.10 Sustainability – Delivering sustainable services is a key ambition within the strategy.

4.11 Other – No anticipated implications.

5.0 MANAGEMENT OF RISK

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

- 5.1** Limited risk implications; the Learning Disability Strategy has been designed in accordance with legal requirements and supporting guidance.

6.0 IMPACT

- 6.1 STATUTORY DUTY** – Integration Joint Boards have a statutory duty to involve people in the planning and development of services, and within the decision-making process.
- 6.2 EAST DUNBARTONSHIRE COUNCIL** – No anticipated impact.
- 6.3 NHS GREATER GLASGOW & CLYDE** – No anticipated impact.
- 6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – Direction to Support the new Learning Disability Strategy 2024-29, on approval by HSCP Board at **Appendix 2**.

7.0 POLICY CHECKLIST

- 7.1** This Report has been assessed against the Policy Development Checklist and as it is a revised policy has been subject to a full Equality Impact Assessment.

8.0 APPENDICES

- 8.1 Appendix 1** – Learning Disability Strategy
- 8.2 Appendix 2** – Direction

ADULT LEARNING DISABILITY STRATEGY 2024 – 2029



East Dunbartonshire Learning Disability Strategy 2024-29

1. Purpose of the Learning Disability Strategy

- 1.1 The Learning Disability Strategy is strategically linked to East Dunbartonshire Health and Social Care Partnerships (EDHSCP) vision for people with learning disabilities, 'Working together to deliver better outcomes for people with learning disabilities, and their families and carers'. The focus of the strategy is on improving the quality of life, choices and personal outcomes for people with learning disabilities and in doing so, improving the quality of life for the people who care for them.
- 1.2 People's expectations and aspirations have rightly increased, with ongoing demands for better services, support, choice and control, equality of opportunity and human rights. This has happened during a period when the number of people with complex support needs has increased, and available resources have been under severe pressure. To ensure that we set realistic expectations we must consider current and future challenges and the resources and finance available to make changes happen.
- 1.3 The Learning Disability Strategy 2024-29 takes account of the needs of people with a learning disability aged 18 years and older, that live in East Dunbartonshire or for whom East Dunbartonshire Council is responsible.
- 1.4 Throughout this strategy there are references to families and carers. It is acknowledged they are vital to the success of the delivery of this strategy, whether it be giving feedback, co-production or supporting the cared for person to navigate new ways that services are delivered.

2. Background to the Learning Disability Strategy

- 2.1 This Learning Disability Strategy follows on from East Dunbartonshire Health and Social Care Partnerships previous Learning Disability Strategy launched in 2018.
- 2.2 **Learning Disability Strategy 2018-23 Priorities**
- 2.3 The Strategy set the context for a planned review and redesign of Learning Disability Services and wider service development and modernisation. The redesign focused on four priority areas:
 - To develop a Fair Access to Community Care (Adults) Policy and updated Eligibility Criteria;
 - To improve transition arrangements for young people moving to adult services;
 - To develop redesigned day services and accommodation-based support services for people with learning disabilities;
 - To work in partnership with other HSCPs across the Greater Glasgow and Clyde Health Board area to take forward Improvement.

2.4 Learning Disability Strategy 2018-23 Progress

2.5 Development of Fair Access to Community Care (Adults) Policy and updated Eligibility Criteria

The HSCP consulted widely on the development of a new Fair Access Policy, prior to its implementation in June 2019. In practice, the policy has supported the implementation of personal budgets that are calculated fairly and consistently and have proven to maximise personal independence whilst meeting eligible needs. The Policy is underpinned by systems and processes that measure risk and determine eligibility. In essence, application of the policy has enabled different service types to be accessed, in addition to promoting the use of Self Directed Support that promotes personal choice.

2.6 Going forward the Fair Access to Community Care (Adults) Policy and updated Eligibility Criteria will continue to ensure fair and equitable allocation of available resources, unless National Policy changes direct otherwise.

2.7 Enhanced transition arrangements for young people moving to adult services

Progress has been made with transitions during the previous term of the strategy, although we recognise that there is still further work to be done. A collaborative approach to transitions was established in 2019 with the development of a Transition Panel, bringing together children and adult multi-disciplinary professionals and strategic commissioners. The panel seeks to secure positive destination pathways for young people in transition, retaining oversight during the planning and delivery of adult services.

2.8 A Transitions booklet was developed in 2022. It provides information on assessment, eligibility, support services, welfare benefits and continuing care. It includes guidance in relation to Self-Directed Support (Direct Payments and other SDS options) and Adults with Incapacity (Welfare and Financial Guardianship). There are also links to EDC policies.

2.9 As we continue to work to improve the transition process from child to adult services for young people and their carers, we will take into account pending changes to legislation and procedures, such as the expected implementation of the Disabled Children and Young People (Transition to Adulthood) (Scotland) Bill which will place new responsibilities on local authorities in relation to transitions.

2.10 New Allander Centre and redesigned day services for people with learning disabilities

A review of learning disability services commenced in 2018. Phase 1 of the review focused on a redesign of day services. The aim of the redesign was to modernise day care provision by aligning services with people's needs and increasing the ability to deliver support to people with the most complex care needs, within local facilities. It was anticipated that by developing inhouse specialist day care provision, people whose needs were currently being met out with the authority, far from home, could now be supported locally.

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- 2.11** Day service transformation has progressed significantly over the term of the previous strategy. A new state of the art facility has opened its doors and is successfully supporting an increasing number of adults with complex support needs. Community support provision has grown and is delivering improved outcomes in education, employment and volunteering.
- 2.12** Work does not stop there for our day services. We are continuing to work in collaboration with people who use our services, their carers and communities to deliver new and innovative opportunities.
- 2.13** Phase 2 of the review, accommodation-based support services will be progressed over the course of the 2024-29 Learning Disability Strategy.
- 2.14** Development of partnership with other HSCPs across the Greater Glasgow and Clyde (GGC) Health Board area to take forward Improvement and service development
A number of legislative frameworks affecting people with a learning disability have been jointly implemented across GGC during the term of the strategy, such as the introduction of a 'Dynamic Support Register'. Established in response to the Coming Home Report 2018, several NHS Greater Glasgow and Clyde wide multi-agency working groups have supported a cohesive approach to reducing delayed discharge and providing care closer to home for people with learning disabilities and complex needs across GGC.
- 2.15** Collaboration with HSCPs across the Greater Glasgow and Clyde (GGC) Health Board area and participation in board wide programmes and initiatives relating to services and support for people with a learning disability, such as the roll out of annual health checks detailed later in the document, will continue to deliver improvement in the future.

3. The Health and Social Care Partnership (HSCP) – Our Vision

- 3.1** Health and Social Care Partnerships (HSCPs) were introduced in 2015 to bring together a range of community health and social care services. The responsibility for organising these services previously lay with Councils and Health Boards, but now sit with HSCP Boards (sometimes called Integration Joint Boards). The idea behind creating these HSCPs was to integrate health and social care services much more closely under a single manager, with a single combined budget, delivering a single plan to meet a single set of national outcomes in a way that best meets local needs.
- 3.2** East Dunbartonshire HSCP works in partnership with East Dunbartonshire Council and NHS Greater Glasgow and Clyde within a number of strategic planning groups, to jointly plan health and social care services along with a range of stakeholder representatives, including service users and carers.
- 3.3** The East Dunbartonshire Learning Disability Strategy forms part of a family of plans and strategies that sit under the overarching umbrella of the HSCP

Strategic Plan. The Strategic Plan sets out the HSCP's vision and values, its strategic priorities and enablers and its programme of action over the period 2022-25, [HSCP Business and Improvement Plan | East Dunbartonshire Council](#).

3.4 The Vision

3.5 Shaped by the Scottish Government's ambition for all citizens and aligned with East Dunbartonshire Health and Social Care Partnerships Strategic Vision to '**care together to make a difference**', the HSCP's vision for people with learning disabilities is simple but is at the heart of its ethos.

'Working together to deliver better outcomes for people with learning disabilities, and their families and carers'



3.6 In practice this means working together to ensure that:

- people with learning disabilities in East Dunbartonshire have full access to housing, transport and the wider environment to enable them to participate as full and equal citizens;
- people with learning disabilities in East Dunbartonshire learn to reach their full potential and participate in an inclusive economy;
- people with learning disabilities in East Dunbartonshire live healthy and active lives;
- people with learning disabilities are able to participate in all aspects of community and society.

4. Context for Change

4.1 National and Local Policy

4.2 Since our last Learning Disability Strategy in 2018 there have been a number of important policy updates which have sought to further empower and develop choice for people with learning disabilities.

4.3 Keys to Life Implementation Framework 2019

The Scottish Government sets out their ambition for people with learning disabilities in the revised [Keys to Life Implementation Framework 2019](#). It builds on what has been done since the previous framework was published in 2015 and reflects the broader priorities of the Scottish Government, local authorities, NHS Boards and integration authorities. For the Scottish Government, this includes a commitment to equality through the Fairer Scotland Disability Delivery Plan – to halving the disability employment gap, getting it right for every child and tackling the impact of social isolation, and recognising the capacity that self-directed support can offer people with learning disabilities to have greater choice and control in their lives.

4.4 Towards Transformation 2021

In March 2021, the Scottish Government published '[Towards Transformation](#)', a 2 year plan for learning/intellectual disabilities and autism in Scotland. The plan sets out to ensure that progress is made in transforming Scotland for autistic people and people with learning/intellectual disabilities. To shape supports, services and attitudes to ensure that the human rights of autistic people and people with learning/intellectual disabilities are respected and protected and that they are empowered to live their lives in the same manner as everyone else.

4.5 Coming Home Implementation Framework 2022

The Scottish Government commissioned Coming Home Report 2018 highlighted the significant number of people with learning disabilities who are delayed in hospitals in Scotland, sometimes for many years, despite being clinically assessed as ready for discharge into community settings. The [Coming Home Implementation Framework](#) has been set out to support people with learning disabilities and complex support needs who are placed in unsuitable out-of-area placements, or who are inappropriately admitted to hospital, due to breakdown in their community-based support.

4.6 East Dunbartonshire Health and Social Care Partnership Strategic Plan 2022-25

The [Strategic Plan 2022-25](#) sets out the strategic direction for 2022-25 and the key priorities it will focus on. The vision remains unchanged, and our refreshed strategic priorities continue to reflect and support delivery of the National Health and Wellbeing Outcomes. The Strategic Plan has aspirations based on the realities of the pressures being faced in the health and social care sectors and building towards a fair, equitable, sustainable, modern and efficient approach to service delivery.

4.7 The tables below set out what we consider to be the key policy drivers that inform the 2024-29 Learning Disability Strategy:

Key Policy Drivers: National

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Audit Scotland Health and Social Care Integration report 2015
- A National Clinical Strategy for Scotland
- National Health and Wellbeing Outcomes
- The National Care Service Bill 2022

- Christie Commission on the Future Delivery of Public Services
- Coming Home: Complex Care Needs and out of Area Placements 2018
- Equality Act 2010
- A Fairer Scotland for Disabled People - Scotland's Disability Delivery Plan 2016
- Carers (Scotland) Act 2016
- Health Inequalities Policy Review 2014
- Health and Social Care Standards: My Support, My Life
- Human Rights Act 2000
- Independent Living Fund Scotland (ILF Scotland)
- Independent Review of Adult Social Care in Scotland (March 2021)
- Keys to Life Strategy 2013
- Keys to life: implementation framework and priorities 2019-2021
- Mental Health (Care and Treatment) (Scotland) Act 2003
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Public Health Priorities for Scotland
- Realising Realistic Medicine
- Scotland Act 2016
- Scotland's National Action Plan for Human Rights (SNAP)
- Scotland's third national Dementia Strategy, 2016-19
- Scottish Government Framework for Community Health and Social Care Integrated Services (Nov 2019)
- Scottish Government's 2020 Vision
- Scottish Strategy for Autism
- See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)
- Scottish Mental Health Strategy 2017-2027
- Social Care (Self Directed Support) (Scotland) Act 2013
- The Promise 2016
- Welfare Reform Act 2012

Key Policy Drivers: Local

- East Dunbartonshire HSCP Strategic Plan 2022-25
- The East Dunbartonshire Local Outcome Improvement Plan (2017-27)
- NHSGG&C Health and Social Care Strategy: Moving Forward Together (July 2019)
- Turning the Tide through Prevention: NHSGG&C Public Health Strategy 2018-28
- Fair Access to Community Care (Adults) Policy (March 2019)
- NHSGG&C and East Dunbartonshire Council Covid-19 Recovery and Remobilisation Plans
- East Dunbartonshire HSCP Recovery and Transition Plan
- NHSGG&C Board-wide strategies:
- Mental Health, Learning Disability, Unscheduled Care, Health Visiting, School Nursing, District Nursing, Rehabilitation
- Joint Inspection of HSCP Adult Services in East Dunbartonshire (July 2019)

4.8 The National Care Service and The Learning Disability, Autism and Neurodiversity Bills are developing agendas at the time of preparing this strategy. We will be closely monitoring their development for any new or changing priorities and will review the Learning Disability Strategy as these arise.

5 People and Services in East Dunbartonshire

5.1 The 2018 based population projections published by National Records of Scotland predicts that by 2028, the population of East Dunbartonshire will increase 3.8% from 108,330 in 2018 to 112,008 in 2028. Between the 2011 Census and the 2022 Census, the total population of East Dunbartonshire increased by 3,900 people (+3.7%) to 109,000¹.

5.2 Demand for health and social care services is predicted to increase 25% by 2031².

5.3 Scotland's Census 2011 reported that 26,349 people in Scotland have learning disabilities. Of these, 21,115 people are aged over 16 years, which equates to 0.5% of Scotland's population.

5.4 Scotland's Census 2011 reported that 458 people in East Dunbartonshire have learning disabilities. Of these, 357 people are aged over 16 years, which equates to 0.4% of the East Dunbartonshire population. From our own strategic analysis set out below, we understand this number to be significantly higher and believe that our prevalence of adult learning disability is the same as the Scottish average, at 0.5% of the population. Scotland's 2022 Census information relating to disability was not available at the time of preparing the strategy.

5.5 EDHSCP Learning Disability Strategic Needs Analysis

5.6 During September to November 2023, we undertook a Strategic Needs Analysis to support us with the planning and delivery of services during the term of the new strategy. A number of local data sources were used to inform the analysis including:

- Learning Disability Budgets / Expenditure – Finance;
- Care First System – Joint Learning Disability Team (JLDT);
- EEMIS – Children with Disability Team;
- Care First System – Carer Data;
- Service Data – Planning and Commissioning.

5.7 Market Position at Time of Analysis

Our analysis identified that 504 people with a learning disability aged over 17 years, were known to social work services and receiving support, ranging from low-level advice to extremely intensive round-the-clock care with specialist health input. [Charts 1 and 2](#) overleaf show a breakdown of customers by gender and age range;

¹ [East Dunbartonshire Area Profile | East Dunbartonshire Council](#)

² [Health Scotland statistics](#)

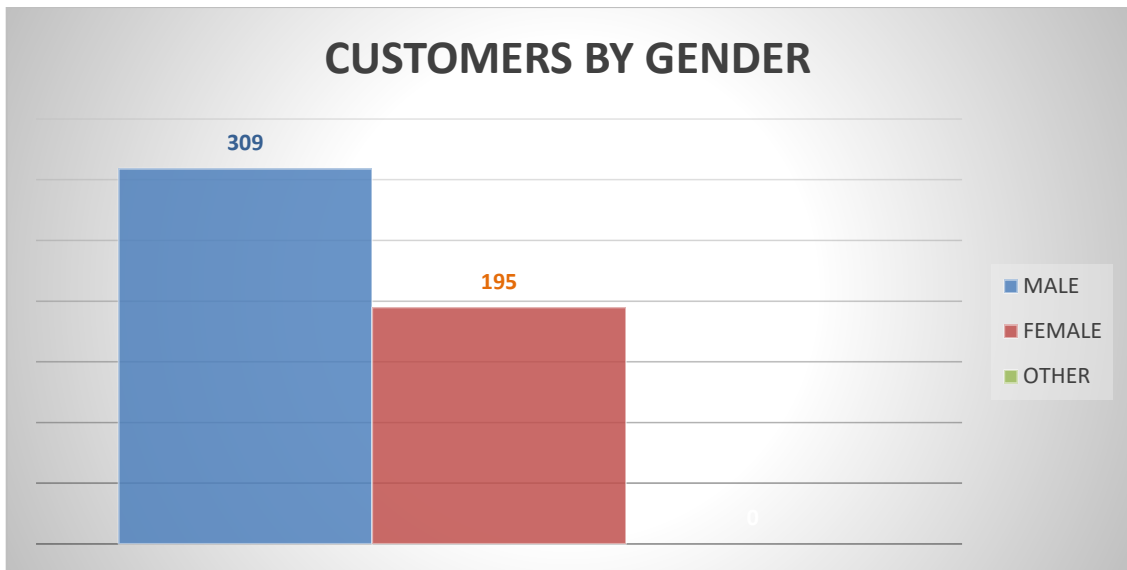


Chart 1

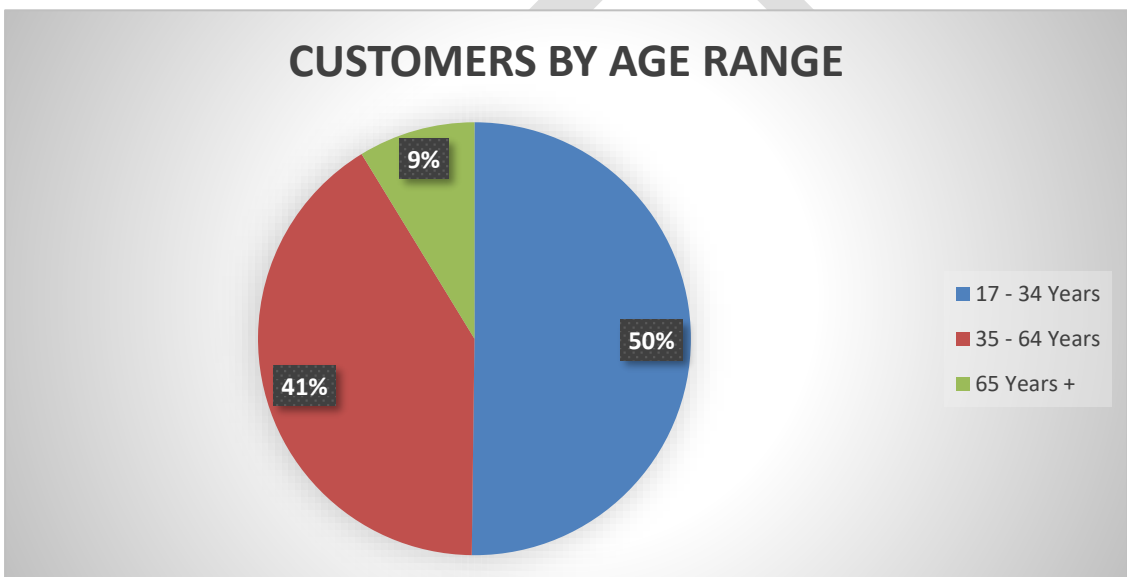


Chart 2

5.8 Our analysis identified that EDHSCP are delivering around 730 formal support services to customers including respite, supported living and day care. It is not possible to measure how many customers these benefit as some individuals will access more than one type of service. Of those services, 79 customers (16%), are receiving formal support out of area.

5.9 Anticipated Market Demand over the next 5 Years

The Strategic Needs Analysis predicts that by 2028/29:

- the number of customers aged 65 years+ will rise from 44 to around 72 (14%);
- at least 57 young people will transition to adult services;
- an estimated additional 1118 extra respite nights per annum will be required to support transitions and ageing carers;
- at least 14 people will require supported accommodation;
- at least 40 young people will require day care.

5.10 The Strategic Needs Analysis forecasts that by 2028/29 demand for services will far exceed what is available locally. In addition to known customers, many more individuals will not be in regular contact with specialist health or social care services and will live largely independently or be supported by family.

5.11 Demographic Pressures

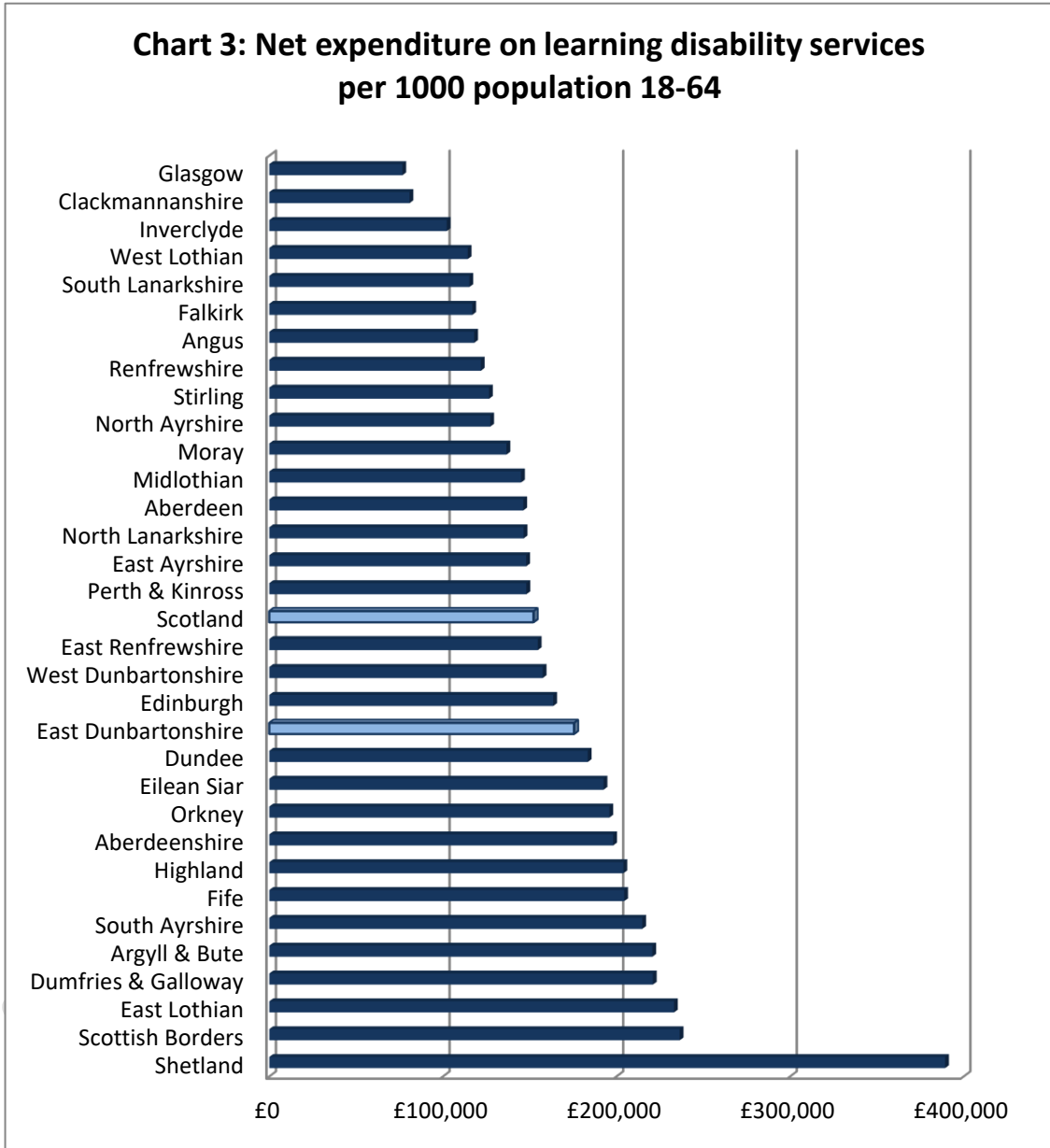
The increasing demands and pressures on services result from a combination of factors such as;

- adults with a learning disability are increasingly living longer with previously life-limiting medical conditions (such as Down's Syndrome) and are benefiting from continuing support. The associated costs of maintaining someone into old age can spiral as their support needs increase and a customised service has to be delivered one-to-one within a normal housing provision, which may also need to be heavily adapted;
- the substantial rise in the number of young people in 'transition' from school to adult services, many of whom are now being diagnosed with Autistic Spectrum Disorder as well as having a learning disability;
- the actual or potential breakdown of longstanding arrangements with parents or other family carers as a result of the advancing age and reducing capacity of these carers (many of whom are in the 70-90+ age group) and/or the increasingly complex and challenging behaviours exhibited by their son or daughter.

6 Learning Disability Spend in East Dunbartonshire

6.1 The HSCP operates within an increasingly challenging financial environment, with annual funding reviews and requirement to achieve efficiencies. As such, this means that unless new funding is forthcoming, any investment in one area of the HSCP Business will have to be offset by increased efficiency or disinvestment in another area. We must apply this principle fairly across all care groups, or we could face a challenge on the grounds of the equality act.

6.2 We know that our prevalence of adult learning disability is the same as the Scottish average, at 0.5% of the population. *Chart 3* over leaf shows how we compared with other Partnership areas in 2016 in terms of our overall spend on Learning Disability Services. This demonstrated that we spend marginally more than the Scottish average, and more than other Partnership areas in Greater Glasgow and Clyde. In 2016 we spent an average of approximately £24,000 per person per annum we support, inclusive of assessment, service and transactional costs compared to the Scottish average of approximately £22,000.



(Chart 3 is net of income, including Resource Transfer) - (Source: CIPFA, 2016).

6.3 There was no further published national comparison of Learning Disability spend available at the time of preparing the 2024-29 Learning Disability Strategy. We anticipate a similar conclusion in terms of our comparable spend when this is published.

6.4 The total budget for adult Learning Disability Services in East Dunbartonshire at the time of preparing the 2024-29 Learning Disability Strategy is just over £18 million. This equates to an average spend of approximately £36,409 per person per annum. [Chart 4](#) overleaf shows the breakdown of how the £18 million for 2023-24 was allocated. This does not include the cost of central management or other common overheads.

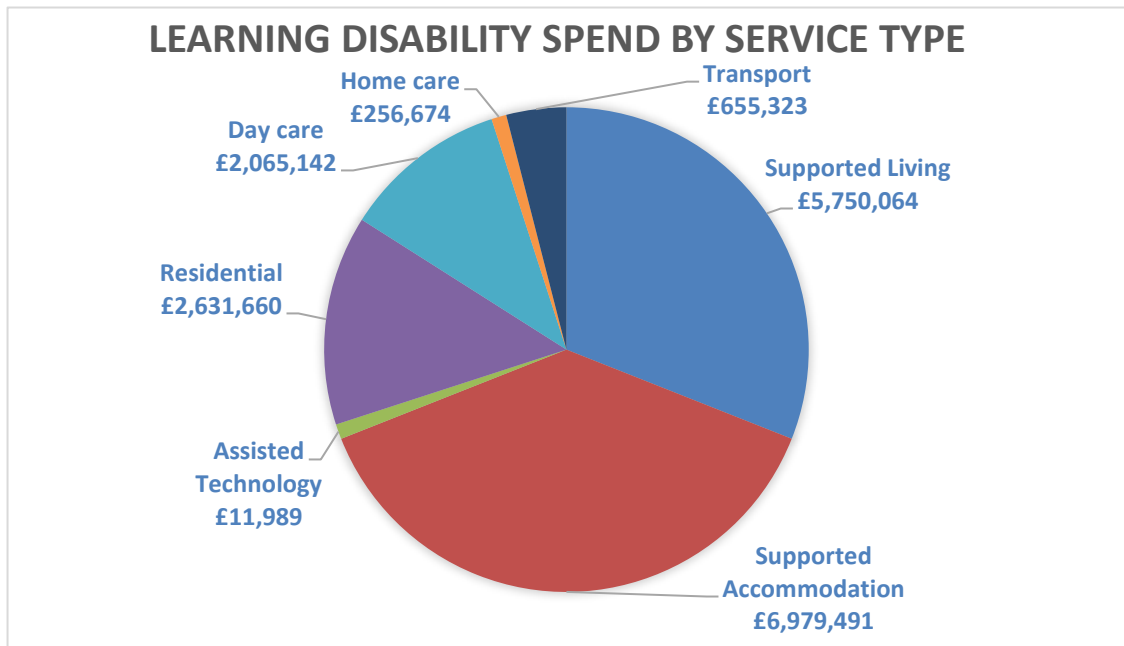


Chart 4

- 6.5** We are acutely aware that funding for 2024-25 will at best remain at just over £18 million, however it is possible this will be reduced. To ensure that we set realistic expectations we must consider current and future funding and the resources and finance available to make changes happen.
- 6.6** Occasionally, Health and Social Care Partnerships across Scotland receive non-recurring funding to support particular policy or best practice initiatives. Two such programs that are currently progressing are:
- **Coming Home Implementation Framework 2022**
Restricted funding has been made available to HSCP's to redesign the way services are provided for people with complex needs, to prevent admissions to hospitals and repatriate those people inappropriately placed outside of their own authority;
 - **Annual Health Checks**
Limited funding has been made available to HSCP's to support the roll out of health checks for people with a learning disability and approaches are being developed to deliver a consistent approach across NHS Greater Glasgow and Clyde.

Both projects are reflected within this Strategy as areas for development.

7 Consultation on the Strategy

- 7.1** In November 2023 the HSCP Board approved the commencement of a period of consultation on the Learning Disability Strategy 2024-29, supported by a Communication, Engagement and Participation Plan.
- 7.2** Engagement channels included representative consultees that either live or operate in East Dunbartonshire such as people who use health and/or social care services, carers of people who use health and/or social care services, third sector bodies carrying out activities related to health or social care, the local authority and Health Board and social care and health professionals. A website notice and social media campaign provided opportunities for members of the public to share their views on the strategy.
- 7.3** Engagement mechanisms included formal and informal meetings, social networks and an accessible survey.
- 7.4** Set out below is a summary of the key themes that were identified during the consultation:
- The unwavering commitment to our shared vision;
 - The high regard for the opportunities provided at day services;
 - The need for improved transition from childhood to adulthood;
 - The importance of regular contact with social work services;
 - The need for improved information on the services and supports available and how to plan your own support (self directed support), reinforcing choice and control for individuals;
 - The consequences of changing needs and the critical importance of future planning around living arrangements and accommodation, now and in the future;
 - Recognition of the support and contribution of health and social care staff and the need to invest in them;
 - The impact when support packages change and the importance of open and honest communication with people at the earliest opportunity;
 - The need for regular respite provision for people with a learning disability and their unpaid carers, in maintaining good health and wellbeing;
 - The importance of accessible health care and the negative impact of the pandemic, including the prevalence of poorer oral health in adults with learning disabilities compared to the general population.
- 7.5** The consultation exercise concluded in January 2024. The general consensus indicated support with the areas identified for priority development in the consultation document, with very strong agreement on some priorities. These have been preserved within the final strategy.

8 Priority Areas for Development 2024-29

8.1. After considering the main policy drivers, the local needs analysis, the available resources and financial underpinning and taking into account feedback from the strategy consultation, we think that the priorities for development and improvement over the next five years to achieve our vision should be those set out below:

- To improve the transitions journey for young people, families and carers as they develop from adolescence to adulthood by further establishing our multi agency approach, including working with Children with Disabilities Team, Education and Health Professionals. Together developing systems and processes using current laws, national frameworks and guidelines that will underpin smooth transitions;
- To undertake a review of existing accommodation based and respite services to ensure we are achieving maximum benefit and best value from the resources available, so that we can respond quickly and effectively to changing and emerging needs within local resources, including at times of crisis;
- To maximise the use of technology enabled care (TEC) for people with a learning disability as a means of delivering support (when and where it is appropriate) and maintaining independence and control;
- To develop a programme of health checks for people with a learning disability, to be delivered locally with partners across NHS Greater Glasgow and Clyde and to use this opportunity to provide information and signposting to oral health care services;
- To increase the capacity of formal support services for those most at risk, by developing third sector supports to provide increased informal support opportunities for people with a learning disability, that prevent or delay the need for statutory services.

9 What Happens Next

9.1. The priorities for improvement and development set out above will provide the strategic framework for developing learning disability support services over the next five years. Cognisance will be taken each year to overarching Scottish Government policy and financial frameworks.

9.2 A commissioning and delivery plan will be developed, based on the emerging priorities set out above and linked to the strategic priorities set out in the Partnership's overarching Strategic Plan.

9.3 This delivery plan will be consulted upon and directed by the Strategic Learning Disability Review Group. Headline progress will be reported and monitored through the Health and Social Care Partnership Board, which comprises representation by service users, carers, the Third and Independent Sectors and staff.

Accessibility



An easy read summary version of this Strategy is also available. If you would like this, it can be found on the East Dunbartonshire Council website by following the links to Health and Social Care and then Disability Services / Learning Disability. Alternatively, we can send a copy by post or email, if you call us at 0300 123 4510.

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Communications Team at:

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا در خواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	280324-04 Agenda Item Number 4b
2	Report Title	Learning Disability Strategy
3	Date direction issued by Integration Joint Board	Thursday 28 March 2024
4	Date from which direction takes effect	Thursday 28 March 2024
5	Direction to:	East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Provision of Social Work and NHS services to adults with learning disabilities.
8	Full text of direction	The IJB hereby directs East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board to: <ul style="list-style-type: none"> Support implementation of the Learning Disability Strategy 2024-29.
9	Budget allocated by Integration Joint Board to carry out direction	Core funding
10	Details of prior engagement where appropriate	Engagement with adults, carers and relevant stakeholders has been undertaken as part of statutory consultation on the development of the new Learning Disability Strategy 2024-29 during September and December 2023.
11	Outcomes	The development of the Learning Disability Strategy 2024-29 will support the implementation of phase 2 of the Learning Disability Strategic Review.
12	Performance monitoring arrangements	Governance structures are in place. The Learning Disability Strategic Review Group is responsible for implementation and performance monitoring of the Learning Disability Strategy 2024-29. This group reports to HSCP SMT, Strategic Planning Group and Public Service User and Carer Group.
13	Date direction will be reviewed	March 2029

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28th MARCH 2024

REPORT REFERENCE: HSCP/280324/05

CONTACT OFFICER: ALISON WILLACY, PLANNING,
PERFORMANCE AND QUALITY MANAGER

SUBJECT TITLE: REVIEW OF STRATEGIC PLAN 2022-25

1.0 PURPOSE

1.1 The purpose of this report is for the IJB to note the findings of the statutory review of the effectiveness of the current Strategic Plan (2022-25) and approve the preparation of a new Strategic Plan from 2025 onwards.

2.0 RECOMMENDATIONS

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

- 2.1** Note the findings of the review.
- 2.2** Approve the preparation of a new strategic plan based on the findings of the review and in line with the Scottish Government's Strategic Commissioning Plans Guidance.
- 2.3** Approve the review into the benefits of a 5 year Strategic Plan, with the outcomes to be reported to the IJB for discussion and agreement.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The Public Bodies (Joint Working) (Scotland) Act 2014 requires that a Strategic Plan should be reviewed every three years to evaluate its effectiveness and to determine if the Strategic Plan should be replaced. The Act requires that the HSCP should have regard to the views of its Strategic Planning Group in this review process.
- 3.2** The current East Dunbartonshire HSCP Strategic Plan is due for review by 31 March 2025. Given that this current plan is a three year plan, a replacement or refreshed plan would be an expected outcome of this review.
- 3.3** A new or refreshed strategic plan will take a year to develop due in part to the consultation timescales prescribed in the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.4** Work on the next Strategic Plan therefore needs to begin in April 2024 and consequently any review and its associated findings on the current plan requires to be finalised by March 2024 to inform this process
- 3.5** At its meeting on the 16th November, the IJB approved the undertaking of a review of the Strategic Plan with the expectation that the findings would be reported at March 2024 meeting.
- 3.6** Consultation in relation to the review of the current plan took place through group discussion within the relevant stakeholder groups for an overarching view from each stakeholder group alongside the opportunity for individual input through a web survey.
- 3.7** Stakeholder groups for the review have been identified as the Integrated Joint Board, Strategic Planning Group, Patient, Service User and Carers group, Senior Management Team, the Staff Forum and the Strategic Leadership Group.
- 3.8** The review sought the views of stakeholders in relation to how well the Strategic Plan had met the standards set out in the national guidance and sought to gather stakeholder's thoughts specifically around the identified strategic priorities and enablers.
- 3.9** A self-evaluation exercise was undertaken by the Planning, Performance and Quality Team and was shared with the relevant stakeholder groups.
- 3.10** In summary, the review was positive towards how the Strategic Plan had met the standards set out in the Scottish Government's Strategic Commissioning Plans Guidance. Some key points to note were:
- There was agreement that the Joint Strategic Needs Assessments had supported the identification of the resources available across care groups within health and social care.
 - There was an acknowledgement that detailed financial planning is dependent on the Scottish Government's operating model, which is currently on an annual basis, which can cause difficulties.
 - That the Annual Delivery Planning approach supported the HSCP in responding appropriately to any changes in the financial landscape, national policy or locally identified needs.

- There was agreement that the Strategic Plan identifies clear strategic priorities and sets out desired outcomes and the investment linked to them through the Programme of Action and the Financial Plan sections.
- Stakeholders concurred that clinical and care governance is embedded within the Strategic Plan and the HSCP.
- There was agreement that the Strategic Plan set out the approach for selecting and prioritising investment and disinvestment in line with its strategic priorities.
- Stakeholders agreed that the Strategic Plan complies with the guidance but that locality planning could do more to realise benefits within communities.

- 3.11** In relation to the strategic priorities and enablers, there was agreement that these had been the correct ones for this plan with the suggestion that the Post Pandemic Renewal priority should be removed for the next plan; and that the Maximising Operational Integration priority would now be an enabler due to the progress made in this area over the period of the current Strategic Plan.
- 3.12** Stakeholders agreed that the Strategic Plan should retain its structure and high level focus, with the detail of delivery being maintained through the Annual Delivery Planning approach. Stakeholders all agreed that a refresh of the existing Plan was required and not a full rewrite.
- 3.13** It was suggested across multiple stakeholder groups that the time period of the next plan should be longer in length, with 5 years being suggested by the majority.
- 3.14** Stakeholders also suggested ways in which the next Strategic Plan could be strengthened and approved. These are a valuable source of information which will inform the development of the next Strategic Plan and have been captured within the main report.
- 3.15** The full findings of the review can be found in the report at **Appendix 1**.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

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

- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – The HSCP Strategic Plan was subject to an Equalities Impact Assessment and a Fairer Scotland Duty Assessment.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – This exercise is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – The Integrated Joint Board is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – The Integrated Joint Board is required to produce a Strategic Plan for health and social care services, and to direct the Council and Health Board to deliver those services as per the plan.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

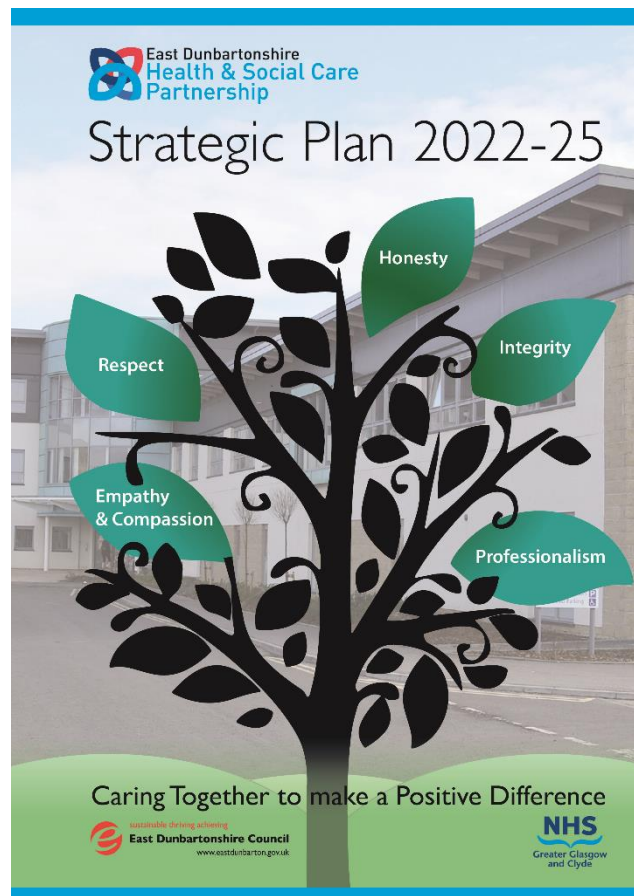
7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** - Review of East Dunbartonshire HSCP Strategic Plan 2022-25

Review of East Dunbartonshire Health & Social Care Partnership Strategic Plan 2022-25



Review of East Dunbartonshire Strategic Plan 2022-25

PURPOSE OF THE REPORT

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

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

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

Work on the next Strategic Plan therefore needs to begin in April 2024 and consequently any review and its associated findings on the current plan requires to be finalised and approved by the HSCP's Integrated Joint Board (IJB) by March 2024 to inform this process.

A review was therefore undertaken between November 2023 and February 2024 through consultation and engagement with the HSCPs key stakeholders to ensure the findings and conclusions of the review reflected a consensus from all stakeholders.

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

A self-evaluation was also undertaken and distributed to stakeholders to support them in their evaluation of the questions being posed, a copy of which can be found in Appendix 1.

Stakeholder groups for the review were identified as the Integrated Joint Board; Strategic Planning Group; Patient, Service User and Carers Group; Senior Management Team; the Staff Forum; and the Strategic Leadership Team.

The review focused on assessing how well the Strategic Plan met the standards set out in the Scottish Government's Strategic Commissioning Plans Guidance. The guidance states that a good strategic plan should be based around the established strategic commissioning cycle and should:

1. identify the total resources available across health and social care for each care group and for carers and relates this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA).
2. agree desired outcomes and link investment to them.

3. assure sound clinical and care governance is embedded.
4. use a coherent approach to selecting and prioritising investment and disinvestment decisions; and
5. reflect closely the needs and plans articulated at a local level.

In addition to a review of the Strategic Plan against national guidance, the following supplementary questions were discussed with stakeholders to inform the review:

6. How appropriate are the strategic priorities and enablers?
 - a. Were these the right strategic priorities and enablers for 2022-25?
 - b. Which priorities and/or enablers would not be appropriate for the next Strategic Plan?
 - c. Are there any priorities and/or enablers that should be included in the next Strategic Plan?
7. How well have the strategic priorities and associated measures of success been delivered and have they driven improvement and development in services and integrated processes?
8. Does the Strategic Plan need to be fully rewritten or refreshed?

The findings of the review will help to inform the preparation of the next Strategic Plan, which will be developed through a substantive process of strategic needs assessments, impact assessments, consultation and engagement.

HOW WELL DOES OUR CURRENT STRATEGIC PLAN MEET NATIONAL GUIDANCE STANDARDS?

The table below sets out the findings from the stakeholder groups in relation to each of the standards set out in the national guidance standards.

<p>1. Identify the total resources available across health and social care or each care group and for carers and relates this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA).</p>

<p>As part of the process to support the development of the current Strategic Plan, detailed JSNAs were produced for adults and children. These technical documents include both quantitative and qualitative information to provide an assessment and forecast of needs, enabling investment to be linked to agreed outcomes.</p>
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<p>Stakeholders acknowledged that the Strategic Plan includes a commitment to refresh the Carers Strategy during the first year of the Plan and that this has been implemented and the new Strategy has been published on our website. The JSNAs were used to inform the development of the Strategy which references their findings.</p>

Stakeholders agreed that both the JSNAs had supported the development of the Strategic Plan in relation to capturing the population's needs and reflecting how the HSCP would respond to them.

Stakeholders also agreed that the Strategic Plan sets out how the HSCP will deliver its planned commitments within the overall budget of the Partnership and within the resources available to the HSCP. They felt the Strategic Plan was realistic on what was achievable within the current financial climate.

There was an acknowledgement that detailed financial planning is dependent on the Scottish Government's operating model, which is difficult as this is currently on an annual financial settlement basis. It was also acknowledged by stakeholders that the Annual Delivery Planning approach supported the HSCP in responding appropriately to any changes in the financial landscape, national policy and/or locally identified need.

2. Agree the desired outcomes and link investment to them.

Stakeholders agreed that the Strategic Plan identifies clear strategic priorities and evidences that these have been developed through comprehensive consultation and engagement, such as the Alcohol and Drug Partnership Strategy, Carers Strategy, Older People Social Support Strategy and Learning Disability Strategy.

Stakeholders also agreed that the plan set out desired outcomes, and the investment linked to them.

The Programme of Action section provides details on how the strategic priorities will be delivered, by setting objectives for the three-year period of the Plan.

The Strategic Plan sets out how the HSCP intends to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes, in addition to their responsibility to lead on key outcomes within the Local Outcome Improvement Plan.

The Financial Plan section sets out the overall financial envelope which may be available over the lifetime of the plan to deliver on commitments and the circumstances where we would support service development i.e. where specific funding is available such as ADP, Action 15, PCIP. The Annual Delivery Plan sets out in more detail how the HSCP will achieve the delivery of the desired outcomes and how they are aligned to the priorities of NHGGC and EDC.

Stakeholders suggested that this could be strengthened by aligning investment to outcomes, for example identifying how much we spend on prevention and early intervention as a whole. This would require the redesign of the budgets and budget reporting.

3. Assure sound clinical and care governance is embedded.

Annex 1 of the Strategic Plan sets out the HSCP’s governance arrangements, with clinical and care governance embedded within the framework. This identifies the key mechanisms as the Clinical & Care Governance Group, annual report and regular updates to the HSCP Board. Stakeholders agreed that clinical and care governance is embedded within the HSCP.

4. Use a coherent approach to selecting and prioritising investment and disinvestment decisions.

Stakeholders agreed that the Strategic Plan sets out the approach for selecting and prioritising investment and disinvestment in line with its strategic priorities.

Due to the uncertain financial landscape, stakeholders felt it was appropriate that the Strategic Plan does not specify in detail how and where investment in areas will be offset by areas of disinvestment and transformational change.

Stakeholders agreed that the annual delivery plan process is an appropriate and effective mechanism to identify investment and disinvestment as well as where the investment is coming from when the financial settlement and budget availability is more certain.

5. Reflects closely the needs and plans articulated at a local level.

The Strategic Plan contains sections on locality planning and community planning, setting out the collaborative approach to meeting needs at a local level.

Stakeholders agreed that the Strategic Plan complies with the guidance but that locality planning could do more to realise benefits within communities.

Stakeholders highlighted that many internal plans are set at locality level.

HOW WELL HAVE OUR STRATEGIC PRIORITIES DRIVEN IMPROVEMENT AND DEVELOPMENT IN SERVICES AND INTEGRATED PROCESSES, AND HAVE THEY STOOD THE TEST OF TIME?

Engaging and listening to communities, staff and partners was central to determining the HSCP’s strategic priorities and enablers. An extensive process was undertaken to agree and establish these strategic priorities and enablers to ensure that these were most important across all stakeholders.

2022-25 HSCP Strategic Priorities:

Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection
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Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration
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2022-25 HSCP Strategic Enablers:

Workforce and Organisational Development	Medium Term Financial and Strategic Planning	Collaborative Commissioning and Whole System Working	Infrastructure and Technology
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The table below sets out the findings from the stakeholder groups in relation to each of the supplementary questions asked to our stakeholder groups:

6. How appropriate are the strategic priorities and enablers?
6a. Were these the right strategic priorities and enablers?
Most stakeholders agreed that these were the right strategic priorities and enablers for the plan.
6b. Which priorities and/or enablers would be appropriate for the next Strategic Plan?
Stakeholders agreed that most priorities and enablers were still appropriate for the next Strategic Plan. The following changes were suggested by stakeholders: <ul style="list-style-type: none"> - Maximising Operational Integration should now be an enabler due to progress in this area over the period of the current plan. - Post Pandemic renewal should be removed as the impact of Covid on services and service users has now been embedded within business as usual practices. - Improving Mental Health and Recovery could be widened to Enhanced Services to Support Recovery, reflecting both mental health and drugs and alcohol. - Include more focus on trauma, psychological interventions, drugs and alcohol, and learning disabilities.
6c. Are there any priorities and/or enablers you think should be included in the next Strategic Plan?
Stakeholders suggested that the Collaborative Commissioning and Whole System Working enabler would need to be reworded based on the difficulties/resilience of the third and private sector.
One stakeholder also suggested considering sustainable health care within our priorities.

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

Stakeholders acknowledged that it was difficult to assess delivery of the strategic priorities and associated measures as the Strategic Plan had not fully completed its second year. However, they acknowledged the robustness of the framework that is in place to measure the success of the Plan, with its reporting mechanisms which help inform how well the Plan has been delivered to date.

It was also acknowledged that, as reported through Annual Delivery Planning progress in the self-assessment, all objectives identified in the Strategic Plan had at least one deliverable which had been achieved or should be achieved by the end of the second year of the plan.

Specific Scottish Government funding, such as the Adult Winter Planning funding, was highlighted as an additional area where service development and improvement for service users had been realised through increased capacity in homecare and our multi-disciplinary teams, as well as providing funding to support initiatives to address winter pressures.

Stakeholders highlighted that within the next Strategic Plan the focus may need to be on sustaining the quality of service provision in light of potentially reducing budgets, along with service redesign and improvement where there is no added expenditure required, given the predicted future financial climate.

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

Stakeholders agreed that the Strategic Plan should retain its structure and high level focus, with the detail of delivery being maintained through the Annual Delivery Planning approach. Stakeholders all agreed that a refresh of the existing Plan was required and not a full rewrite.

It was suggested across multiple stakeholder groups that the time period of the next Plan should be longer in length, with 5 years suggested by the majority and 10 years by some. The implications of this suggestion will be investigated.

Additional points of note were raised throughout stakeholder discussions and through the online survey. These are a valuable source of information to inform the development of the next Strategic Plan and have been captured below:

- There is a need to be clearer in the identification of what are preventative and early intervention activities. Many of these activities are carried out by in-house services but are not necessarily acknowledged as this.
- Prescribing should feature in the next plan, in relation to reducing costs and volumes of medicines and linking to the green agenda.

- A new Clinical Director is in post and may wish to influence how Clinical Governance is further developed within the HSCP.
- The wording around financial implications needs to be strengthened in the next plan due to the more challenging nature of the financial landscape over the foreseeable future, as set out in the medium term financial plan.
- Recognise within the next plan that prioritising an area for investment may mean disinvestment elsewhere.
- It should be explored if we can more effectively link our priorities to budget during the development of the new plan.
- The impact of the cost of living crisis on service users should be reflected in the plan.
- The plan will need to reflect any new arrangements for how locality planning will be improved going forward, including a community development model closer to front line delivery and strategic arrangements aligned to community planning localities work.
- The plan should reflect the need to grow the community delivery model utilising the Local Area Coordinators.
- The plan should reference the implications of GGC board level decisions that impact locally, which the HSCP has no control over and the complexity of arrangements for board wide programmes of work.

CONCLUSION

With the Integrated Joint Boards approval, the above findings will be used to inform the preparation of the next East Dunbartonshire Health and Social Care Partnership Strategic Plan. The implication of lengthening the time period of the plan to more than three years will be investigated and brought to the IJB for discussion and agreement.

Agenda Item Number: 5b Appendix 2

Strategic Plan 2022-25 Review: Self-Evaluation

1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the HSCP's Strategic Plan should be reviewed every three years to evaluate its effectiveness and to determine if it should be replaced. The current East Dunbartonshire HSCP [Strategic Plan 2022-25](#) is due for review by 31 March 2025. As the current plan is a three year plan, a replacement or refreshed plan would be an expected outcome of this review.

A new or refreshed strategic plan will take around a year to develop, therefore development of the next Strategic Plan should begin in April 2024. Consequently, any review and its findings on the current plan should be finalised by March 2024 to inform this process.

The 2022-25 Strategic Plan was developed in line with Scottish Government's [Strategic Commissioning Plans Guidance](#). Therefore, this review will seek to establish if our current plan meets the standards set out in the guidance by considering the following questions:

- How well has the 2022-25 Strategic Plan met the standards set out in national guidance?
- How appropriate are the strategic priorities and enablers?
 - Were these the right strategic priorities and enablers for 2022-25?
 - Which priorities and/or enablers would not be appropriate for the next Strategic Plan?
 - Are there any priorities and/or enablers you think should be included in the next Strategic Plan?
- How well have the strategic priorities and associated measures of success been delivered and have they driven improvement and development in services and integrated processes?
- Does the Strategic Plan need to be fully rewritten or refreshed?

Consultation in relation to the review of the current plan will take place through survey and group discussion within the relevant stakeholder groups, including the Integrated Joint Board; Strategic Planning Group; Patient, Service User and Carers group; Senior Management Team; the Strategic Leadership Group; and Staff Forum. This self-evaluation exercise has been carried out to provide supporting information and to help inform those discussions.

2. How well has the Strategic Plan met the standards set out in national guidance?

The national guidance suggests that a good strategic plan should be based around the established strategic commissioning cycle and should:

- Identify the total resources available across health and social care for each care group and for carers, and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment;
- Agree desired outcomes and link investment to them;
- Assure sound clinical and care governance is embedded;
- Use a coherent approach to selecting and prioritising investment and disinvestment decisions; and
- Reflect closely the needs and plans articulated at locality level.

The following sections set out our evaluation against these standards, including links to supporting documents found on the HSCP website to provide further context.

2.1. Does the Strategic Plan identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment?

As part of the process to support the development of the current Strategic Plan, detailed Joint Strategic Needs Assessments were produced for adults and children. These technical documents include both quantitative and qualitative information to provide an assessment and forecast of needs, enabling investment to be linked to agreed outcomes.

Information set out in the Joint Strategic Needs Assessments includes demographic profiles of East Dunbartonshire; population health and wellbeing; hospital activity; deaths; and service provision. In addition, available locality level information was provided internally to aid local planning (this information was provided by Public Health Scotland for management use only). These documents, published on our website, helped to identify the priorities set out in the Strategic Plan and a summary of the findings are included from p12 of the Plan.

[East Dunbartonshire HSCP Joint Strategic Needs Assessment](#)
[East Dunbartonshire HSCP Children's Needs Assessment](#)

Throughout the duration of the Plan, the HSCP continues to work with Public Health Scotland to support local systems to more accurately access the health and social care needs in East Dunbartonshire. Our annual delivery planning process enables us to respond to these findings as and when required.

The Strategic Plan includes a commitment to refresh the Carers Strategy during the first year of the Plan. This has been implemented and the new Strategy has been published on our website. The Joint Strategic Needs Assessments were used to inform the development of the Strategy which references their findings.

[East Dunbartonshire HSCP Carers Strategy 2023-26](#)

The Strategic Plan sets out how the HSCP will deliver its planned commitments within the overall budget of the Partnership. A Medium-Term Financial Strategy was developed to pull together all the known factors affecting the financial sustainability of the Partnership over the medium term. The Medium-Term Financial Strategy establishes the estimated level of resources required by the Partnership to operate

its services over the next five financial years, given the demand pressures and funding constraints that we are likely to experience. It forms an integral part of the Strategic Plan, highlighting how the medium term financial planning principles will support the delivery of our strategic priorities.

To ensure we have the right workforce in the right place at the right time, our Workforce and Organisational Development Plan was developed to cover the same period as our Strategic Plan.

[East Dunbartonshire HSCP Workforce and Organisation Development Plan 2022-25](#)

2.2. Does the Strategic Plan identify agreed desired outcomes with investment linked to them?

The Strategic Plan identifies clear strategic priorities and evidences that these have been developed through comprehensive consultation and engagement. Our Programme of Action provides details on how these priorities will be delivered, setting objectives for the three-year period of the Plan. The Plan sets out how we intend to achieve, or contribute to achieving, the National Health and Wellbeing Outcomes in addition to our responsibility to lead on key outcomes within the Local Outcome Improvement Plan as an equal partner in the East Dunbartonshire Community Planning Partnership. The Financial Plan section sets out in more detail how our development commitments will be undertaken within the HSCP's overall budget.

Each year, the HSCP Board draws down actions in support of the Strategic Plan into an Annual Delivery Plan. The Annual Delivery Plan is costed and prioritised, with investments and disinvestment agreed and monitored, and progress reported each year through our Annual Performance Report. More regular quarterly performance reports are also provided to the HSCP Board and thereafter to the Council and Health Board, and regular governance and oversight is assured through the Annual Delivery Plan Board. Our annual planning cycle ensures that the HSCP is able to respond to additional funding streams and be reactive to changes in performance or the needs of the community.

2.3. Does the Strategic Plan assure sound clinical and care governance is embedded?

Annex 1 of the Strategic Plan sets out the HSCP Governance arrangements, with clinical and care governance embedded in the framework. This identifies the key mechanisms as the Clinical & Care Governance Group and annual report and updates to the HSCP Board.

In the Programme of Action section of the Strategic Plan, there is an objective related to the Maximising Operation Integration strategic priority, to further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework. This has also been reflected in the Annual Delivery Plan and is currently being further embedded in Head of Service plans and team plans.

2.4. Does the Strategic Plan use a coherent approach by selecting and prioritising investment and disinvestment decisions?

The Strategic Plan sets out the approach for selecting and prioritising investment in line with its strategic priorities. The Plan does not specify in detail how and where investment in areas will be offset by areas of disinvestment and transformational change to enable the HSCP to be responsive to changing demands or additional funding revenues. Our annual delivery plan process identifies investment and disinvestment and where the investment is coming from, and demonstrates the relevant linkages to the Local Outcome Improvement Plan, Health Board activities and the Council's transformation scoring criteria.

The Medium-Term Financial Strategy for East Dunbartonshire HSCP outlines the financial outlook over a five year period (2022-27), providing a framework to support the HSCP to remain financially sustainable. It forms an integral part of our Strategic Plan, highlighting how the HSCP medium-term financial planning principles will support the delivery of our strategic priorities.

2.5. Does the Strategic Plan reflect closely the needs and plans articulated at locality level?

East Dunbartonshire HSCP has been divided into two localities for health and social care planning and service delivery purposes. The Strategic Plan contains sections on locality planning and community planning, setting out our collaborative approach to meeting needs at a local level. Each locality has a Locality Planning Group comprising a range of partners and stakeholders. Locality profiles were produced for East and West localities in support of the Strategic Plan development to identify local needs and demand in comparison to the wider Council area and national context.

During the course of the Strategic Plan, the Partnership has also developed locality plans in consultation with local communities for Harestanes, Hillhead, Auchinairn, Lennoxton and Twechar.

3. How appropriate are the strategic priorities and enablers?

Engaging and listening to communities, staff and partners was central to determining the HSCP's strategic priorities and enablers. An extensive process was undertaken to agree and establish these strategic priorities to ensure that these were most important across all stakeholders.

2022-25 HSCP Strategic Priorities:

Empowering People	Empowering Communities	Prevention and Early Intervention	Public Protection
Supporting Families and Carers	Improving Mental Health and Recovery	Post Pandemic Renewal	Maximising Operational Integration

2022-25 HSCP Strategic Enablers:

Workforce and Organisational Development	Medium Term Financial and Strategic Planning	Collaborative Commissioning and Whole System Working	Infrastructure and Technology
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The Programme of Action section of the Strategic Plan sets out in more detail what actions will be taken forward in pursuit of our strategic priorities and enablers. The commitments and objectives from the Programme of Action are included below to provide further context and understanding of the actions being delivered relative to the strategic priorities and enablers.

Strategic Priority	Commitment	Objectives for 2022-25
Empowering People	Improving personalisation	Embed and further develop digital solutions to support self-management. Further develop person centred, rights-based, outcome focused approaches.
	Reducing inequality and inequity of outcomes	Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision.
	Improving information and communication	Improve service information and public communication systems, advice, reflecting specific communication needs and preferences.
Empowering Communities	Building informal support options	Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options.
	Building local integrated teams	Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint.
	Modernising day services	Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options.
Prevention and Early Intervention	Extending rehabilitation and reablement	Further develop rehabilitation services and reablement approaches to sustain people for longer in the community.
	Supporting diversion from prosecution	Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution.
	Improving school nursing services	Develop School Nursing Services in line with "Transforming Nursing, Midwifery

		and Health Professions' Roles: The school nursing role".
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns.
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice.
	Implementing The Promise for children and young people	Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential.
	Strengthening corporate parenting	Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively.
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach.
	Improving mental health support for children and young people	The provision of faster, more responsive support for children and young people with mental health challenges.
	Improving post-diagnostic support for people with dementia	Increase the capacity of the post diagnostic support service.
Post Pandemic Renewal	Understanding and responding to the impact of the pandemic	Understand the impact of the pandemic on the health and wellbeing of our population (including those living in care homes), the responses necessary to meet these needs and resource requirements.
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care.
	Developing integrated quality management arrangements	Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework.

Strategic Enabler

Commitment

Objectives for 2022-25

Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised.
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic.
	Redesigning the Public Dental Service	Redesign the Public Dental Service by implementing a new service delivery model.
	Implementing a skills framework for supporting children's mental health and wellbeing	Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework.
Medium term Financial and Strategic Planning	Maximising available resources	Maximise available resources through efficiency, collaboration and integrated working.
	Balancing investment and disinvestment	Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan.
	Delivering financial sustainability	Ensure longer term sustainability of services within available resources.
Collaborative Commissioning and Whole System Working	Co-designing solutions with the third and independent sectors	Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers.
	Supporting primary care improvement	Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding.
Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices.
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone.

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

As we are currently only halfway through the timeframe of the Strategic Plan, it is challenging to assess how well the strategic priorities and associated measures have been delivered. However, the Strategic Plan sets out the robust framework we have in place to measure the success of the Plan, with reporting mechanisms to help inform how well the Plan has been delivered to date. These include quarterly and annual performance reporting across a wide range of measures, indicators and targets; quarterly reporting to the HSCP Board on the progress of the Annual Delivery Plan; quarterly reporting to the HSCP Board on the progress of the annual budget; and the publication of our annual performance report.

[HSCP Annual Performance Report 2022/23](#)

A summary of deliverables reported as complete (year 1) or underway (year 2) are provided below:

Objectives for 2022-25	Deliverable	Year
Embed and further develop digital solutions, to support self-management (Redesign).	Increase uptake of support at a distance (Telecare, Digital Support, and Supported Self-Management).	Year 1
	Development of digital solutions to support digitally enabled workforce digitally enabled service users – Home monitoring, analogue to digital implementation.	Year 2
Further develop person centred, rights-based, outcome focused approaches (Improvement).	Develop HSCP Public Health Strategy and refresh objectives for Public Health Improvement Team.	Year 1
	Continue to develop as a Trauma Informed organisation	Year 2
Further reduce inequality of health outcomes and embed fairness, equity and consistency in service provision (Improvement).	Implement the Public Health Strategy	Year 2
Improve service information and public communication systems, advice, reflecting specific communication needs and preferences (Improvement).	Redesign of HSCP website within scope of full East Dunbartonshire Council website design.	Year 1
Work with communities to develop a network of assets and informal supports, to complement formal, statutory support options (Redesign).	Review and redefine operational approach to community led support.	Year 1
	Develop compassionate communities model in East Dunbartonshire.	Year 1

	Implementation of Compassionate ED model – no one dies alone	Year 2
	Pilot a community led support approach within a locality (e.g. Twechar), working through community planning partners.	Year 2
Develop local, co-located services with integrated multi-disciplinary teams to improve services and reduce our carbon footprint (Redesign).	Refresh HSCP Locality Plans.	Year 1
	Identify a staff base in the West locality.	Year 1
Redesign day services for older people and adults with learning disabilities, to create a wider range of informal and formal support options (Redesign).	Development and consultation on Social Support for Older People Strategy.	Year 1
	Learning Disability: Move to Allander Day Service. Development of employability, and community based support alternatives to formal day care.	Year 1
	Learning Disability day services – Development of community based services, employability, volunteering and community based model of support.	Year 2
	Implement the 23/24 actions of the Social Support for Older People Strategy	Year 2
Further develop rehabilitation services and reablement approaches to sustain people for longer in the community (Improvement)	Review of Community Occupational Therapy and Reablement services across the HSCP.	Year 1
Extend the range of options for diversion from prosecution available to the Procurator Fiscal Service to extend ability to address the underlying causes of offending, as an alternative to prosecution (Improvement).	Youth Justice team have had an increase in staff training in AIM3 which is a dynamic assessment model that helps practitioners to assess harmful sexual behaviours.	Year 1
	Social Work Justice Team has implemented new diversion guidance and extended diversion to ensure individual needs are met at the earliest opportunity, to enable people to desist from further crime.	Year 1
Develop School Nursing Services in line with “Transforming Nursing, Midwifery and Health Professions’ Roles: The school nursing role” (Improvement).	School Nursing Service delivered Lets Introduce Anxiety Management interventions as part of the development of enhanced support options.	Year 1
	Implementing ‘Safe and Together’	Year 1

Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement).	Implement Violence and Sex Offenders Register	Year 1
	Update and implement new Child Protection Guidelines.	Year 1
	Update and implement new Child Protection Procedures.	Year 2
	Respond to the outcome of the Children at Risk of Harm Inspection.	Year 2
Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (Improvement).	Refresh HSCP Carers Strategy.	Year 1
	Refresh HSCP Learning/Intellectual Disability Strategy is in place up to 2024.	Year 2
Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (Improvement).	Implementation of The Promise with a focus on Family Group Decision Making.	Year 1
Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement).	Delivery of Year 2 of Children's House Project: Ensure cohort 2 complete the programme and are offered permanent accommodation.	Year 1
	Ongoing implementation of Children's House Project model.	Year 2
Redesign services for adult mental health and alcohol and drugs services to develop a recovery focussed approach (Redesign).	Review of commissioned mental health and alcohol and drugs services. Develop action plan for reshaping of services.	Year 1
	Delivery of Medically Assisted Treatment Standards (MAT Standards) 6-10.	Year 2
	As part of two year delivery plan - Embed Recovery Orientated Systems of Care based approach across existing / future commissioning arrangements - via strategic re-alignment of commissioning pathways.	Year 2
The provision of faster, more responsive support for children and young people with mental health challenges (Improvement).	Implementation of the Children and Young People's Mental Health and Wellbeing Framework.	Year 1
	Continue to develop tier 1 and tier 2 service for Children.	Year 2

	Realign Specialist Children's Services from the current dispersed management arrangements in to a single hosted management arrangement.	Year 2
	Review and refresh workforce plans to ensure capacity to see and treat children and young people.	Year 2
Increase the capacity of the post diagnostic support service (Improvement).	Review current model of Post Diagnostic Support delivery and align with new National and Greater Glasgow & Clyde-wide Dementia Strategies aspirations and aims.	Year 1
Understand the impact of the pandemic on the health and wellbeing of our population (including those living in care homes), the responses necessary to meet these needs and resource requirements (Redesign).	Mainstream testing.	Year 1
	Refresh and streamline personal protective equipment (PPE) arrangements.	Year 1
	Review accommodation arrangements in line with Scottish Government Guidance and NHS Greater Glasgow & Clyde and East Dunbartonshire Council policies.	Year 1
	Organisational Development Plan in support of staff orientation back to buildings.	Year 1
	Unpaid work services backlog: Ensuring those sentenced are able to complete their hours and are not breaching any order.	Year 1
Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign).	Joint Commissioning Plan for Unscheduled Care: Implement the 22/23 actions.	Year 1
	Continue implementation of actions set out within the Greater Glasgow & Clyde Joint Unscheduled Care Plan for East Dunbartonshire for 2023/24, specifically which mitigate winter pressures for 23/24.	Year 2
	Review of in-house accommodation-based support services for Learning Disability. Review and redesign accommodation-based support services to ensure that in-house services continue to meet the	Year 2

	needs of our community and can ensure that we can meet national expectations set out within the 'Coming Home' report.	
Further develop robust, quality-driven clinical and care governance arrangements that reflect the National Health and Social Care Standards and the Partnership's Quality Management Framework (Improvement).	Implementation of the Quality Management Framework.	Year 2
Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised (Redesign).	Delivery of a range of measures to support staff wellbeing and support options.	Year 1
	Development of a recruitment strategy for the HSCP and wider Social Care workforce in East Dunbartonshire.	Year 2
	Continue delivery of a range of measures to support staff wellbeing and support options.	Year 2
Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic (Redesign).	Will be met through actions within post pandemic renewal and infrastructure and technology commitments through a digitally enabled workforce.	Year 1
Redesign the Public Dental Service by implementing a new service delivery model (Redesign).	Implementation of the recommendations from the Public Dental Service review Programme Board.	Year 1 and Year 2
Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework (Improvement).	Completed Year 2 of the workforce knowledge and skills framework, notably establishing a Compassionate Distress Response Service and extending Lifelink Counselling.	Year 1
Maximise available resources through efficiency, collaboration and integrated working (Improvement).	Review of HSCP organisational structures.	Year 1
Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement).	Development of Annual Strategic Delivery Plan for 22/23 will be the vehicle for delivery of this commitment.	Year 1
Ensure longer term sustainability of services within available resources (Redesign)	Development of Annual Strategic Delivery Plan for 22/23 will be the vehicle for delivery of this commitment.	Year 1
	Engage with public in relation to financial position to inform future priorities.	Year 2

Build collaborative commissioning through the development of improved efficiency, co-designed and co-produced solutions and better outcomes in collaboration with third and independent sector providers (Redesign).	Explore Alliance service delivery model & undertake Test of Change Review engagement framework to support collaborative approach with third and independent sector.	Year 1
Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding (Improvement).	Conclude implementation of the Primary Care Improvement Plan Memorandum of Understanding (2): Community Treatment And Care Service Vaccination Transformation Programme Pharmacotherapy	Year 1
	Continue implementation within financial envelope, for Primary Care Implementation Plan: Expanded Community Treatment & Care Services in Milngavie, development of pharmacotherapy hub	Year 2
Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices (Redesign).	Property Strategy development and implementation: Primary Care Improvement Priorities; Hybrid working maximisation; and Implement Primary Care property priorities	Year 1
	Progression of Property Strategy – revisit Business Case for Integrated Health and Care Facility in the West Locality.	Year 2
The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign).	Implement 22/23 Digital Action Plan including: Maximise experience of remote technology for a digitally enabled workforce; and Implement Analogue to Digital Telecare Transformation by 2024	Year 1 and Year 2

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

The HSCP has a statutory duty to review our Strategic Plan every three years to evaluate its effectiveness and determine if it should be replaced. Based on an assessment of the current Strategic Plan, we are asking stakeholder groups to consider if the current 2022-25 Strategic Plan should be fully rewritten or refreshed.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/07

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE &
RESOURCES MANAGER

ALISON WILLACY
PLANNING, PERFORMANCE AND QUALITY
MANAGER

SUBJECT TITLE: HSCP ANNUAL DELIVERY PLAN 2024-25

1.0 PURPOSE

1.1 The purpose of this report is to present the HSCP Annual Delivery Plan for 2024-25 for consideration and approval by the HSCP Board.

2.0 RECOMMENDATIONS

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

2.1 Approve the HSCP Annual Delivery Plan 2024-25 set out at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** Each year, the HSCP will set out actions in support of the Strategic Plan within an Annual Delivery Plan. The HSCP will report on progress on each Annual Delivery Plan, and the overarching Strategic Plan, every year through our Annual Performance Report. More regular quarterly performance reports will also be provided to the HSCP Board and thereafter to the Council and Health Board.
- 3.2** This Annual Delivery Plan relates to the business planning intentions of the HSCP Board for the period 2024-25 and sets out the actions in pursuance of the implementation of the Strategic Plan 2022-25.
- 3.3** The Annual Delivery Plan links each delivery plan action and outcome with a Strategic Plan priority or enabler, strategic commitment and strategic objective. It also identifies the measure of performance and/or success for each of these actions.
- 3.4** The Annual Delivery Plan is costed with funding investment or disinvestment identified and demonstrates the relevant linkages to the Local Outcome Improvement Plan, Health Board activities and the Council's transformation scoring criteria.
- 3.5** It should be noted that not every strategic objective has an action in this, year three, delivery plan. Though all strategic objectives will be addressed throughout the course of the Strategic Plan.
- 3.6** A copy of the Annual Delivery Plan for 2024-25 is included as **Appendix 1** and the associated Directions in **Appendix 2**.
- 3.7** There are additional priorities which are considered 'below the waterline' and are included in service specific and Head of Service plans. These will include service review work which may not necessarily require a formal consultation process and generally relate to specific service areas. These will follow the service review processes within the relevant partner agency.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

- 4.1** Relevance to HSCP Board Strategic Plan 2022-25;
1. Empowering People
 2. Empowering Communities
 3. Prevention and Early Intervention
 4. Delivering Key Social Work Public Protection
 5. Supporting Families and Carers
 6. Improving Mental Health and Recovery
 7. Post Pandemic Renewal
 8. Maximising Operational Integration
 9. Workforce and Organisational Development
 10. Medium Term Financial and Strategic Planning
 11. Collaborative Commissioning
 12. Infrastructure and Technology

- 4.2 Frontline Service to Customers – Any implications to frontline services to customers will be separately intimated, specific to the delivery action through the identified outcomes and performance measures.
- 4.3 Workforce (including any significant resource implications) – Any workforce implications will be separately intimated, specific to the delivery action.
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – The financial impact of each delivery action is identified in the document. This will be monitored as part of the HSCP financial monitoring arrangements.
- 4.6 Procurement – Any procurement implication will be taken forward specific to the delivery action, with approvals as necessary.
- 4.7 ICT – Any ICT implication will be taken forward specific to the delivery action, with approvals as necessary.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – EQIAs will be undertaken in relation to the delivery actions if required.
- 4.10 Sustainability – Individual delivery actions will be impact assessed for sustainability proportionate to their scope and scale.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 Individual delivery actions will be risk assessed proportionate to their scope and scale.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None.

- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – East Dunbartonshire Council will support transformation activity relating to Council delegated functions and will provide advice and guidance on other aspects of the Annual Delivery Plan development and implementation.

- 6.3 **NHS GREATER GLASGOW & CLYDE** – NHS Greater Glasgow and Clyde will support transformation activity relating to Health Board delegated functions and will provide advice and guidance on other aspects of the Annual Delivery Plan development and implementation.

6.4 DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH – East Dunbartonshire Council and NHS Greater Glasgow & Clyde as set out in **Appendix 2.**

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 - HSCP Annual Delivery Plan for 2024-25

8.2 Appendix 2 - Directions Template

Delivery Plan 2024/25

Year 3 Strategic Plan 2022-25

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Empowering People	Improve Personalisation	Further develop person centred, rights-based, outcome focused approaches (Improvement)	<ul style="list-style-type: none"> Continue to develop as a Trauma Informed organisation Provide access to trauma informed training for dental staff to facilitate and support trauma-informed care to priority and vulnerable patient groups 	<ul style="list-style-type: none"> Trauma Informed Practice Strategy implemented Continued delivery of Trauma training to staff and partner agencies 	<u>Investment:</u> Funded from Scottish Government Grant <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Implementation of Trauma Informed Practice Strategy Increase in number of staff trained in Trauma Informed Practice 	<u>Overall lead:</u> Claire Carthy Lisa Dorrian <u>Project Officers:</u> Alex O'Donnell Victoria Bannerman <u>Pentana admin:</u> Claire Carthy	<u>LOIP</u> 5, 6 <u>HB</u> MFT <u>TSC</u> 2
	Improving information and communication	Improve service information and public communication systems, advice, reflecting specific communication needs and preferences (Improvement)	<ul style="list-style-type: none"> Improve online accessibility and signposting to information and services through further development and promotion of the HSCP website 	<ul style="list-style-type: none"> Website working group established to coordinate across the HSCP, develop actions for improvement and share best practice 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Website is up to date and promoted by staff to service users to promote self-management 	<u>Overall lead:</u> Jean Campbell <u>Project Officers:</u> Andy Craig <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5, 6 <u>HB</u> NHSGGC Digital On Demand <u>TSC</u> 2, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Empowering Communities	Building informal support options (Also prevention and early intervention)	Work with communities to develop a network of assets and informal support options (Redesign)	<ul style="list-style-type: none"> Review and reframe locality focussed working 	<ul style="list-style-type: none"> Benchmarked practice against national comparisons Reframed approach to local area coordination/ community capacity building and community interface 	<u>Investment:</u> £45,000 <u>Disinvestment:</u> Increased uptake of informal support options may reduce need for paid support services	<ul style="list-style-type: none"> Increase number of community groups delivering informal community resources Increased community capacity and engagement 	<u>Overall lead:</u> Derrick Pearce David Aitken Claire Carthy <u>Project Officers:</u> Kelly Gainty <u>Pentana admin:</u> Kelly Gainty	<u>LOIP</u> 5, 6 <u>HB</u> <u>TSC</u> 2, 4
	Modernising day services	Redesign day services, to create a wider range of informal and formal support options (Redesign)	<ul style="list-style-type: none"> Implement the 2024/25 actions of the Older Peoples Social Support Strategy 	<ul style="list-style-type: none"> Day care for older people is delivered from two building bases from April 2024 People are supported through more informal community resources that are community led 	<u>Investment:</u> £50,000 (Older People's Day care budget) <u>Disinvestment:</u> £151,000 (from building based savings)	<ul style="list-style-type: none"> Building based care is available to older people assessed as having critical and substantial needs for social support More older people are able to remain active, independent and connected in their communities through informal community resources 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Kelly Gainty Richard Murphy <u>Pentana admin:</u> Kelly Gainty	<u>LOIP</u> 5, 6 <u>HB</u> <u>TSC</u> 1, 2, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Prevention and Early Intervention	Extending rehabilitation and re-ablement	Further develop rehabilitation services and re-ablement approaches to sustain people for longer in the community (Improvement)	<ul style="list-style-type: none"> • Deliver the 2024/25 actions from the East Dunbartonshire HSCP Frailty Mission 	<ul style="list-style-type: none"> • More people have a Future Care Plan in place • More of the people who use our services have a known frailty score • There is senior clinical decision maker cover in place to support avoidance of unnecessary transfers of care and escalations to acute • People are supported to maintain and regain their function in line with personal goals 	<u>Investment:</u> Core budget (including additional investment from 2022 Winter Systems Pressure Funding) <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> • Future Care Plans in place • Hours of care reduced by re-ablement • 65+ emergency admissions 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Fiona Munro Kathleen Halpin <u>Pentana admin:</u> Fiona Munro Kathleen Halpin	<u>LOIP</u> 5, 6 <u>HB</u> Frailty Pathway <u>TSC</u> 2, 4
Delivering our Key Social Work Public Protection Statutory Duties	Prioritising public protection	Ensure the highest quality standards in identifying and responding to actual and potential social work public protection concerns (Improvement)	<ul style="list-style-type: none"> • Development of improvement plan following outcome of Joint Inspection of Adult Support and Protection arrangements 	<ul style="list-style-type: none"> • Development of improvement plan and delivery against recommendations from joint inspection 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> • Successful completion of improvement plan within timescale 	<u>Overall lead:</u> David Aitken <u>Project Officers:</u> Kirsty Kennedy <u>Pentana admin:</u> David Aitken	<u>LOIP</u> 6 <u>HB</u> <u>TSC</u> 3, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Supporting Families and Carers	Supporting carers with their own needs and in their caring role	Recognise better the contribution of informal carers and families in keeping people safe and supporting them to continue to care if that is their choice (Improvement)	<ul style="list-style-type: none"> Review of Transitions policy and implementation of updated procedures which will align with national initiatives 	<ul style="list-style-type: none"> Completion of new / updated Transitions Policy to govern transition arrangements from children's to adult services 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Establishment of working group Preparation of updated procedures 	<u>Overall lead:</u> David Aitken Claire Carthy <u>Project Officers:</u> Suzanne Greig Stephen McDonald <u>Pentana admin:</u> Gayle Paterson	<u>LOIP</u> 6 <u>HB</u> <u>TSC</u> 2, 3, 4
			<ul style="list-style-type: none"> Development of short breaks options Review of respite services 	<ul style="list-style-type: none"> Revised respite / short break provision for adults/young people with learning intellectual disabilities. Retender of current respite facilities to be completed Building upgrade to be completed to Twechar respite facility New model to be supported by development of alternative short break provision in partnership with Carers Link 	<u>Investment:</u> Community Living Change Fund <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Enhanced respite / short break services, increased choice and enhanced service provision New tender completed and revised contract in place Upgraded facility – Twechar respite 	<u>Overall lead:</u> David Aitken <u>Project Officers:</u> Gillian Healey <u>Pentana admin:</u> Gayle Paterson	<u>LOIP</u> 5, 6 <u>HB</u> <u>TSC</u> 3, 5

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
			<ul style="list-style-type: none"> Review of Learning Disability accommodation-based services Ensure that in-house services continue to meet the needs of our community and can ensure that we can meet national expectations set out within the 'Coming Home' report 	<ul style="list-style-type: none"> Review options for future service provision based on 2023 needs assessment and current provision and anticipated transition demand from children's services and those placed in out of area placements Feasibility study to inform options for in-house provision Modernise existing resources to ensure complex care needs are met locally 	<u>Investment:</u> <ul style="list-style-type: none"> Project Lead post funding (Scottish Government Carers Act funded) May require capital funding <u>Disinvestment:</u> £407,000 savings generated	<ul style="list-style-type: none"> Strategic Plan established for in-house services Accommodation review completed and agreed option progressed 	<u>Overall lead:</u> David Aitken <u>Project Officers:</u> Gayle Paterson Richard Murphy Stephen McDonald Gillian Healey <u>Pentana admin:</u> Gayle Paterson	<u>LOIP</u> 4, 5, 6 <u>HB</u> <u>TSC</u> 1, 2, 3, 4
	Implementing The Promise for children and young people	Ensure that every care experienced child grows up loved, safe and respected, able to realise their full potential (Improvement)	<ul style="list-style-type: none"> Write and implement Phase 2 Promise Plan 24/30 	<ul style="list-style-type: none"> Improved outcomes for Care Experienced young people 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Phase 2 Promise Plan published 	<u>Overall lead:</u> Claire Carthy <u>Project Officers:</u> Raymond Walsh Suzanne Greig Jillian Mitchell <u>Pentana admin:</u>	<u>LOIP</u> 3 <u>HB</u> <u>TSC</u> 2, 3, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Strengthen corporate parenting	Strengthen corporate parenting, to improve longer term outcomes for care experienced young people, by community planning partners working collectively (Improvement)	<ul style="list-style-type: none"> • Ongoing implementation of Children’s House Project model 	<ul style="list-style-type: none"> • Enter into new agreement with National House Project • Improve outcomes for young people leaving care • Provision of safe secure permanent tenancies • Skilling young people to manage their own tenancy • Supporting young people to a positive destination • Provide wrap around emotional and wellbeing supports 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> £500,000 savings generated	<ul style="list-style-type: none"> • Increased number of young people leaving care and moving to own permanent tenancy 	<u>Overall lead:</u> Claire Carthy <u>Project Officers:</u> Claire Carthy Raymond Walsh <u>Pentana admin:</u> Raymond Walsh	<u>LOIP</u> 3, 5 <u>HB</u> <u>TSC</u> 1, 2, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Improving Mental Health and Recovery	Improving adult mental health and alcohol and drugs recovery	Redesign services for adult mental health and alcohol and drugs services to develop a recovery focused approach (Redesign)	<ul style="list-style-type: none"> • Strategic framework and Project Plan to be completed • Review and renegotiation of Adult Commissioned Services • Comprehensive Engagement Plan to be developed and completed with all stakeholders 	<ul style="list-style-type: none"> • Implementation of two year Commissioning Delivery Plan • Service retender(s) completed as part of risk based Commissioning Plan • Enhanced stability of modernised and fit for purpose commissioned sector market 	<u>Investment:</u> 18 month secondment for Project Lead <u>Disinvestment:</u> Financial framework to be developed to reflect community based need and wider strategic considerations	<ul style="list-style-type: none"> • Commissioned services renegotiation / contract renewal completed with new commissioned service arrangements in place 	<u>Overall lead:</u> David Aitken <u>Project Officers:</u> Simon Reilly Gillian Healey <u>Pentana admin:</u> David Aitken	<u>LOIP</u> 6 <u>HB</u> 5 year Strategy for Mental Health <u>TSC</u> 2, 3, 4
			<ul style="list-style-type: none"> • Resolution of North Lanarkshire Corridor Service Level Agreement (NHS GGC/NHS Lanarkshire) 	<ul style="list-style-type: none"> • Redesign in response to updated SLA for community mental health services to the North Lanarkshire Corridor with parallel review and possible redesign of services 	<u>Investment:</u> To be determined as part of updated Service Level agreement <u>Disinvestment:</u> £180,000	<ul style="list-style-type: none"> • Agreement on future configuration of community mental health services to North Lanarkshire Corridor and to Bearsden/ Milngavie • Establishment of agreed financial framework • Patient transition arrangements to be established to ensure safe transfer of care and treatment 	<u>Overall lead:</u> David Aitken <u>Project Officers:</u> Lorraine Currie Leanne Connell <u>Pentana admin:</u> David Aitken	<u>LOIP</u> 5 <u>HB</u> 5 year Strategy for Mental Health <u>TSC</u> 1,2,5,6

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Improve mental health support for children and young people	The provision of faster, more responsive support for children and young people with mental health challenges (Improvement and redesign)	<ul style="list-style-type: none"> Review and refresh workforce plans to ensure capacity to see and treat children and young people Review and refresh the use of CAPA 	<ul style="list-style-type: none"> Increased access to specialist assessment and treatment Improvement in case allocation using 'Full Booking' 	<u>Investment:</u> Mental Health Recovery and Renewal funding/Mental Health Outcomes Framework Funding <u>Disinvestment:</u> Reduced MHRR funding based on net recruitment	<ul style="list-style-type: none"> Performance against the national waiting times standard of 90% of referrals seen within 18 weeks 	<u>Overall lead:</u> Karen Lamb <u>Project Officers:</u> Andrea Blair Helen Tindle <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5 <u>HB</u> Scottish Government's National Child and Adolescent Mental Health Services Specification Scottish Government's Mental Health Recovery and Renewal plans <u>TSC</u> 1, 2, 3, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
			<ul style="list-style-type: none"> Continue implementation of the Scottish Government's National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (September 2021) 	<ul style="list-style-type: none"> Full-scale rollout of the Neurodevelopmental Pathway in a systematic and standardised manner across the GGC Board Increased number of children and young people with neurodevelopmental profiles receive the support and access to services that meet their needs at the earliest opportunity Systematic collection of patient experience to drive ND service improvement 	<u>Investment:</u> Mental Health Recovery and Renewal funding/Mental Health Outcomes Framework Funding <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Electronic Patient Record System (EMIS Web) meets the external and internal reporting requirements as well as daily needs of clinicians and healthcare teams Completed Demand and Capacity mode Full implementation of the digital Experience of Service Questionnaire (ESQ) for the ND Pathway 	<u>Overall lead:</u> Karen Lamb <u>Project Officers:</u> Andrea Blair <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5 <u>HB</u> Scottish Government's National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (Sept 2021) Scottish Government's Mental Health Recovery and Renewal plans <u>TSC</u> 1, 2, 3, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
			<ul style="list-style-type: none"> Finalise the workforce plan and capital planning works required to operationalise the West of Scotland Intensive Psychiatric Care Unit; working with Regional planning to finalise referral routes and operational guidelines (note that delivery will be dependent on the allocation of additional monies which, at the time of writing, remained unconfirmed) 		<u>Investment:</u> Mental Health Recovery and Renewal funding/Mental Health Outcomes Framework Funding to be confirmed by the Scottish Government <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Existence of service specification including referral criteria Activity data in relation to referrals and discharges 	<u>Overall lead:</u> Karen Lamb <u>Project Officers:</u> Jackie Hardie <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5 <u>HB</u> Scottish Government's National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (Sept 2021) Scottish Government's Mental Health Recovery and Renewal plans <u>TSC</u> 1, 2, 3, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
			<ul style="list-style-type: none"> Work with the West of Scotland Regional planning network to share learning on the development of ICAMHS and UCAMHS in GGC 		<u>Investment:</u> Mental Health Recovery and Renewal funding/Mental Health Outcomes Framework Funding <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Development and operationalisation of local Board I/UCAMHS teams 	<u>Overall lead:</u> Karen Lamb <u>Project Officers:</u> Andrea Blair <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5 <u>HB</u> Scottish Government's National Neurodevelopmental Specification for Children and Young People: Principles and Standards of Care (Sept 2021) Scottish Government's Mental Health Recovery and Renewal plans <u>TSC</u> 1, 2, 3, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Improve post-diagnostic support for people with dementia	Increase the capacity of the post diagnostic support service (Improvement)	<ul style="list-style-type: none"> Devised and deliver year 1 actions of the East Dunbartonshire Dementia Strategy Action Plan 	<ul style="list-style-type: none"> Reach of service widened Increase alignment of service to strategic aims of national strategy Developed partnership working to address Dementia Friendly Communities 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Continue on target access to Post Diagnostic Support within 6 weeks of diagnosis 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Fiona Munro Amanda McCrone David Radford <u>Pentana admin:</u> Amanda McCrone	<u>LOIP</u> 5, 6 <u>HB</u> Older Peoples Mental Health Strategy <u>TSC</u> 2, 4
Maximising Operational Integration	Right Care Right Place: urgent and unscheduled health and social care redesign	Improve patient experience, safety, clinical outcomes, and organisational efficiency in responding to and managing urgent health care needs and preventing unnecessary hospital care (Redesign)	<ul style="list-style-type: none"> Continued delivery of East Dunbartonshire components of the GGC Unscheduled Care Joint Commissioning Plan 	<ul style="list-style-type: none"> Improved interface between secondary care and community services to reduce avoidable transfers of care and escalation to acute Improved early identification of and action towards frailty in the community and hospital discharges 	<u>Investment:</u> £152,759 for 2023/24 Unscheduled Care Financial Framework (funded through Adult Winter Planning funding / current care home budget). <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Unscheduled Care Performance Framework Quarterly Performance Report 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Fiona Munro Alison Willacy James Johnstone <u>Pentana admin:</u> Fiona Munro James Johnstone	<u>LOIP</u> 5, 6 <u>HB</u> Joint Commissioning Plan for Unscheduled Care Implementation <u>TSC</u> 2, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Workforce and Organisational Development	Supporting the wellbeing of the health and social care workforce	Respond to the pressures across all staff, independent contractors, commissioned services, partners and stakeholders due to the impact of the pandemic, with wellbeing support prioritised (Redesign)	<ul style="list-style-type: none"> Continue to promote Wellbeing Initiatives and links to information Continue to promote and train - Peer Support workers across all service areas Reduce absenteeism in line with attendance management policy, and supporting staff 	<ul style="list-style-type: none"> Peer supporters will be able to identify & signpost colleagues if help is required All staff encouraged to complete LearnPro Level 1 Module "Introduction to Psychological Wellbeing" Resources available to managers for Absence Support for all staff Wellbeing Bus visits local community areas for staff to attend and have some time for Relaxation & Recuperation whilst having access to free Wellbeing information and support 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil		<u>Overall lead:</u> Tom Quinn <u>Project Officers:</u> Margaret Hopkirk Lisa Walsh <u>Pentana admin:</u> Lisa Walsh	<u>LOIP</u> 4 <u>HB</u> Better Workplace <u>TSC</u> 2

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Equipping the workforce and workplace during and after the pandemic	Ensure that the workforce and the workplace is prepared and equipped to respond to the impact of the pandemic (Redesign).	<ul style="list-style-type: none"> • In line with the HR Workforce Action Plan – continue to achieve having the right workforce with right skills in the right place at the right time • Continue to work with staff and partnership representatives engaging in service reviews and to develop future service models • Ensure staff feel valued and rewarded for the work they do 	<ul style="list-style-type: none"> • Minimum Staffing Guidance is implemented and monitored • Internal career pathways developed • iMatter staff surveys show positive outcomes • Yearly Staff Awards & celebrating success 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil		<u>Overall lead:</u> Tom Quinn <u>Project Officers:</u> Margaret Hopkirk Lisa Walsh <u>Pentana admin:</u> Lisa Walsh	<u>LOIP</u> 4 <u>HB</u> Better Workplace <u>TSC</u> 2

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Redesigning the Public Dental Service to support the right care is being delivered in the right place at the right time	Redesign the Public Dental Service by taking forward the recommendations from the Public Dental Service Review (Redesign).	<ul style="list-style-type: none"> Implementation of the Public Dental Service review Programme Board recommendations 	<ul style="list-style-type: none"> To maximise current and future estate, that is fit for purpose and future proof To review service delivery model to identify gaps in staff resources and skill mix To ensure focus on providing appropriate clinical care to those most in need To ensure focus on providing appropriate clinical care to those most in need To ensure the Public Dental Service is part of the Board's Digital Strategy 	<u>Investment:</u> Use of earmarked reserves and any in year underspend to ensure resources are fit for purpose <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Improved patient pathways and outcomes resulting in positive feedback or reduced complaints Improved referral pathways for General Dental Practitioners Improved feedback in iMatter demonstrated improved staff morale 	<u>Overall lead:</u> Clinical Services Manager for Primary Care Dental Services <u>Project Officers:</u> Clinical Director for Public Dental Services <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5, 6 <u>HB</u> Public Dental Service Redesign Strategy <u>TSC</u> 1, 2, 4, 5, 6

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Implementing a skills framework for supporting children's mental health and wellbeing	Support the improvement of children's mental health and wellbeing, by implementing a national workforce knowledge and skills framework (Improvement).	<ul style="list-style-type: none"> Implement Children & Young People's Mental Health & Wellbeing action plan 	<ul style="list-style-type: none"> Improved access to Tier 1 and 2 services 	<u>Investment:</u> Scottish Government grant funding <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Number of young people accessing services 	<u>Overall lead:</u> Claire Carthy <u>Project Officers:</u> Vivienne Tennant <u>Pentana admin:</u> Claire Carthy	<u>LOIP</u> 3 <u>HB</u> MFT <u>TSC</u> 2, 3, 4
Medium Terms Financial and Strategic Planning	Maximising available resources	Maximise available resources through efficiency, collaboration and integrated working (Improvement)	<ul style="list-style-type: none"> Develop HSCP Strategic Plan 2025 onwards 	<ul style="list-style-type: none"> New Strategic Plan developed in line with Public Bodies (Joint Working) (Scotland) Act 2014 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> New Strategic Plan approved by Integrated Joint Board 	<u>Overall lead:</u> Alison Willacy <u>Project Officers:</u> Andy Craig Matthew Forbes <u>Pentana admin:</u> Andy Craig	<u>LOIP</u> 3, 5, 6 <u>HB</u> All relevant NHSGGC policies and strategies <u>TSC</u> 3
			<ul style="list-style-type: none"> Implement focussed programme of de-prescribing and realistic medicine 	<ul style="list-style-type: none"> Reduced prescribing levels and spend Increased health literacy amongst the population Increased ownership of health amongst people with long term conditions (self-management) 	<u>Investment:</u> £78,360 <u>Disinvestment:</u> £1,188,000 savings generated	<ul style="list-style-type: none"> Prescribing spend and volumes Numbers of Future Care Plans Increased provision of health information Increased uptake of self-management for people with long term conditions 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Carolyn Fitzpatrick James Johnstone David Radford <u>Pentana admin:</u> James Johnstone	<u>LOIP</u> 5, 6 <u>HB</u> Realistic Medicine, Chief Medical Officer Report, Values Based Medicine <u>TSC</u> 1, 2, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
			<ul style="list-style-type: none"> Maximise efficiency within in-house adult social care services 	<ul style="list-style-type: none"> Reduced hourly unit cost for in house care at home service Reduced costs of service for in house accommodation with support 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> TBC (costs of service savings PID to be approved)	<ul style="list-style-type: none"> Spend reduced in line with budget to address financial challenge 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> Richard Murphy <u>Pentana admin:</u> Richard Murphy	<u>LOIP</u> 6 <u>HB</u> <u>TSC</u> 1, 2 4
				<ul style="list-style-type: none"> Undertake a review of the Care of Gardens Scheme to develop a new model operating within the available financial envelope 	<ul style="list-style-type: none"> Public consultation Benchmarking with other schemes in other Local Authorities Revised financial framework New operating and delivery model 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> £100,000	<ul style="list-style-type: none"> New operating and delivery model in place, that is affordable and has been subject to robust public consultation. 	<u>Overall lead:</u> Derrick Pearce Jean Campbell <u>Project Officers:</u> TBC <u>Pentana admin:</u> TBC
	Balancing investment and disinvestment	Balance investment and disinvestment to deliver HSCP priorities within the medium term financial plan (Improvement)	<ul style="list-style-type: none"> Review of transport provision 	<ul style="list-style-type: none"> Consistent application of existing Transport Policy to be established Review of Policy to be completed 	<u>Investment:</u> No additional investment beyond the core budget available <u>Disinvestment:</u> £50,000 (identified following conclusion of the review)	<ul style="list-style-type: none"> Existing policy to be applied Review to be completed and updated policy developed 	<u>Overall lead:</u> David Aitken Jean Campbell <u>Project Officers:</u> Gayle Paterson <u>Pentana admin:</u> Gayle Paterson	<u>LOIP</u> 6 <u>HB</u> N/A <u>TSC</u> 7

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
Collaborative Commissioning	Supporting Primary Care Improvement	Support primary care improvement and multi-disciplinary working through development in line with the new General Medical Services Contract Memorandum of Understanding (Improvement)	<ul style="list-style-type: none"> Continued implementation of the East Dunbartonshire Primary Care Improvement Programme 	<ul style="list-style-type: none"> Expansion of Community Treatment and Care services and development of pharmacotherapy hub 	<u>Investment:</u> £3,150,000 Primary Care Improvement Plan funding + Agenda for Change uplift to be advised <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Maximise implementation of core Memorandum of Understandings within financial envelope 	<u>Overall lead:</u> Derrick Pearce <u>Project Officers:</u> James Johnstone Dianne Rice <u>Pentana admin:</u> Dianne Rice	<u>LOIP</u> 3, 5, 6 <u>HB</u> Primary Care Improvement Planning <u>TSC</u> 2, 3, 4
Infrastructure and Technology	Modernising health and social care facilities	Progress towards the development of appropriate, modern facilities that enable co-location of team members and services as well as alignment with GP Practices (Redesign)	<ul style="list-style-type: none"> Progression of Property Strategy to redesign and refresh current accommodation 	<ul style="list-style-type: none"> Progression of capital projects within Bishopbriggs town centre Progress improvements to existing premises to ensure modern fit for purpose accommodation Scope alternative options for accommodation in the West locality 	<u>Investment:</u> <ul style="list-style-type: none"> £1,244,000 NHSGGC capital funding secured to support Bishopbriggs projects £2,000,000 Accommodation Redesign reserve available to support wider accommodation priorities <u>Disinvestment:</u> Nil	<ul style="list-style-type: none"> Projects completed in Milngavie, Bishopbriggs and KHCC as planned New business case for an integrated Health and Care Centre in the West locality developed 	<u>Overall lead:</u> Jean Campbell <u>Project Officers:</u> Vandrew McLean <u>Pentana admin:</u> Vandrew McLean	<u>LOIP</u> 3, 5, 6 <u>HB</u> NHSGGC Property Strategy and Capital Plans <u>TSC</u> 2, 4

Links to Strategic Plan 2022-25			Actions 2024/25	Outcomes 2024/25	Financial Investment / Disinvestment	Performance Measures	Delivery Leads	Links to LOIP / Health Board / Transformation Scoring Criteria
Strategic Priority / Enabler	Commitment	Strategic Objective						
	Maximising the potential of digital solutions	The delivery of a comprehensive Digital Health and Social Care Action Plan that maximises the potential of digital solutions, whilst ensuring equality of access for everyone (Redesign)	<ul style="list-style-type: none"> Implement actions in the HSCP Digital Strategy 	<ul style="list-style-type: none"> Conclusion of the digital telecare transformation project Further embedding of digital solutions for service users, including digital monitoring devices 	<u>Investment:</u> £500,000 reserve created to support delivery of digital redesign <u>Disinvestment:</u> TBC - savings identified pending delivery of the strategy	<ul style="list-style-type: none"> Completion of the digital telecare project Increased uptake and use of digital monitoring devices for service users 	<u>Overall lead:</u> Jean Campbell <u>Project Officers:</u> Elaine Marsh James Gray <u>Pentana admin:</u> James Gray	<u>LOIP</u> 5, 6 <u>HB</u> NHSGGC Digital On Demand <u>TSC</u> 2, 3, 4

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	280324-07 Agenda Item 7b 28th March 2024
2	Report Title	HSCP Annual Delivery Plan 2023-24
3	Date direction issued by Integration Joint Board	28th March 2024
4	Date from which direction takes effect	1 st April 2025
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes (reference number: 230323-7) Supersedes
7	Functions covered by direction	HSCP Annual Delivery Plan 2024-25: The business planning intentions of the HSCP Board for the period 2024-25 in pursuance of the implementation of the current Strategic Plan which covers all delegated functions of the IJB.
8	Full text of direction	The Integration Joint Board directs partners to support the agreed areas of development as set out in the HSCP Annual Delivery Plan 2024-25. The Annual Delivery Plan draws together the strategic development priorities for the year, informed by the Strategic Plan's development priorities, the NHS Moving Forward Together Strategic Plan, the priorities of East Dunbartonshire Council as set out in the Community Planning Partnership's Local Outcome Improvement Plans, new statute and policy drivers, and identified areas for transformation change and our savings requirements. The Annual Delivery Plan is attached as appendix 1 to the cover report.
9	Budget allocated by Integration Joint Board to carry out direction	The funding implications, both spend and disinvestment, are set out within the body of the Annual Delivery Plan which is attached as appendix 1 to the cover report.
10	Details of prior engagement where appropriate	Preparation of the HSCP Strategic Plan was subject to two-stage statutory engagement with both constituent bodies and other prescribed consultees. Engagement with the constituent bodies has been through the following representative mechanisms:

		<ul style="list-style-type: none"> ● HSCP Strategic Planning Group ● HSCP Leadership Group / Forum ● HSCP Staff Partnership Forum ● HSCP Public Service User & Carer Group ● HSCP Clinical & Care Governance Group ● HSCP Board Development Seminar ● NHS GGC Corporate Management Team ● NHS GGC FP&P Committee ● EDC Corporate Management Team ● EDC Elected Member engagement via Technical Note ● HSCP Locality Planning Groups ● EDVA Third Sector Interface Group(s) ● GP Forum ● Carers Partnership Group <p>Further details on the processes and outcomes of these consultative and engagement processes is set out variously in HSCP Board reports 2021-22. The specific actions in the Annual Delivery Plan are the points of action during year 3 of the implementation of the Strategic Plan</p>
11	Outcomes	The HSCP Annual Delivery Plan 2024-25 operates in line with the HSCP Strategic Plan 2022-25, which is aligned to the National Health and Wellbeing Outcomes and subscribes to the National Integration Planning and Delivery Principles.
12	Performance monitoring arrangements	The performance monitoring arrangements are detailed in the “Measuring Success: Performance, Standards and Quality” section of the HSCP Strategic Plan 2022-25
13	Date direction will be reviewed	31 st March 2025

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/08

CONTACT OFFICER: DAVID AITKEN, HEAD OF ADULT SERVICES

SUBJECT TITLE: JOINT INSPECTION OF ADULT SUPPORT & PROTECTION SERVICES – INSPECTION REPORT AND ACTION PLAN

1.0 PURPOSE

1.1 The purpose of this report is to advise members of the outcome and publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire.

2.0 RECOMMENDATIONS

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

2.1 Note the publication of the Joint Inspection of Adult Support and Protection Services in East Dunbartonshire.

2.2 Note that the Action Plan in response to the inspection findings will be overseen by the Adult Protection Committee reporting to the Chief Officer's Group.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND

3.1 On the 16th October 2023 the Care Inspectorate, His Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland wrote to the Chief Executive of East Dunbartonshire Council to advise that they would undertake a joint inspection of Adult Support and Protection arrangements in East Dunbartonshire.

3.2 The focus of the joint inspection was to provide;

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported.
- Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to identify good practice and support improvement more broadly across Scotland.

3.3 The Inspection Team conducted the investigation focussing upon two particular areas of our work and quality indicators;

- Key adult support and protection processes
- Leadership for adult support and protection.

3.4 The Inspection was undertaken in phases between November 2023 and January 2024. Actions carried out included a staff survey, preparation of a position statement, provision of relevant supporting evidence, file reading and sampling of Social Work, NHS and Police Scotland records, and focus groups with staff across the partnership and third sector.

3.5 The first formal feedback on any element of the inspection findings was provided on the 19th of February 2024 when the Care Inspectorate issued the draft report for factual accuracy followed by the Professional Discussion 2 feedback which took place on the 21st February 2024. The factual accuracy report feedback was provided in line with the agreed timeline of 23rd February 2024. The embargoed report was published 5th March 2024 and the report was finally published 12th March 2024.

FEEDBACK FROM INSPECTION / MAIN FINDINGS

3.6 The same methodology and approach has been applied by the Joint Inspection Team across Scotland. East Dunbartonshire were one of six pilot inspection sites in 2017 the remaining 25 partnerships have been inspected following the development of the inspection methodology. The full national cycle of inspection reports is now being completed by the current Joint Inspections of the original six partnerships.

3.7 The Joint Inspection team report against the two key quality indicators using an assessment grading of;

- Very Effective
- Effective with recommendations
- Important areas of weakness

3.8 East Dunbartonshire's Joint Inspection report highlights significant areas of good practice and areas for further development and concluded on an assessment grading for the two quality indicators;

- Key adult support and protection processes – **Effective with Recommendations**
- Leadership for adult support and protection - **Effective with Recommendations**

3.9 This evaluation is applied identifying that there are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

3.10 The report highlights the following summary of strengths and areas of good practice;

- Adult support and protection inquiries were undertaken in line with the revised code of practice. They were comprehensive, collaborative, and effectively determined whether the three-point criteria was met.
- The quality of completed chronologies was a clear strength. Strong collaboration and promotion of a trauma informed-approach supported effective decision making and protective actions.
- Adult support and protection investigations were competent and comprehensive. A significant number of health professionals were trained as second workers. This ensured that adults at risk of harm benefitted from a collaborative and multi-agency approach.
- Strategic leaders effectively communicated the joint vision for adult support and protection. This was well understood by staff at all levels.

3.11 The report also highlighted three priority areas for improvement.

- The partnership should promote more consistent use of chronologies to inform analysis and better reflect the impact of life events on the adult at risk of harm.
- The partnership should ensure that risk assessments are undertaken, and case conferences held for all adults at risk of harm when necessary. These are key components of protection and support for adults and will improve how protection risks are identified and mitigated.
- The partnership's self-evaluation framework should be assessed and refined to ensure it can identify all areas for improvement. This will strengthen leadership and governance of adult support and protection practice across the partnership.

3.12 Additional commendation was given in relation to the staff survey response which the Joint Inspection Team identified as one of the strongest staff survey returns nationally, reflecting the strength of our collaborative working and collective and shared ownership of adult support and protection.

3.13 An Action/Improvement Plan will be developed in response to the areas for improvement identified and this is to be submitted to the Care Inspectorate by the 24th April 2024. The Action / Improvement Plan will be overseen by the Adult Protection Committee reporting to the Chief Officer's Group.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – The inspection relates to the delivery of adult support and protection services to customers.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – The inspection relates to the delivery of statutory functions specifically adult support and protection work and the inspection process is also in line with statutory requirements.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 The inspection process seeks to assess our key processes and strength or our strategic leadership, in the delivery of Adult Support and Protection services in East Dunbartonshire. The findings offer assurance that these are effective with clear strengths supporting positive experiences and outcomes for adults at risk of harm, with three priority area identified for further development.

6.0 IMPACT

6.1 **STATUTORY DUTY** – Scottish Ministers formally direct the Care Inspectorate to lead a joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Adult Support and Protection services are supported by East Dunbartonshire Council

6.3 NHS GREATER GLASGOW AND CLYDE – Adult Support and Protection services are supported by East Dunbartonshire Council

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 Appendix 1 – East Dunbartonshire Joint Inspection Adult Support and Protection Report



JOINT INSPECTION
OF **ADULT SUPPORT
AND PROTECTION**

East Dunbartonshire Partnership March 2024

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Joint inspection of adult support and protection in the East Dunbartonshire partnership

Joint inspection partners

Scottish Ministers requested that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland.

Phase two

This programme follows our phase one inspections. We published an [overview report](#) which summarised the findings and key themes identified. Phase two is closely linked to the Scottish Government's improvement plan for adult support and protection, and the national implementation groups which support it.

The joint inspection focus

Phase two joint inspections aim to provide national assurance about individual local partnership¹ areas' effective operations of adult support and protection key processes, and leadership for adult support and protection. We also offer a summary of the partnerships' progress since their inspection in 2017.

Updated [codes of practice](#) were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, we issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. The East Dunbartonshire partnership had fully adopted the codes of practice.

The focus of this inspection was on whether adults at risk of harm in the East Dunbartonshire partnership area were safe, protected and supported.

The joint inspection of the East Dunbartonshire partnership took place between October 2023 and February 2024. We scrutinised the records of adults at risk of harm for the preceding two-year period from October 2021 to October 2023.

Quality indicators

Our quality indicators² for these joint inspections are on the Care Inspectorate's website.

Progress statements

To provide Scottish Ministers with timely high-level information, this joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

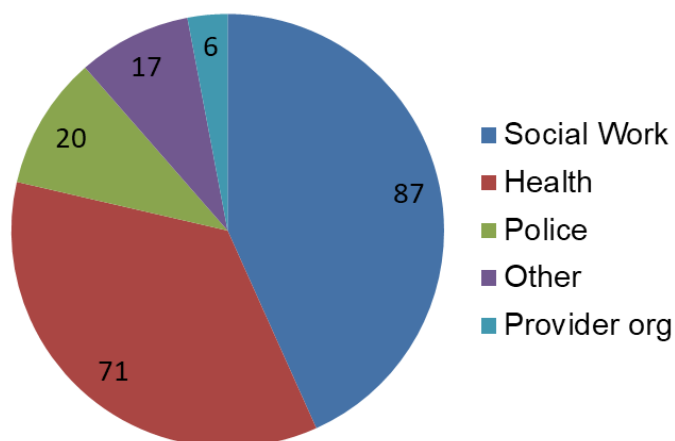
Joint inspection methodology

In line with the targeted nature of our inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

The analysis of supporting documentary evidence and a position statement submitted by the partnership.

Staff survey. Two hundred and one staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.

Respondents by Employer type



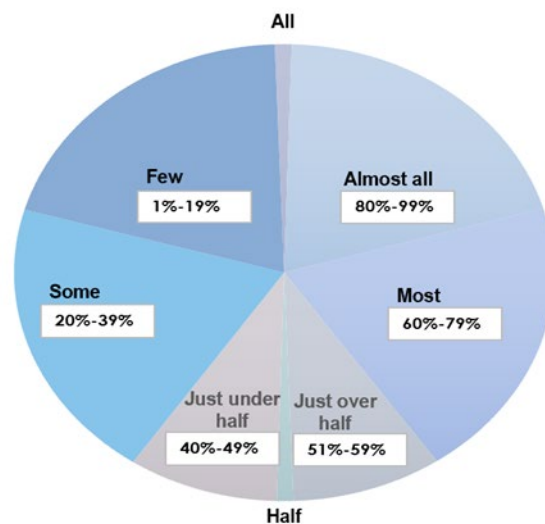
The scrutiny of social work records of adults at risk of harm. This involved the records of forty adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.

The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of forty-two adults at risk of harm for whom inquiries have used investigative powers under sections 7-10 of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.

Staff focus groups. We carried out three focus groups and met with 36 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

Standard terms for percentage ranges

Data descriptors for percentage scale



Summary – strengths and priority areas for improvement

Strengths

- Adult support and protection inquiries were undertaken in line with the revised code of practice. They were comprehensive, collaborative, and effectively determined whether the three-point criteria was met.
- The quality of completed chronologies was a clear strength. Strong collaboration and promotion of a trauma informed approach supported effective decision making and protective actions.
- Adult support and protection investigations were competent and comprehensive. A significant number of health professionals were trained as second workers. This ensured that adults at risk of harm benefitted from a collaborative and multi-agency approach.
- Strategic leaders effectively communicated the joint vision for adult support and protection. This was well understood by staff at all levels.

Priority areas for improvement

- The partnership should promote more consistent use of chronologies to inform analysis and better reflect the impact of life events on the adult at risk of harm.
- The partnership should ensure that risk assessments are undertaken, and case conferences held for all adults at risk of harm when necessary. These are key components of protection and support for adults and will improve how protection risks are identified and mitigated.
- The partnership's self-evaluation framework should be assessed and refined to ensure it can identify all areas for improvement. This will strengthen leadership and governance of adult support and protection practice across the partnership.

How good were the partnership's key processes to keep adults at risk of harm safe, protected and supported?

Key messages

- Initial inquiries effectively determined whether adults were at risk of harm. All initial inquiries that involved investigatory powers were undertaken by a council officer, in keeping with the adult support and protection code of practice.
- Comprehensive and timely investigations were conducted for adults who required them. Health professionals were effectively deployed as second workers when necessary.
- Completed chronologies were of a high standard. The well-designed format was co-designed with staff and supported trauma informed practice. However, chronologies were not completed for some adults at risk of harm who needed one.
- Case conferences effectively determined what was needed to keep an adult at risk of harm safe. Police and health always attended when invited. The reasons why adults did not attend needed to be more accurately recorded in the minutes of meetings.
- Half of adults at risk of harm did not have a risk assessment and some adults did not have a case conference when they should have done. Although the quality of those completed was high, protection planning was inconsistent.
- The application of local guidance linking the risk assessment and management procedure (RAMP) was inconsistent. Some adults at risk of harm subject to RAMP were therefore denied access to the safeguards adult support and protection legislation offered.
- Referrals to independent advocacy were not consistently made limiting the adult at risk of harm's ability to express their views and wishes.

We concluded the partnership's key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Screening and triaging of adult protection concerns

All adult support and protection referrals and adult concern reports were recorded on the social work IT system upon receipt. This was overseen by the shared services business support team. Referrals were then forwarded on to the relevant specialist or locality team where social work team managers or deputising senior practitioners screened all referrals and concern reports within one working day.

All adult protection referrals automatically triggered a duty to inquire under the Adult Support and Protection (Scotland) Act 2007 unless there was already an ongoing inquiry. Adult concern reports sent by the police were also escalated to an adult protection inquiry where warranted.

Decisions to progress to an adult support and protection inquiry, were accurately recorded as an outcome of the screening process.

Repeat adult support and protection referrals or adult concern reports received within a six-month period were escalated to service manager level for a review of the circumstances. Multi-agency meetings were frequently used options to share information and agree a pathway for intervention if necessary.

Initial inquiries into concerns about adults at risk of harm

The partnership was an early adopter of the Scottish Government's revised code of practice for adult support and protection. It took positive steps to align social work capacity and resources to ensure requirements were met. These measures contributed to significant improvement in the quality of practice since the 2017 inspection.

Commendably, every initial inquiry where investigative powers were enacted was carried out by a council officer in a timely manner. The quality of almost all inquiries were good or better and completed in keeping with the principles of the act. The three-point criteria was almost always correctly applied. Communication between multi-agency partners at this early stage was effective. Strong management oversight also complemented this effective area of practice. This level of collaboration supported effective decision making and consequently every episode reached the right stage of the adult support and protection process. In just over half of initial inquiries, the adult at risk of harm was informed of their rights and that they were subject to adult support and protection activity.

Interagency referral discussions

Following a pilot in 2018, interagency referral discussions (IRDs) were included in East Dunbartonshire partnership's local adult support and protection procedures. They were managed under a joint protocol agreed by social work, Police Scotland, and health and could be initiated by any partner.

While this was a very positive step taken by the partnership, IRDs were under-utilised. This limited the potential benefits for considering and mitigating against risk of harm. A more consistent approach would strengthen practice.

Inquiries including the use of investigatory powers

Chronologies

Where chronologies were completed, the quality was good or better in almost all cases reflecting a significant strength in this area of practice. This was aided by a well-designed tool available for and used by both child and adult protection services. Strengths included the concise level of detail recorded and clear layout of key events. This supported a trauma-informed approach that enabled staff to recognise and take account of past and present complex life events.

Some records that should have contained a chronology did not. The partnership's own audits showed more work was needed to ensure that all adults at risk of harm benefitted from this commendable approach.

Risk assessments

There was a risk assessment in half of the records we read. Where available, all were timely and nearly always informed by multi-agency partners' views. The quality of those completed was mostly good or better. Positive features of completed risk assessments included the comprehensive level of detail and analysis of risk.

While the overall quality of completed risk assessments was high, the partnership must address the significant number of adults at risk of harm with no risk assessment in their record. Risk assessments in cases not progressing to case conference should be an area of particular focus. Risk assessment is a critical area of practice that should be addressed to ensure all adults are safe from harm.

The partnership identified that risk assessment practice required improvement and targeted improvement actions were ongoing.

Investigations

Almost all records included a comprehensive investigation. Positively they were timely, and appropriate parties were involved every time including council officers. Where second workers were needed, they were almost always deployed including where health professionals were needed. The quality of most investigations was good or better and almost all effectively determined if the adult was at risk of harm. There was a combined inquiry and investigation template co-designed with staff that supported this work. This template contributed to effective work in this important area of practice in accordance with the code of practice.

Adult protection initial case conferences

Where case conferences took place, they effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected and supported. The quality of case conferences was positive with almost all being good or better. Case conferences were almost always undertaken in a timely manner with most involving the relevant professional parties. Health and police attended every time they were invited.

Just under half of cases should have progressed to the initial case conference stage but did not. For those cases that failed to progress, this meant the adult missed the opportunity to benefit from careful protection analysis and planning. A common diversion for those who should have progressed was the use of various pre-planning meetings and the Risk Assessment and Management Procedures (RAMP). Senior staff were clear that the RAMP process was specifically for complex cases that did not meet the three-point criteria, but we found this varied. Both processes were coupled together with adults frequently passing between the two processes. There was inconsistency of practice in this area of work.

The adult's attendance at case conferences is important but sometimes not appropriate. Almost all records showed that adults were not invited to case conferences with the reasons evident just under half the time. The commitment to carer involvement was clearer. They were always invited where appropriate, were well supported and attended every time.

Adult protection plans / risk management plans

Protection plans were completed when an initial or review case conference decided that one was necessary to manage risk under adult support and protection or RAMP. Cases that did not progress to case conference did not benefit from a risk management plan. Some records did not have a protection plan when they should have. This was an area of practice needing some attention. All of those completed were up to date and almost all reflected the input of multi-agency partners. The quality of most was good or better.

Adult protection review case conferences

The picture for review case conferences mirrors the issues in the initial case conferences. They were timely, of good quality and effectively determined how to keep the adult safe when they took place. Just under half the time they did not take place when they should have.

Implementation / effectiveness of adult protection plans

The partnership used core group meetings where relevant, to review allocated actions of protection plans arising from adult support and protection case conferences. Where protection plans were in place, they were almost always collaborative and effectively determined what was needed to keep the adult at risk of harm safe. The quality of protection planning for adults who did not move on to case conference was mixed. Too often the records did not detail what needed to be done to keep adults safe from harm.

Large-scale investigations

The partnership recently updated its large-scale investigation guidance in 2023. No large-scale investigations had been conducted during the inspection timeframe.

Collaborative working to keep adults at risk of harm safe, protected and supported.

Overall effectiveness of collaborative working

The partnership broadly followed the West of Scotland interagency adult support and protection practice guidance 2019. The partnership has diverged from the West of Scotland guidance for areas related to the Scottish Government's revised code of practice. Local operational adult support and protection procedures were updated in 2023 and took account of these changes. They were well embedded and supported confidence amongst staff.

The partnership recently implemented a public protection website with both public and staff facing pages. Although the adult protection pages still required some development, they allowed staff to access policies, procedures and other relevant documents more easily.

Staff felt they were well supported to work collaboratively. There was strong collaboration evident in key areas of practice including investigations and case conferences. Health and police attended all case conferences when invited and it was clear from case conference minutes that agencies collaborated to support and protect adults at risk.

Health involvement in adult support and protection

Community-based health services in the partnership area were well organised and effective. Key health staff at all levels were often co-located with social work colleagues which promoted effective networking and knowledge sharing. A dedicated joint team worked closely with care home providers. The integrated care home support team addressed care home related referrals in a timely manner and supported improvements in practice that reduced risks to adults living in these settings.

NHS Greater Glasgow and Clyde provided acute hospital services. In line with the NHS public protection accountability and assurance framework, the NHS board recently developed a public protection strategy and service. The public protection leads attended the adult protection committee to ensure clear links and information sharing.

Health staff made referrals for adult support and protection in some of the cases. Timely feedback was provided to the referrer in most instances. Health staff fully understood their role and what to do when concerns about an adult at risk of harm arose. They were confident about appropriately escalating matters relating to adult support and protection and applying the three-point criteria.

The quality of community health services interventions was always good or better. The interventions provided following emergency readmissions were mostly good. Medical examinations were always carried out when required. Commendably, suitably qualified health professionals were always deployed as second workers when appropriate. This was a strong area of practice. Health colleagues always attended case conferences when invited however, in some cases the partnership did not invite health colleagues. This was an area for improvement.

Health staff shared information appropriately and effectively. Commendably, in most cases adult support and protection information was evident in and well recorded in health records.

Capacity and assessment of capacity

For some adults at risk of harm, an assessment of capacity was necessary. Staff sought these most of the time when required. A suitable health professional carried out capacity assessments promptly when requested on all occasions. Overall, this was a positive element of practice.

Police involvement in adult support and protection

Contacts made to the police about adults at risk were almost all effectively assessed for threat of harm, risk, investigative opportunity, vulnerability and engagement (THRIVE). Just over half of cases had an inaccurate STORM Disposal Code (record of incident type).

In almost all cases the initial attending officers' actions were evaluated as good or better. The assessment of risk of harm, vulnerability and wellbeing was accurate and informative in all cases. The wishes and feelings of the adult were always appropriately considered and recorded.

Where adult concerns were recorded, officers did so efficiently and promptly on all occasions, using the interim vulnerable persons database (iVPD).

In almost all instances, frontline supervisory input was evident. Supervisory oversight was found to be good or better on most occasions.

Divisional concern hub staff actions and records were good or better in almost all of the cases read, with a resilience matrix and relevant narrative of police concerns recorded in all instances. Almost all referrals were shared by the divisional concern hub timeously to partners.

The inspection team were encouraged by the commitment of Police Scotland in the creation of a dedicated adult, support and protection team. Officers were tasked to deal with any issues and work alongside statutory and third sector partners, to improve the wellbeing of individuals who placed the greatest demands on services. This resource commitment built on existing relationships and enhanced a collaborative approach to complex or protracted cases.

The initiation of an escalation protocol review (instances of repeat police involvement) appeared to be well embedded with almost all relevant cases following

the protocol. When the escalation protocol was adhered to, almost all action was rated good or better.

The Police attended case conferences on all occasions when invited. It was evident that the Police were invited to most case conferences.

Third sector and independent sector provider involvement

The third and independent sector made a few adult support and protection referrals. They provided additional support in some cases and were involved in delivering crucial services relating to protection plans. Almost all adults at risk of harm who needed additional support from services got it. For most adults, this support was comprehensive, effective, and met the adult's personal outcomes. All provider staff who responded to the survey were supported to work collaboratively and understood their role. They were positive about their opportunities to participate in multi-agency training and development opportunities.

Key adult support and protection practices

Information sharing

Information sharing between partners was timely and effective. Almost all staff agreed that they understood their role and knew what to do if they were concerned that an adult was at risk of harm. Local adult support and protection procedures encouraged agencies to make referrals where there were concerns. On most occasions, referrers were offered feedback in accordance with procedures.

Management oversight and governance

While most social work managers read adult support and protection records, discussions and decisions from supervision were evident just under half the time. Overall, most recording was in line with the needs of the adult at risk of harm. Governance of police records was almost always evident. Commendably, health records demonstrated management oversight most of the time.

Involvement and support for adults at risk of harm

The views of adults at risk of harm were almost always considered throughout their adult support and protection journey. Potential barriers to their involvement were effectively addressed, and effective support for the adult at risk of harm, was provided in almost all cases. Unpaid carers were also consulted, and their views consistently sought indicating a strong person-centred approach by staff.

Less positively, only a few adults at risk of harm were invited to case conferences. These were critical decision-making forums that had the potential to change adults' lives. More transparency in this important area of practice was needed.

Independent advocacy

Adults at risk of harm were not routinely offered advocacy. Reasons for not referring to advocacy were not always recorded. A referral was made in just over half of the cases where it was deemed appropriate. When the advocacy service was offered, it was always provided timeously and helped the adults at risk of harm's views to be articulated and heard. A more consistent approach would benefit adults at risk of harm to express their views.

Financial harm and alleged perpetrators of all types of harm

A few adults at risk of harm whose records we read experienced financial harm. The partnership took effective multi-agency action to stop this harm in all cases. The perpetrator was almost always known to the partnership, and it undertook the necessary supportive work with them most of the time. The quality of work with perpetrators was good or better in just over half of cases.

Safety outcomes for adults at risk of harm

Almost all adults at risk of harm experienced some improvement to their safety due to the partnership's adult support and protection intervention. For most adults this was a result of multi-agency working. Almost all adults who required additional support received it.

Adult support and protection training

The partnership's adult support and protection learning strategy was reviewed annually. This supported a comprehensive and ambitious local multi-agency training programme including a bespoke approach for local community health teams. All social workers within adult services were expected to undertake council officer training when they met the requirements set out in the revised code of practice. This resulted in sufficient council officers to meet the demands of adult support and protection work within the partnership.

Training was viewed very positively by staff. All survey respondents agreed that the adult support and protection training that they received provided them with the skills, confidence, and knowledge to undertake their role and duties.

How good was the partnership's strategic leadership for adult support and protection?

Key messages

- The vision for adult support and protection was well understood by staff at all levels across the partnership.
- Strategic leaders drove a high level of strategic collaboration that led to impressive innovations and improvements in some areas of practice.
- The partnership had well embedded leadership and governance frameworks that oversaw the quality of adult support and protection activity.
- The approach to self-evaluation should be assessed and refined to better highlight those key areas for improvement identified. A more comprehensive approach will strengthen the partnership's delivery of competent and effective practice.
- There was no involvement of adults with lived experience on the adult protection committee. The partnership was implementing a strategy to address this issue.

We concluded the partnership's strategic leadership for adult support and protection was effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.

Vision and strategy

The partnership had a clear vision statement it intended to refresh and promote in the spring of 2024. Commendably, almost all staff agreed that local leaders provided them with a clear vision for their adult support and protection work. Strategic leaders and frontline staff worked in proximity and joint working practices promoted a culture of co-production with staff. A champions group supported such initiatives. The adult protection committee and lead officer played a key role in promoting the vision in their work. The lead officer often attended team meetings and partner agency forums to promote and embed adult support and protection priorities in practice.

The partnership's vision would benefit from being more clearly embedded in their strategic planning and delivery of core documents. This would provide a stronger and more visible golden thread for its vision.

Effectiveness of strategic leadership and governance for adult support and protection across partnership

The chief officers' group provided the high-level oversight for adult support and protection work. The group consisted of relevant agencies and meetings were planned at regular intervals. There was good evidence that this meeting connected well with the adult protection committee, public protection and wider health and social care strategic groups.

The chief officers' group received regular adult protection performance reports as well as briefings on the results of adult support and protection self-evaluation activity. They ensured necessary scrutiny and analysis. The independent convenor oversaw both child and adult protection committee activity which ensured a further layer of scrutiny. The convenor and lead officers shared dedicated administrative support that made effective use of their time.

Following the publication of the NHS Public Protection Accountability and Assurance Framework NHS Greater Glasgow and Clyde developed an NHS GGC public protection strategy. The public protection service was transitioning from a child protection unit to a public protection service. Adult support and protection work was well supported by the public protection leads and service team who attended the adult protection committee. This strengthened links across protection agendas.

The adult protection committee oversaw five sub-groups. Two operated jointly with the child protection committee. These arrangements provided opportunities for collaboration which the partnership took advantage of including the development of their effective chronology tool. Work across the sub-groups was collaborative and well supported by the chief officers' group. Improvement activities were co-produced and included representation across sectors and staff groups. For example, this was evident in their hoarding and self-neglect, integrated care home support team and large-scale investigation work. The partnership's efforts to promote this approach was evident amongst staff who shared a very high level of staff confidence in their strategic leadership team.

Effectiveness of leaders' engagement with adults at risk of harm and their unpaid carers

Adults and carers were not directly represented on the adult protection committee. The partnership recognised this and placed a high value on the voice of lived experience. There was previously a consultation sub-group that was deemed impactful, but its lifespan had ended. In response, the adult protection committee reviewed their approach and was actively developing a participation strategy. This built on the positive achievements of the previous sub-group and was engaging adults with lived experience to inform the partnership's priorities and adult protection committee business plan and improvement cycle.

This plan identified what needed to be done to further integrate the voices of those with lived experience in the partnership's improvement journey. The strategy aimed to ensure the views of adults with lived experience was routinely captured and that this influenced strategic change and improvement. These were cognisant with the principles of adult support and protection legislation.

Delivery of competent, effective, and collaborative adult support and protection practice

The partnership had tools in place to ensure a very high level of adult support and protection work. Governance arrangements were long-standing and well embedded. Self-evaluation, audit, and improvement activity was collaborative and inclusive. However, despite these robust frameworks, there were several areas of key practice that required close attention. This included chronologies, risk assessments, protection plans, investigations, and case conferences.

While the quality of work done in these areas was sound, there were too many instances where more adult support and protection work should have been done to secure the safety of the adult. Adults who should have accessed these interventions risked missing out on protection planning and mitigation.

The risk assessment and management procedure (RAMP) process was well understood by social work managers and leaders. This level of confidence was not consistent across frontline social work services or other agencies including health and police. A few staff said the RAMP and adult protection key processes often converged. While we commend the complex case RAMP alternative to adult support and protection processes, there should be clearer delineation of those parallel processes.

Quality assurance, self-evaluation, and improvement activity

The partnership had a strong history of undertaking annual multi-agency self-evaluation activity that was thematic and took account of a small number of cases. Commendably, the third sector was well represented in this process led by the adult protection committee's continuous improvement sub-group. This was stood down during the Covid-19 pandemic but had re-started. Both the methodology and approach were mostly sound including benchmarking against other relevant national reports.

Action plans developed following this work were embedded in the adult protection committee's improvement plan and overseen by the adult protection committee and chief officers' group. Actions relating to wider health and social care issues were well connected to wider governance and reporting frameworks. Improvements were joint in nature and crossed partner agencies.

Routine social work audits took place, some of which related to protection or high-risk cases. Police Scotland G Division's adult protection team took on a quality assurance role in relation to the handling of adult concern reports and the adult protection committee was well sighted on the NHS public protection governance and accountability framework.

Overall, the deployment of multi-agency self-evaluation and audit was well embedded and collaborative. That said, refinement was needed to ensure it more accurately identified those areas for improvement noted in this inspection. Although we are assured the systems to govern and oversee improvement were in place, a more comprehensive approach was needed to impact more widely on areas for improvement.

Learning reviews

The partnership had not undertaken any learning reviews during the timeframe of the inspection. Learning points were addressed from an initial case review that was undertaken.

The partnership updated their learning review protocol. This was a helpful document that was aligned with the national guidance 2022 and provided a useful section on implementing recommendations.

Summary

Key processes

Overall, the partnership demonstrated resilience since 2017, including during the Covid-19 pandemic. During this period, it had maintained their approach to self-evaluation and audit and were early adopters of the code of practice.

The 2017 joint inspection of adult support and protection in East Dunbartonshire highlighted chronologies as an area for improvement. In response, the partnership implemented a chronology project in conjunction with staff from across children's and adult services. They effectively identified the barriers to creating, updating, and reviewing chronologies. The resulting improvement ensured a shared template with a focus on trauma and portability for young people transitioning from children's services. A prompt for managers to check for completion of chronologies was introduced to the reflective supervision tool in 2019 and staff were trained. Subsequent partnership audits found quality had improved but challenges remained with completion of chronologies. We found this remains the case. There was significant improvement in the quality of chronologies, but completion had only slightly progressed.

In 2017 just over half of initial inquiries were good or better. Improvement in this area was significant with all initial inquiries now good or better. Compliance with the code of practice was closely adhered to, with strong collaboration and oversight evident.

In 2017 almost all adults at risk of harm had a risk assessment completed, but this had since reduced to half. Protection plans had also declined from being present in almost all cases to just over half. Where completed, the quality of risk assessment had remained stable, with the quality of mostly good or better.

The quality of investigations in 2017 was a strength with almost all good or better. This had reduced, but as in 2017 almost all effectively determined if the adult was at risk of harm and all were completed timeously. A multi-agency approach was evident. Commendably, health staff were trained and acted as second workers when this was beneficial to the investigatory process.

Despite clear guidance the risk assessment and management procedure (RAMP) was used for some adults at risk of harm as an alternative to adult support and protection processes. This remains the case with convergence between the two processes impacting on the outcomes of a few adults at risk of harm. Adults meeting the three-point criteria should always access the protective safeguards afforded by adult support and protection legislation. In 2017 The chief officers' group were sighted on the need to monitor this delineation and oversight should continue as a priority.

Strategic leadership

The level of staff confidence in strategic leaders had improved since 2017 and was a positive feature of this inspection, reflected in our staff survey. This foundation forged close working relationships and confidence amongst staff across the partnership.

In 2017 the strategic leadership team had a clear vision that promoted productive and collaborative work for adult support and protection. There was effective oversight of multi-agency practice and the partnership used long established self-evaluation and audit activities to identify areas for improvement to good effect.

While this largely remained, the audit and self-evaluation approaches needed to be reviewed to ensure that key areas for improvement were identified and subsequently embedded in improvement plans. The competence and effectiveness of key areas of adult support and protection practice will improve as a result.

The strategic leadership continued to promote collaborative working. Close working relationships were evident at all levels, particularly between social work and health staff in adult support and protection work. They were strong operational and strategic partners. The integrated care home support team had reduced adult support and protection referrals from care homes and ensured that protection issues were dealt with consistently from a multi-agency perspective.

Next steps

We asked the East Dunbartonshire partnership to prepare an improvement plan to address the priority areas for improvement we identify. The Care Inspectorate, through its link inspector, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland will monitor progress implementing this plan.

Appendix 1 – core data set

Scrutiny of recordings results and staff survey results about initial inquiries – key process 1

Initial inquiries into concerns about adults at risk of harm scrutiny recordings of initial inquiries

- 100% of initial inquiries were in line with the principles of the ASP Act
- 100% of adult at risk of harm episodes were passed from the concern hub to the HSCP in good time
- 95% of episodes where the application of the three-point criteria was clearly recorded by the HSCP
- 95% of episodes where the three-point criteria was applied correctly by the HSCP
- 98% of episodes were progressed timeously by the HSCP
- Of those that were delayed, 100% were one to two weeks
- 85% of episodes evidenced management oversight of decision making
- 100% of episodes were rated good or better

Staff survey results on initial inquiries

- 96% concur they are aware of the three-point criteria and how it applies to adults at risk of harm, 2% did not concur, 1% didn't know
- 91% concur that interventions for adults at risk of harm uphold the Act's principles of providing benefit and being the least restrictive option, 3% did not concur, 6% didn't know
- 90% concur they are confident that the partnership deals with initial adult at risk of harm concerns effectively, 3% did not concur, 7% didn't know

Information sharing among partners for initial inquiries

- 88% of episodes evidenced communication among partners

File reading results 2: for 50 adults at risk of harm, staff survey results (purple)

Chronologies

- 61% of adults at risk of harm had a chronology
- 95% of chronologies were rated good or better, 5% adequate or worse

Risk assessment and adult protection plans

- 50% of adults at risk of harm had a risk assessment
- 74% of risk assessments were rated good or better
- 58% of adults at risk of harm had a risk management / protection plan (when appropriate)
- 73% of protection plans were rated good or better, 27% were rated adequate or worse

Full investigations

- 94% of investigations effectively determined if an adult was at risk of harm
- 100% of investigations were carried out timeously
- 72% of investigations were rated good or better

Adult protection case conferences

- 58% were convened when required
- 93% were convened timeously
- 100% were attended by the adult at risk of harm (when invited)
- Police attended 100%, health 100% (when invited)
- 93% of case conferences were rated good or better for quality
- 100% effectively determined actions to keep the adult safe

Adult protection review case conferences

- 45% of review case conferences were convened when required
- 100% of review case conferences determined the required actions to keep the adult safe

Police involvement in adult support and protection

- 100% of adult protection concerns were sent to the HSCP in a timely manner
- 93% of inquiry officers' actions were rated good or better
- 93% of concern hub officers' actions were rated good or better

Health involvement in adult support and protection

- 67% good or better rating for the contribution of health professionals to improved safety and protection outcomes for adults at risk of harm
- 70% good or better rating for the quality of ASP recording in health records
- 74% rated good or better for quality information sharing and collaboration recorded in health records

File reading results 3: 50 adults at risk of harm and staff survey results (purple)

Information sharing

- 98% of cases evidenced partners sharing information
- 95% of those cases local authority staff shared information appropriately and effectively
- 95% of those cases police shared information appropriately and effectively
- 100% of those cases health staff shared information effectively

Management oversight and governance

- 69% of adults at risk of harm records were read by a line manager
- Evidence of governance shown in records - social work 76%, police 90%, health 61%

Involvement and support for adults at risk of harm

- 83% of adults at risk of harm had support throughout their adult protection journey
- 76% were rated good or better for overall quality of support to adult at risk of harm
- 90% concur adults at risk of harm are supported to participate meaningfully in ASP decisions that affect their lives, 2% did not concur, 8% didn't know

Independent advocacy

- 58% of adults at risk of harm were offered independent advocacy
- 100% of those offered, accepted and received advocacy
- 100% of adults at risk of harm who received advocacy got it timeously.

Capacity and assessments of capacity

- 73% of adults where there were concerns about capacity had a request to health for an assessment of capacity
- 100% of these adults had their capacity assessed by health
- 100% of capacity assessments done by health were done timeously

Financial harm and all perpetrators of harm

- 17% of adults at risk of harm were subject to financial harm
- 100% of partners' actions to stop financial harm were rated good or better
- 20% of partners' actions against known harm perpetrators were rated good or better

Safety and additional support outcomes

- 88% of adults at risk of harm had some improvement for safety and protection
- 93% of adults at risk of harm who needed additional support received it
- 86% concur adults subject to ASP, experience safer quality of life from the support they receive, 3% did not concur, 11% didn't know

Staff survey results about strategic leadership

Vision and strategy

- 82% concur local leaders provide staff with clear vision for their adult support and protection work. 5% did not concur, 13% didn't know

Effectiveness of leadership and governance for adult support and protection across partnership

- 82% concur local leadership of ASP across partnership is effective, 2% did not concur, 15% didn't know
- 78% concur I feel confident there is effective leadership from adult protection committee, 3% did not concur, 18% didn't know
- 62% concur local leaders work effectively to raise public awareness of ASP, 10% did not concur, 28% didn't know

Quality assurance, self-evaluation, and improvement activity

- 69% concur leaders evaluate the impact of what we do, and this informs improvement of ASP work across adult services, 4% did not concur, 26% didn't know
- 75% concur ASP changes and developments are integrated and well managed across partnership, 4% did not concur, 21% didn't know

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/09

CONTACT OFFICER: ALISON WILLACY
PLANNING, PERFORMANCE AND QUALITY
MANAGER

SUBJECT TITLE: HSCP QUARTER 3 PERFORMANCE REPORT
2023 - 2024

1.0 PURPOSE

The purpose of this report is to inform the HSCP Board of progress made against an agreed suite of performance targets and measures, relating to the delivery of the HSCP strategic priorities and national health and wellbeing outcomes, for the period October to December 2023 (Quarter 3).

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report; and
- 2.2 Consider the contents of the Quarter 3 Performance Report 2023 - 2024 at **Appendix 1**.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The HSCP Quarter 3 Performance Report 2023-24 at **Appendix 1** contains a range of information, most of which is available and complete for the full reporting period.
- 3.2** There are routine delays with the publication of some data, particularly with validated data by Public Health Scotland, due to incomplete hospital-derived data in Section 3 of the report and the timing of certain waiting times data publications. In order to provide an indication of up to date performance in these areas, Greater Glasgow and Clyde Health Board's own hospital-derived activity data has been included. These are presented in a way that also permits summary comparison of our performance against targets and with other HSCP areas across the Health Board area. The methodology of local Health Board data differs in aspects from national data publications, so is not precisely comparable. However it provides accurate proxy data while waiting for published national figures.
- 3.3** The HSCP Board is invited to consider performance across each of the indicators and measures, which are aligned to the delivery of the national health and wellbeing outcomes and the HSCP strategic priorities.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – The report reflects on delivery of front line services to customers and patients.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – The report includes indicators and measures of quality and performance relating to services provided by the Council, under Direction of the HSCP Board.

6.3 **NHS GREATER GLASGOW & CLYDE** – The report includes indicators and measures of quality and performance relating to services provided by NHS Greater and Clyde, under Direction of the HSCP Board.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – HSCP Quarter 3 Performance Report 2023 - 2024

SECTION 1

Introduction

This HSCP Quarterly Performance Report provides an agreed suite of measures that report on the progress of the priorities set out in the Strategic Plan. Information is reported from national and local NHS sources and East Dunbartonshire Council sources to provide the most up to date information available. For clarity and ease of access, the data are set out in defined sections in accordance with where the data are sourced and reported. However, all the indicators set out in Sections 3-5 are inter-dependant; for example, good performance in social or health care service targets can contribute to improved performance elsewhere across the whole system.

Each indicator is reported individually. Charts and tables are provided to display targets, trend data, and where available, improvement trajectories. A situational analysis is provided to describe activity over the reporting period, and improvement actions are provided for all indicators that are below target.

The sections contained within this report are as listed and described below.

Section 2: Performance summary

This section provides a summary of status of all the performance indicators provided in this report by indicating which indicators have improved and which have declined.

Section 3: Health & Social Care Delivery Plan

The data for unscheduled acute care reported in this document is provided by National Services Scotland for the Ministerial Steering Group for Health & Social Care (MSG). This section provides the latest available data for those indicators identified as a priority by the MSG.

Section 4: Social Care Core Indicators

This is the updated report of the Social Care core dataset, provided by EDC Corporate Performance & Research team.

Section 5: NHS Local Delivery Plan (LDP) Indicators

LDP Standards refer to a suit of targets set annually by the Scottish Government, and which define performance levels that all Health Boards are expected to either sustain or improve.

Section 6: Children's Services Performance

This is the updated report of Children's Services performance, provided by EDC Corporate Performance & Research team.

Section 7: Criminal Justice Performance

This is the updated report of the Criminal Justice performance, provided by EDC Corporate Performance & Research team.

Section 8: Corporate Performance





Workforce sickness / absence, Personal Development Plans (PDP) & Personal Development Reviews (PDR) are monitored, and reported in this section.

SECTION 2 Performance Summary

This section of the quarterly report ranks each of the performance indicators and measures that feature in the report against a red, amber and green (RAG) rating, reflecting activity against targets and improvement plans.

As a result of the Covid-19 pandemic, presenting need, demand, service activity, performance and impact have been significantly affected in ways that affect the metrics and interpretations that are normally used to measure performance.

We have re-introduced the pre-Covid summary RAG rating (below), but caution should continue to be applied to interpretation. Full information on the impacts on performance is set out for each individual measure within the report.

-  Positive Performance (on target) improving
-  Positive Performance (on target) declining
-  Negative Performance (off target) improving
-  Negative Performance (off target) declining

Positive Performance (on target & maintaining/improving)

3.4	Number of accident and emergency attendances (all ages)
4.1	Number of homecare hours per 1,000 population 65+
4.2	Percentage of people aged 65+ with intensive needs receiving care at home
4.3	Percentage of service users aged 65+ meeting 6 week target
4.6	Percentage of adults in receipt of services who have had their personal outcomes fully or partially met
5.1	Percentage of people waiting less than 3 weeks for drug and alcohol treatment
5.2	Percentage of people waiting less than 18 weeks for psychological therapies
5.3	Percentage of people newly diagnosed with dementia receiving post diagnostic support
5.4	Total number of Alcohol Brief Interventions (ABIs) delivered
5.6	Percentage of young people seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of less than 18 weeks
6.2	Percentage of Initial Child Protection Planning Meetings taken place within Child Protection national guidance


6.3	Percentage of first Child Protection review conferences taking place within 6 months of registration
6.6	Percentage of children receiving 27-30 months assessment
7.1	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
7.2	Percentage of Criminal Justice Social Work reports submitted to court on time
7.3	Percentage of Court Report Requests allocated to a Social Worker within 2 working days of receipt

 **Positive Performance (on target but declining)**

4.5	Percentage of Adult Protection cases where timescales are met
6.1	Percentage of Child Care Integrated Assessments for SCRA completed within 20 days

 **Negative Performance (below target but maintaining/improving)**

3.2	Number of unscheduled hospital bed days
3.3	Quarterly number of delayed discharge bed days
5.5	Smoking quits at 12 weeks post quit in the 40% most deprived areas
6.4	Percentage of children being looked after in the community
8.5	NHS Knowledge & Skills Framework

 **Negative Performance (below target and declining)**

3.1	Number of unplanned acute emergency admissions
6.5	Percentage of first Looked After and Accommodated Children (LAAC) reviews taking place within 4 weeks of accommodation

SECTION 3

Health & Social Care Delivery Plan

The following targets relate to unscheduled acute care and focus on areas for which the HSCP has devolved responsibility. They are part of a suite of indicators set by the Scottish Government, and all HSCPs were invited to set out local objectives for each of the indicators. They are reported to and reviewed quarterly by the Scottish Government Ministerial Strategic Group for Health & Community Care (MSG) to monitor the impact of integration. Delays can occur with completeness of hospital-based data, so these tables and charts are based upon the most recent reliable data relevant to the reporting period (minimum 95% complete).

- 3.1** Emergency Admissions
- 3.2** Unscheduled hospital bed days; acute specialities
- 3.3** Delayed Discharges
- 3.4** Accident & Emergency Attendances

3.1 Emergency Admissions

Rationale: Unplanned emergency acute admissions are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting (aim to minimise).

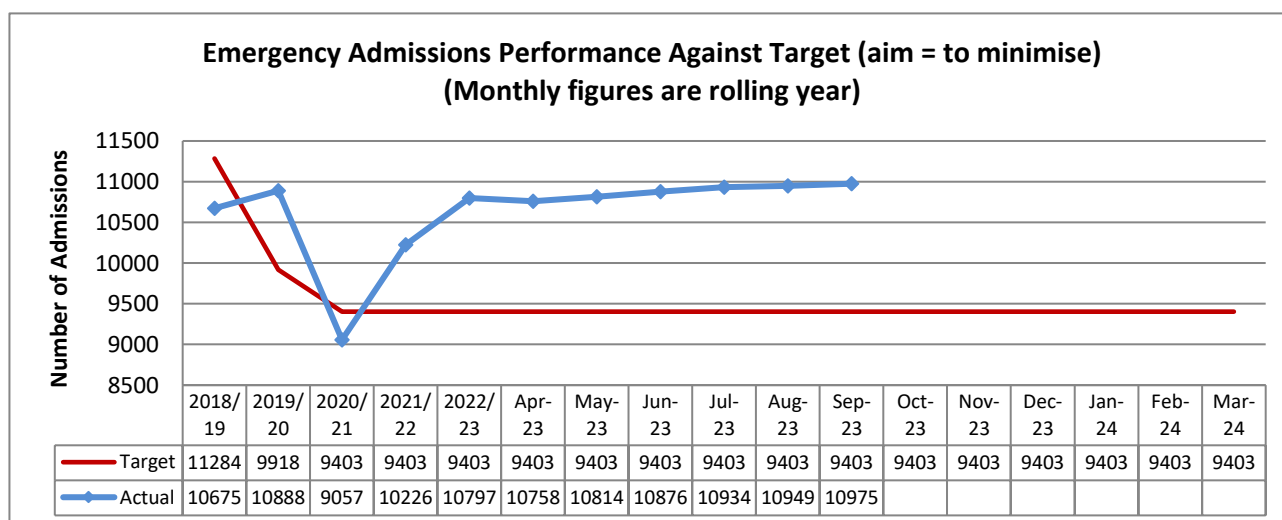
Table 3.1: Quarterly Number of Unplanned Acute Emergency Admissions

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Target (2023-24)
2,763	2,695	2,753	2,763	Q3 not available	2,351

*Based on availability of complete data for quarter at time of report – subject to update.

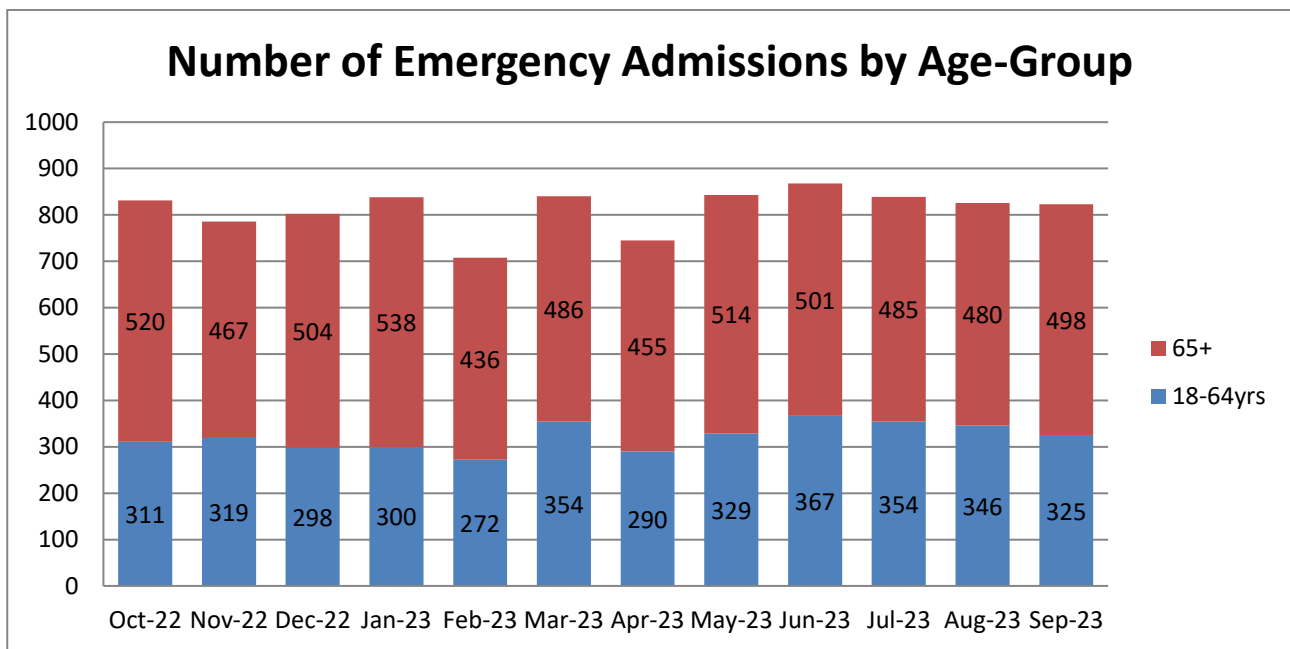
**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.1a: Rolling Year Number of Unplanned Emergency Admissions*



*Based on availability of complete data at time of report – subject to update

Figure 3.1b: Unplanned Emergency Admissions by Age Group



Situational Analysis:

The number of people being admitted unexpectedly to hospital is a key indicator of how well we are doing to maintain people in their own homes, particularly later in life. It is also a proxy indicator of the level of complexity being managed in the community, and how much of a burden of disease is potentially being experienced by our residents.

Monthly admission levels are at pre-pandemic levels and have largely plateaued over 2022/23 and 2023/24. The HSCP has not met its target for admissions since May 2021, but it should be noted that targets remain as those set by MSG in 2020/21 although the baseline has shifted significantly.

Improvement Actions:

The HSCP’s Unscheduled Care improvement activity includes the ongoing development of the Home First Response Service at the Queen Elizabeth University Hospital (QEUH), with corresponding extended, enhanced and advanced core services in the HSCP to assist in the prevention of admission and expedite discharge from acute services. Two HSCP Frailty Practitioners work in collaboration with Frailty Practitioners situated in the emergency department at the QEUH. The Frailty Practitioners are working with a limited number of GP practices to carry out focused improvement work and assess its impact. We have now embedded a community frailty pathway across GG&C. The HSCP continues to expand falls prevention work in care homes and community and has increasing access to advanced clinical decision making in community services through our Advanced Practitioner cohort. We also have a test of change in place to support care homes to avoid unnecessary admission of residents at weekends. Key to all of this this work is ensuring that behind these trends, people are receiving effective, timely access to assessment, diagnosis and treatment. Identifying individuals with complex needs through the locality practitioner groups enables more proactive care planning to reduce need for crisis resolution and transfers of care.

3.2 Unscheduled hospital bed days; acute specialities

Rationale: Unscheduled hospital bed days are focussed on reducing inappropriate use of hospital services and shifting the focus from a reliance on hospital care towards proactive support in the community setting (aim to minimise).

Table 3.2: Quarterly number of Unscheduled Hospital Bed Days (all ages)

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Quarterly Target (2023-24)
26,252	25,803	24,151	21,524	Q3 not available	20,181

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.2a: Rolling year number of Unscheduled Hospital Bed Days

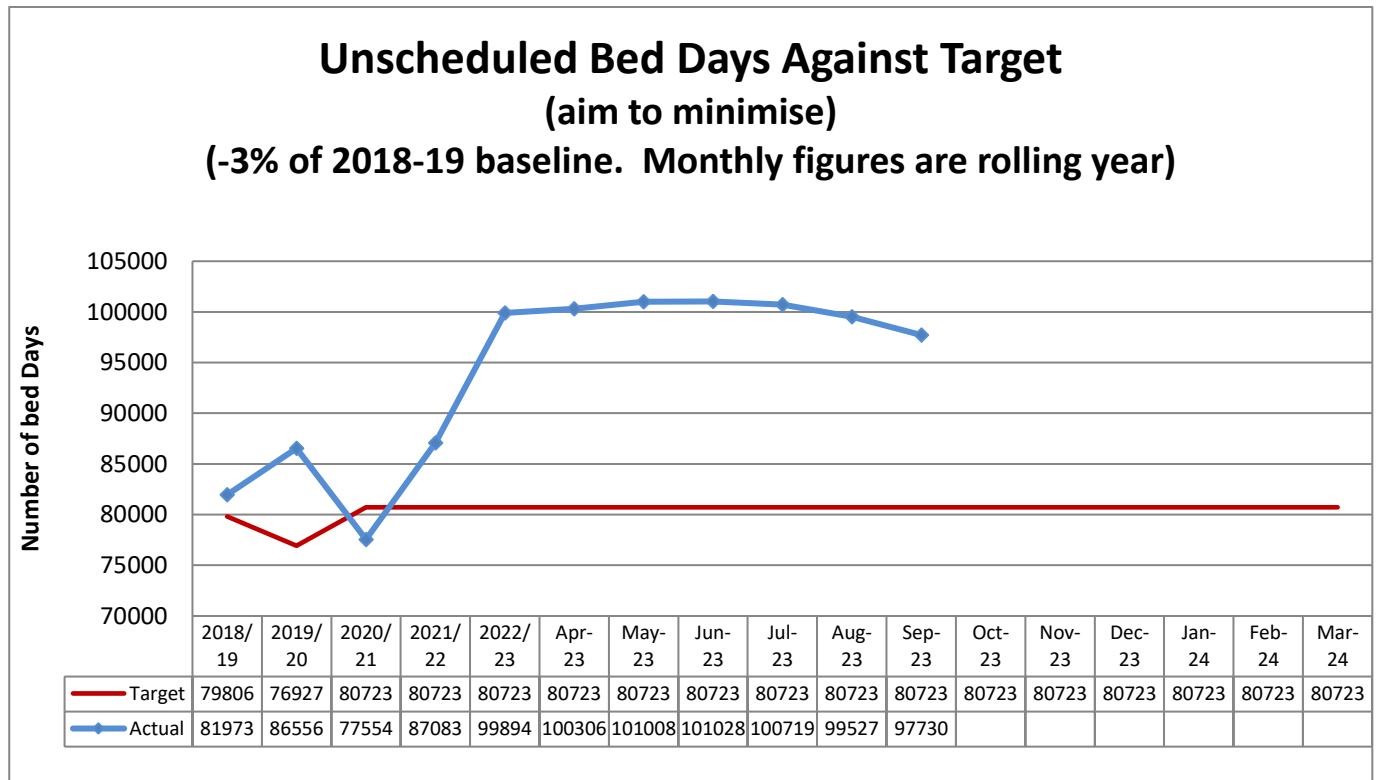
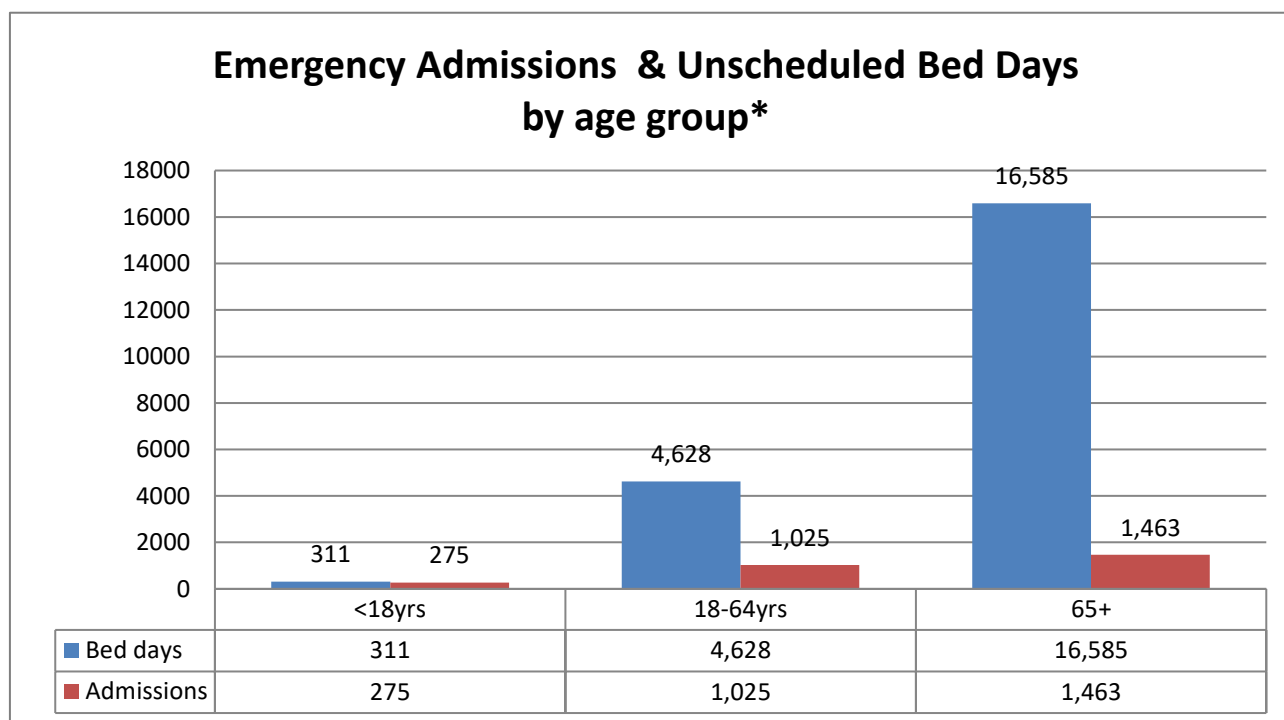


Figure 3.2b: Number of Unscheduled Admissions/Hospital Bed Days by Age Group *



*Based on most recent complete 3 month data period (July 23 – September 23, >=95% complete)

Situational Analysis:

This indicator describes the number of bed days in secondary care used by patients who have had an unplanned admission. Fig 3.2a illustrates what was a challenging trend away from the target trajectory over the years to 2019/20, the short term impact of the pandemic significantly reversed this trend during 2020/21. The “bounce-back” during 2021/22, which has been sustained into quarter 2 of 2023/24, has taken emergency bed days to above pre-Covid levels and significantly off-target. This is linked to the increasing complexity and frailty of people from East Dunbartonshire admitted as an emergency, and their suitability/safety for immediate discharge home. However, the number of unscheduled bed days has gradually decreased over the first two quarters of 2023/24.

Improvement Actions:

Our primary focus continues to be on prevention of admission, where possible, so that unnecessary accrual of bed days and the potential harm to people of a hospital stay, is avoided. This continues to be an important component of managing hospital capacity. There is senior level daily scrutiny of emergency admissions and proactive work with identified wards to facilitate safe discharge. Proactive work to support people currently in our services who are at greatest risk of admission via activity such as falls prevention, polypharmacy management and future care planning continues, as does work to support the turnaround of patients who present to emergency departments who can be supported towards a planned rather than emergency episode of care by tailoring community support at home, or to provide this as soon after an avoidable admission as possible. Targeted work continues to proactively link with secondary care to support earlier discharge through primary/secondary care clinician discussions.

3.3 Delayed Discharges

Rationale: People who are ready for discharge will not remain in hospital unnecessarily (aim to minimise).

Table 3.3: Quarterly Number of Delayed Discharge Bed Days (18+)*

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Quarterly Target (2023-24)
1,618	2,187	1,674	1,834	Q3 not available	1,210

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.3a: Rolling year number of Delayed Discharge Bed Days (18+)

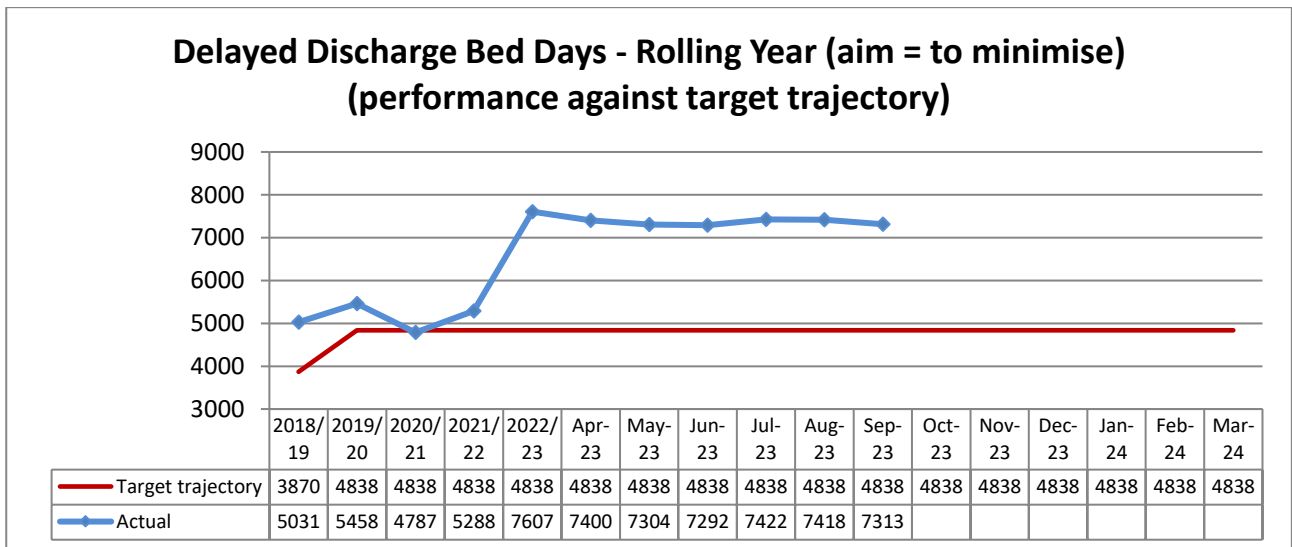
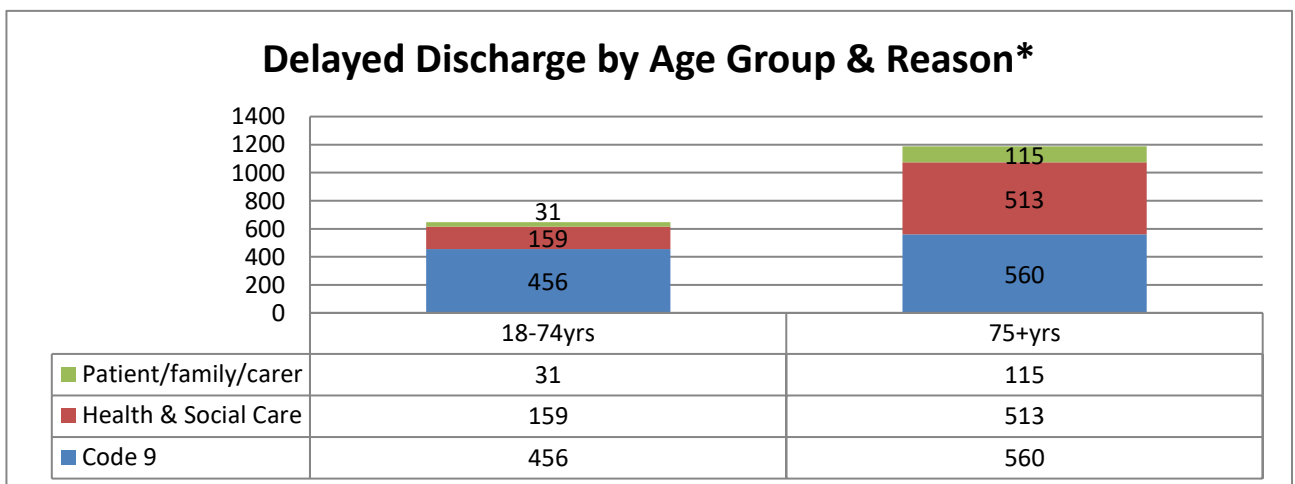


Figure 3.3b: Number of Delayed Discharges by Age and Reason



*Based on most recent complete 3 month data period (July to September 2023)

Situational Analysis:

Facilitating discharge from hospital when a patient is clinically fit to return home is an important component of the health and social care whole system. This ensures that people are supported safely at home where possible, reduces the loss of independence and “deconditioning” that can occur while an inpatient, and allows hospital resources to be used for people in need of hospital based care. Complete national data is only available to September 2023, but figure 3.3a illustrates the very challenging circumstances that continue to be experienced nationwide in relation to patients delayed in their discharge.

The HSCP is confident in all efforts in relation to delayed discharges but there remain stubborn challenges regarding complex cases (particularly where patients are subject to Adults with Incapacity legislation), and placement or care package availability at times, particularly for people under 65 or who require complex care.

Improvement Actions:

Use of electronic operational activity dashboards continues to enable local oversight of community patients who have been admitted to hospital so that a response can be made quickly, prior to these patients being deemed fit for discharge. The HSCP can also see patients who have been admitted who are not currently known to us, again allowing early intervention. In addition, all of the actions described in the previous indicator around prevention of admission are relevant to avoiding delayed discharges. Home for Me continues to coordinate admission avoidance and discharge facilitation work (including discharge to assess). Attempts to expand the care at home component of the service have prevailed, where recruitment continued to be a challenge. The HSCP works closely with care homes and continuously develops our Care Homes Support team, and has attempted to increase our use of interim placement in line with Scottish Government expectations. Acceptance of a move to interim care remain at the choice of the individual and their family, however, and cannot be mandated by the HSCP.

3.4 Accident & Emergency Attendances

Rationale: Accident & Emergency attendance is focussed on reducing inappropriate use of hospital services and changing behaviours away from a reliance on hospital care towards the appropriate available support in the community setting (aim to minimise).

Table 3.4 Quarterly Number A&E Attendances (all ages)*

Q3 2022-23	Q4 2022-23	Q1 2023-24	Q2 2023-24	Q3 2023-24	Quarterly Target (2023-24)
6,736	5,958	6,843	6,774	Q3 not available	6,740

*Based on availability of complete data for quarter at time of report – subject to update.

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

Figure 3.4a: Rolling year number of A&E Attendances

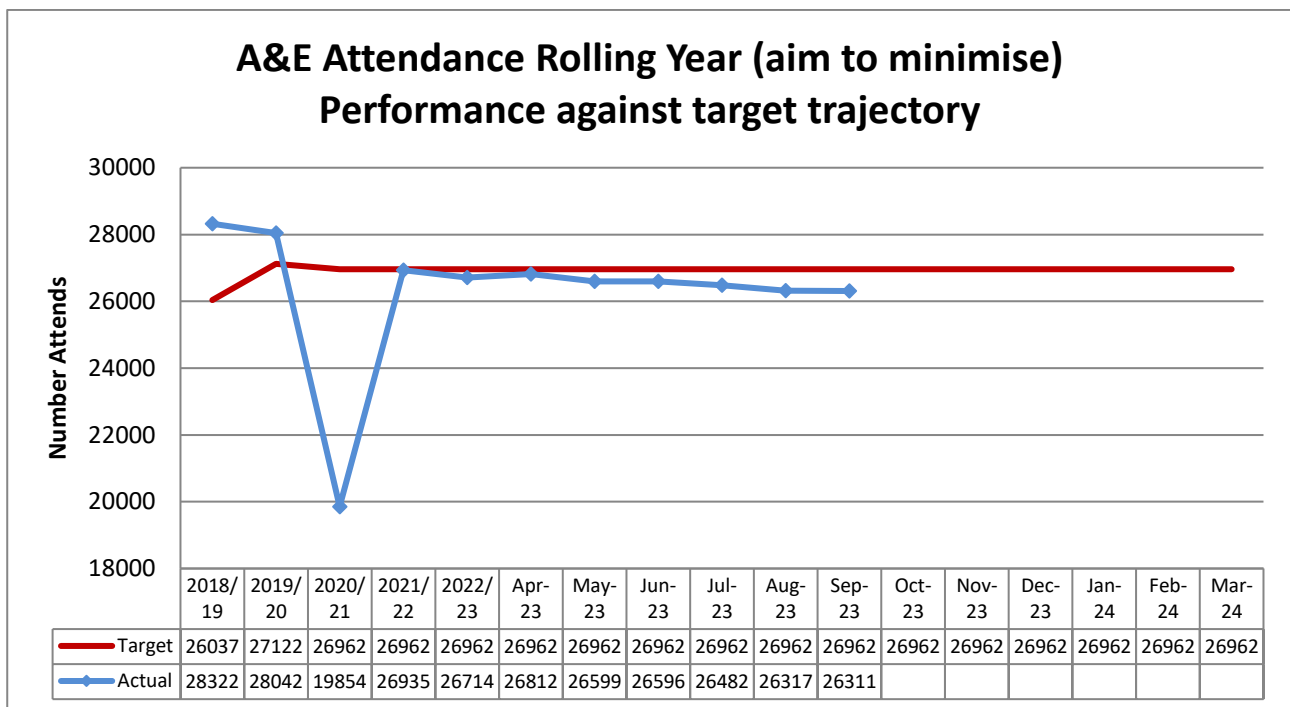
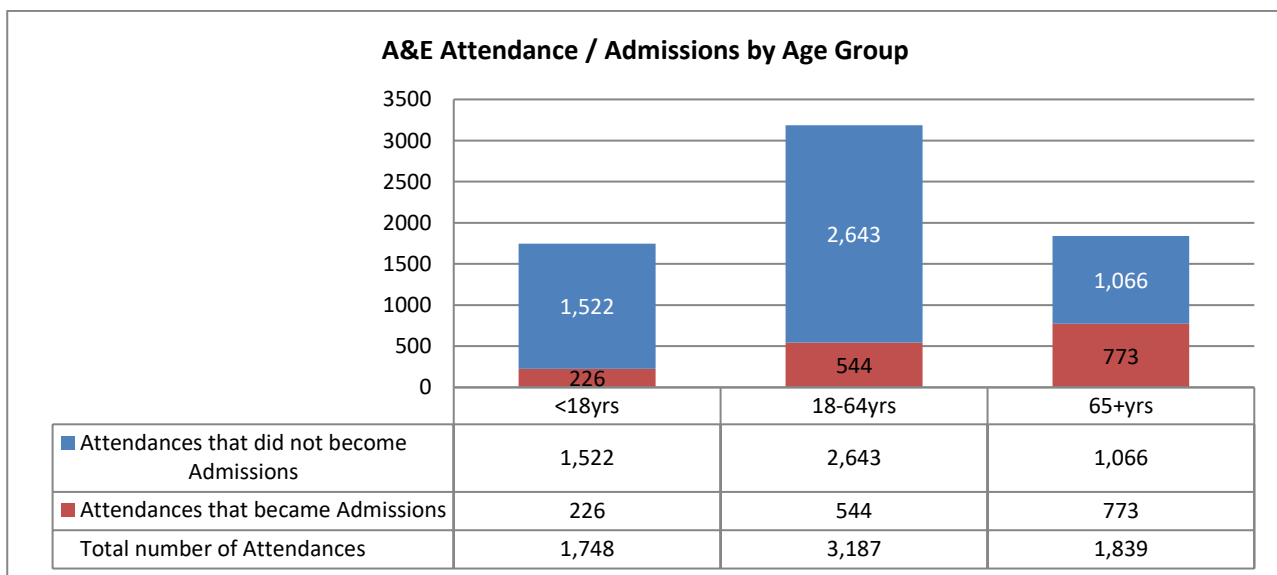


Figure 3.4b: A&E Attendances Admitted to Hospital by Age Group



*Based on most recent complete 3 month data period, July to September 2023 (>=95% data completeness)

Situational Analysis:

East Dunbartonshire had the lowest level of emergency department attendances, per 1,000 population, across Greater Glasgow and Clyde during 2022/23. These lower than average emergency attendance levels by area have continued into 2023/24, with attendances below target for 2023/24, to date.

The data at 3.4b shows the proportion of those who attended A&E who were subsequently discharged without admission, suggesting that a significant number of those in the younger age-groups attending A&E could have had their needs met in the community or via self-care. In order to address this on a national level “Right Care, Right Place” continues to

operate across Scotland. Scotland’s new approach to urgent care has those with non-life threatening conditions who would usually visit an emergency department first, asked to call NHS 24 day or night on 111 through the NHS Board’s Flow Navigation Hub. People can also continue to call their GP practice for urgent care or access help online from NHS Inform.

Improvement Actions:

From an HSCP perspective we continue to progress all developments supporting the transformation of patient access to the right advice and support from the appropriate professional and/or alternative community resources. Locally we continue to upskill core services supported by senior clinical decision makers, to prevent avoidable admissions. Additionally, as referenced above, we are improving our response to people attending hospital following emergency conveyance or self-presentation.

3.5 Local Data Updates and Benchmarking

As indicated at the start of this section, the data reported in this report is provided as part of a national publication by Public Health Scotland (PHS). Data linkage and verification results in a time-lag, which explains why the most recent reporting month is August 2023 for a number of these core indicators.

In order to provide a local update to these figures, the table below is included here. This table is populated with NHSGGC data, which applies a slightly different methodology to PHS but is accurate for use as proxy data to show more recent figures. The table compares our performance for the reporting year to date against target and against other HSCP’s in Greater Glasgow and Clyde.

**East Dunbartonshire HSCP Unscheduled Care (NHSGGC data sources)
Data Summary: April to September 2023**

Measure	Actual (Year to Date)	Target (Year to Date)	Target RAG*	Rank in GGC (most recent month)
Emergency Dept. Attendances (18+)	13,863	14,756	Green	2
Emergency Admissions (18+)	7,151	7,052	Amber	2
Unscheduled bed days (18+)	71,383	60,542	Red	4
Delayed discharge bed days (all ages)	5,567	3,629	Red	4

* RAG rating used:

Green: equal to or ahead of target (ahead of target is ‘positive’)

Amber: off-target by less than 10% (off-target is ‘negative’)

Red: off target by 10% or more

**Targets remain as those set by MSG in 2020/21 as no new targets have been set although the baseline has shifted significantly

(Source: NHSGGC - East Dunbartonshire HSCP Analysis)

SECTION 4

Social Care Core Indicators

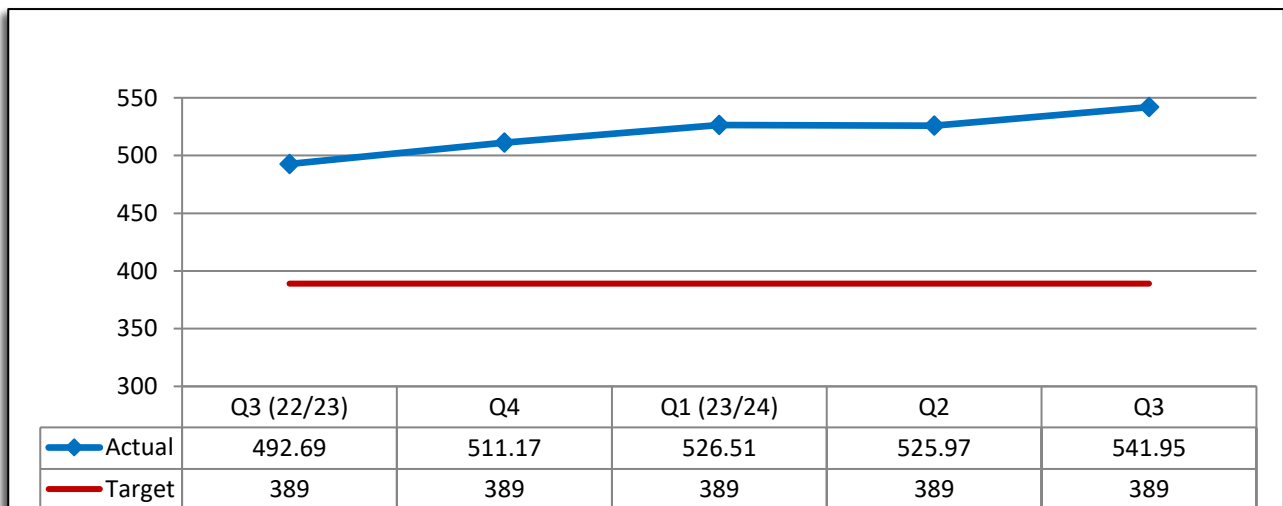
This section provides an updated report of Social Care core dataset and includes data collated by East Dunbartonshire Council's Performance & Research Team. Although reported separately from the Health and Social Care data, the following indicators are integral to achieving the targets set out in the Health and Social Care Annual Delivery Plan and HSCP Unscheduled Care Plan.

- 4.1 Homecare hours per 1,000 population aged 65+yrs
- 4.2 People aged 65+yrs with intensive needs receiving care at home
- 4.3 Community assessment to service delivery timescale
- 4.4 Care home placements
- 4.5 Adult Protection inquiry to intervention timescales

4.1 Homecare hours per 1,000 population aged 65+yrs

Rationale: Key indicator required by Scottish Government to assist in the measurement of Balance of Care (aim to maximise in comparison to support in institutional settings).

Figure 4.1: No. of Homecare Hours per 1,000 population 65+ (IHSC-89-LPI-6)



Situational Analysis:

This indicator was first established nationally to measure the extent of community-based support, in comparison with institutional care. The number of homecare hours per 1,000 population over 65 has steadily increased in recent quarters and continues to be ahead of target in quarter 3 of 2023/24. Whilst this demonstrates success in supporting people in the community, the increase also indicates rising demand and complexity. Our analysis on the reasons for this rising demand point to the disproportionate increase in people aged 85+ in East Dunbartonshire, which has been the highest in Scotland over the past 10 years at +5% per year. We are projected to continue to have the fastest growing increase over the next 10 years. People aged 85+ overall have the greatest level of need in terms of volume and intensity of older people's health and social care services. Approximately 40% of people 85+ are in receipt of at least one social/personal care at home service.

Improvement Action:

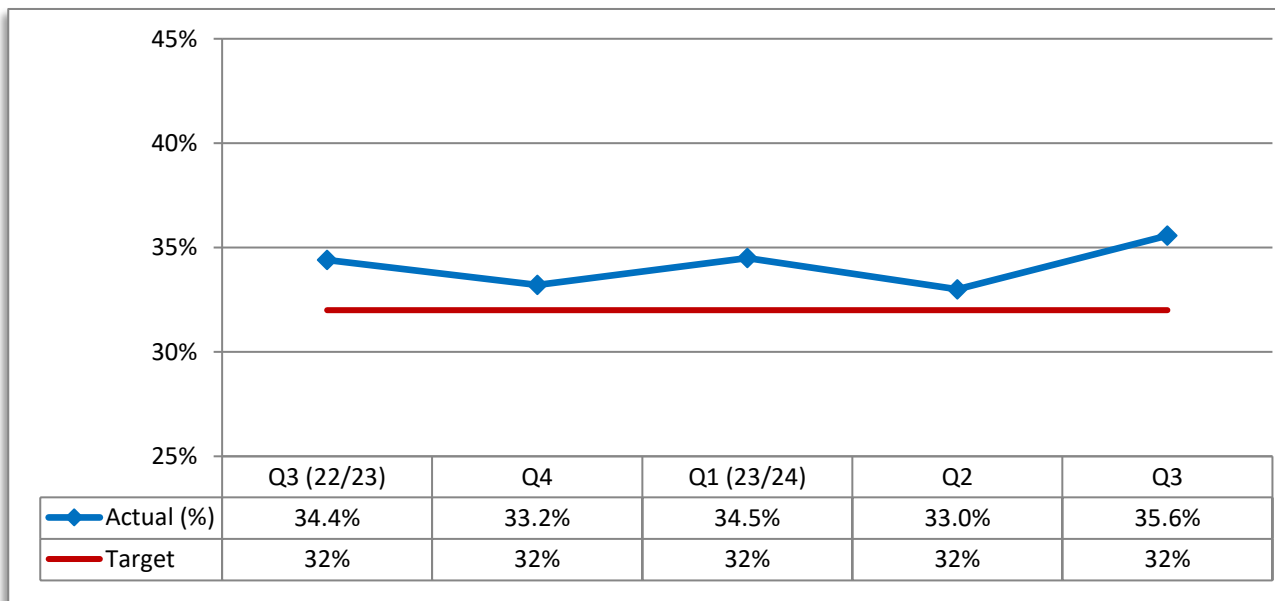
Care at home is a cornerstone service in the community health and social care landscape. Performance in relation to maintaining people in their own home, facilitating people to die in their preferred place of care and reducing the number of people living in long term care are all dependant on care at home.

The service continues to experience a sustained demand for service from customers who are presenting with more complex needs or whose needs have escalated or significantly changed. Both in house and commissioned services continued to stretch capacity and work flexibly to meet the demand challenges that present. Demand pressures are being actively managed by the service and monitored by the HSCP Operational Response Group (ORG).

4.2 People Aged 65+yrs with Intensive Needs Receiving Care at Home

Rationale: As the population ages, and the number of people with complex care needs increases, the need to provide appropriate care and support becomes even more important. This target assures that home care and support is available for people, particularly those with high levels of care needs (aim to maximise).

Figure 4.2a: Percentage of People Aged 65+yrs with Intensive Needs Receiving Care at Home (aim = to maximise) (HSCP-SOL-SW3)



Situational Analysis:

This indicator is above target for quarter 3 of 2023/24. The indicator measures the number of people over 65 receiving 10 hours or more of homecare per week, which is a historic measure of intensive support. Our policy is to support people with intensive care needs in the community as far as possible. Traditionally the aim has been to maximise this value. However we also have to be mindful of the need to maximise independent living using “just enough” support rather than creating over-dependency and afford people the opportunity to regain physical function through reablement as much as possible.

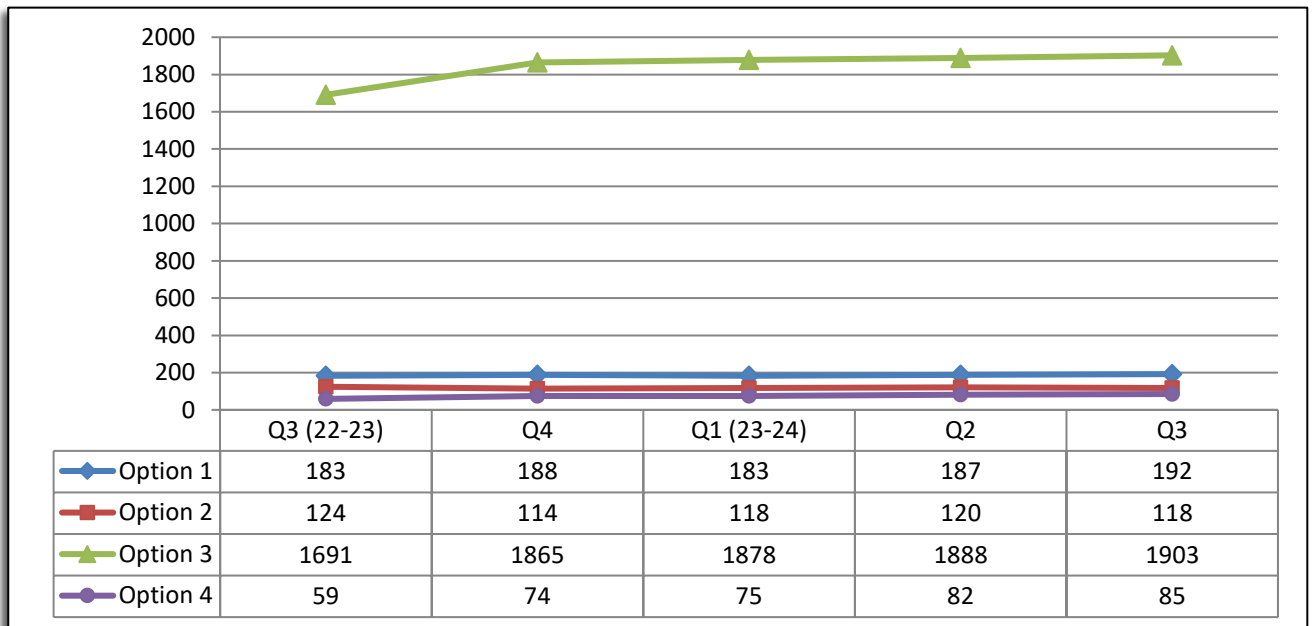
Improvement Action:

Our intention is to maintain good, balanced performance in this area, addressing capacity challenges and maximising rehabilitation and reablement opportunities wherever possible for customers. The HSCP continue to experience challenges in meeting all demand for care at home services in house and through our commissioned provider partners. Workforce pressures remain the most common reason for capacity shortages. The service continue to meet excellent performance standards in undertaking reviews to ensure that optimum levels of care are provided, reducing packages where appropriate thus enabling care to be freed up for others. The in-house service continues to operate with higher than desirable levels of overtime use due to ongoing high numbers of vacancies across the service.

4.2b Systems supporting Care at Home

Rationale: The following indicators contribute partly to support the previous indicators. They are important in improving the balance of care and assisting people to remain independent in their own homes, but do not have specific targets.

4.2b (i): Number of people taking up SDS options



Situational Analysis:

The indicators measure the number of people choosing Self Directed Support Options to direct their own support package. Their choice will be dependent upon the amount of control and responsibility that the customer or their family wish to take in arranging the delivery of care. None of the options are considered inferior to the other options and the statistics reflect customer choice. Note that if service users choose more than one support option (as per option 4), they will also be added to the total of each option that applies.

This quarter has seen an increased uptake in options 1, 3 and 4. The national recruitment and retention issues for social care staff are still having a significant impact across options 1 and 2. However, there continues to be an increase in the number of Option 1 customers purchasing support from persons who are registered as self-employed, after confirming

acceptance of the risks associated with purchase, which may be having a positive effect on the uptake of Option 1.

Option 1 – The service user receives a direct payment and arranges their own support

Option 2 – The service user decides and the HSCP arranges support

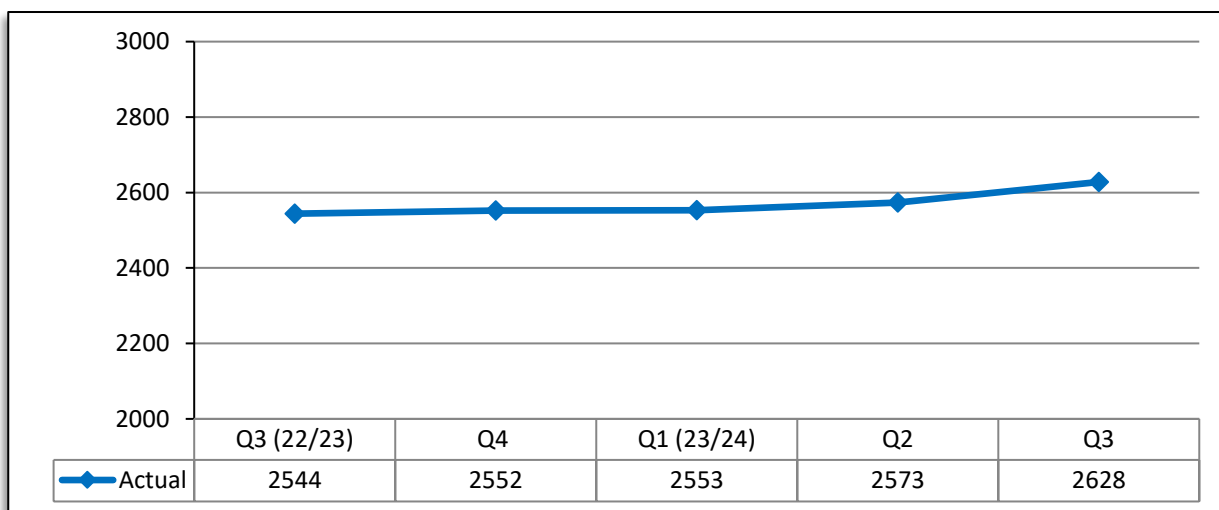
Option 3 – After discussing with the service user, the HSCP decides and arranges support

Option 4 – The service user uses a mixture of options 1-3.

Improvement Action:

We will ensure that we provide Self Directed Support training to Social Work and Health practitioners to instil confidence and knowledge about the options amongst the workforce. We will continue to work in partnership with the Third Sector to raise awareness about self-directed support to local communities, customers and carers to ensure that the benefits associated with each option are fully explained and recognised. We will also continue to encourage the flexible use of Direct Payment budgets.

4.2b (ii): People Aged 75+yrs with a Telecare Package (aim to maximise)



Situational Analysis:

There continues to be a gradual increase in the number of people aged 75 and over with a telecare package. This is in line with expectations, as the population of people in East Dunbartonshire aged 75+ increases and telecare opportunities are maximised.

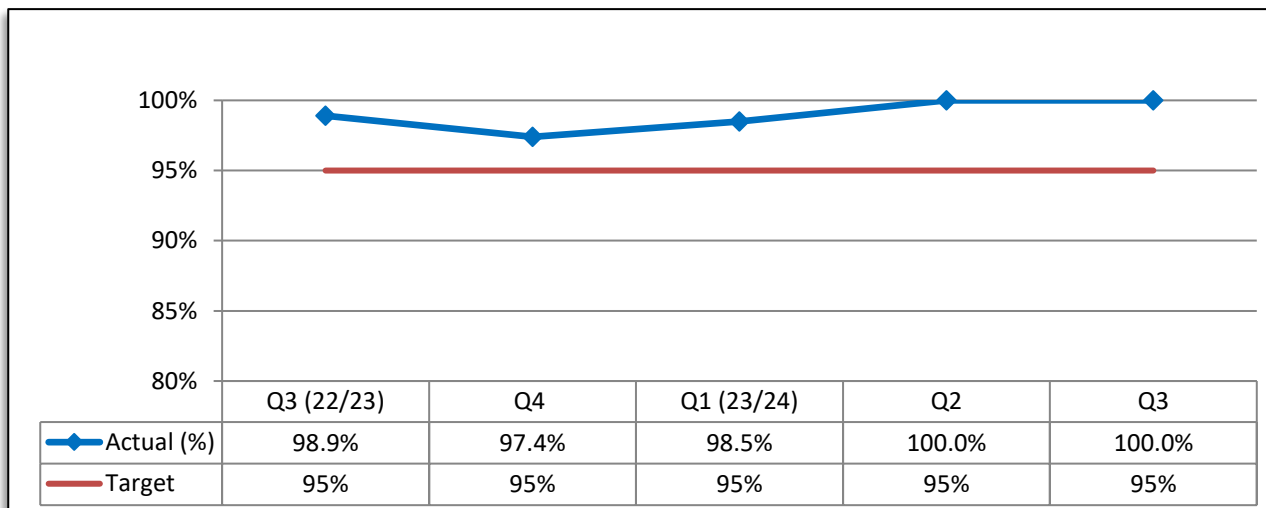
Improvement Action:

We continue to implement the actions of our Digital Health and Social Care Action Plan, seeking to link traditional telecare with telehealth monitoring and technology enabled care. The specification for a shared alarm receiving solution across all 32 local authorities has been finalised, with a go-live date of early 2024 for East Dunbartonshire, which includes a shared dataset for monitoring and reporting. Work is well underway in preparation for the go-live date.

4.3 Community Care Assessment to Service Delivery Timescale

Rationale The HSCP has a duty to undertake community care assessments for those in need, and are responsible for developing packages of care to meet identified need. The national standard is to operate within a six week period from assessment to service delivery, which encourages efficiency and minimises delays for service-users (aim to maximise).

Figure 4.3: Percentage of service users (65+yrs) meeting 6wk target (Aim = to maximise) (HSCP-06-BIP-6)



Situational Analysis:

The HSCP generally reports consistently high levels of compliance against this indicator. Indeed, many people receive services well within the 6 week target from the completion of their community care assessment. In each of the quarters since Q2 of 2022/23, performance has been above target with 100% within target in Q2 and Q3 of 2023/24.

Improvement Action:

The focus is to continue to deliver high levels of performance in this area.

4.4 Care Home Placements

Rationale: The focus of the HSCP is to maximise opportunities for people to live active, independent lives for as long as possible which will prevent avoidable long term care placement (aim to monitor care home placement numbers/maintain baseline).

Figure 4.4a Number of People Aged 65+yrs in Permanent Care Home Placements (snapshot) (HCP-14-LPI-6)

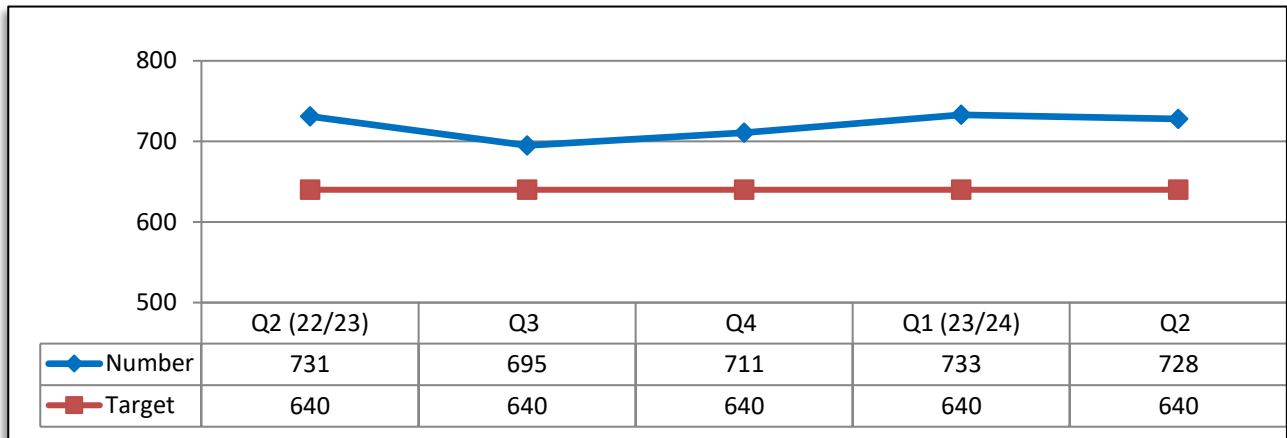
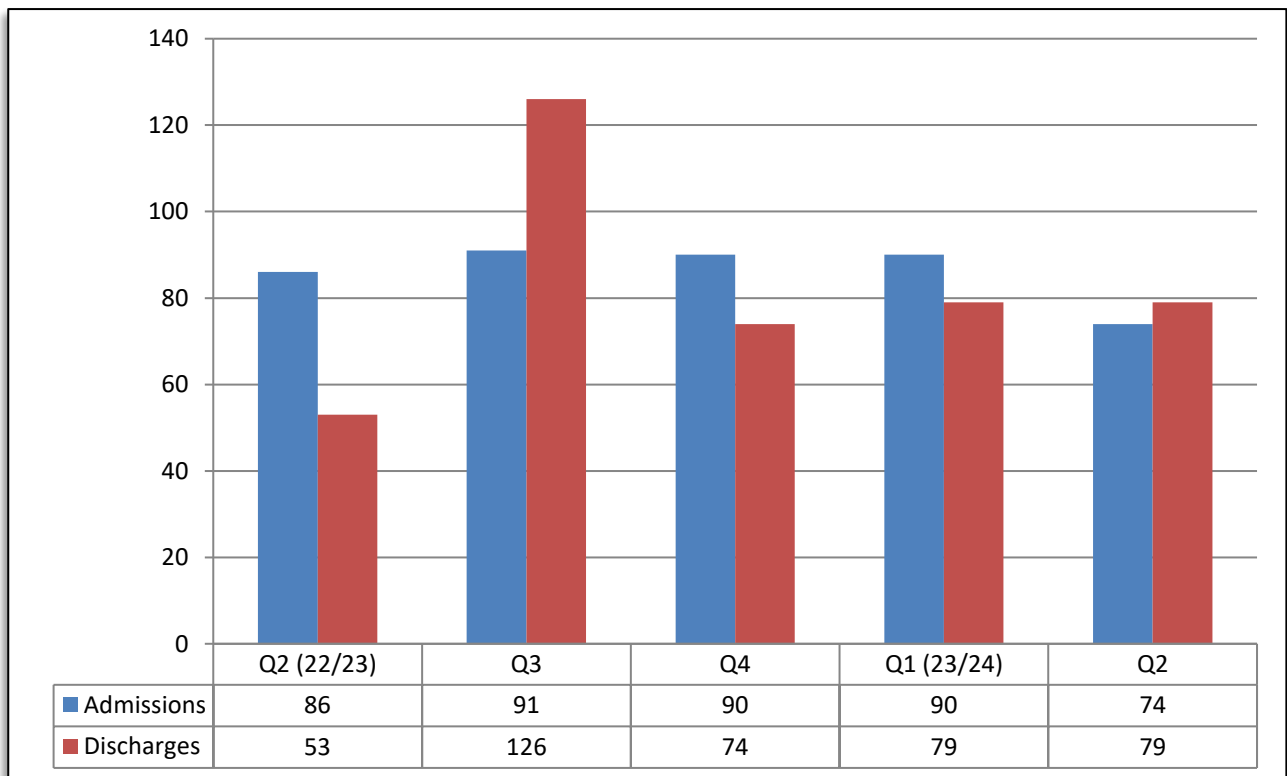


Figure 4.4b Number of Care Home Admissions and Discharges (including deaths) (HCP-13-LPI-6 & HSCP-AS-LPI-1)



Situational Analysis:

Care home admissions are determined at an individual level, based upon an assessment of support needs and with consideration to the balance of care and cost thresholds. The HSCP policy is to support people in the community for as long as possible, which is generally the preference of the individual concerned. National and local policy is also geared towards carefully balancing the use of placements in long term care. Increases in care at home provision to older people demonstrates that this has been successful, but

demand pressures continue across all service sectors and we have experienced an increase in cases where long term care need is indicated.

The availability of care home admission and discharge data is generally subject to time lag, due to transactional processes and recording, so the most recent data relates to Quarter 2.

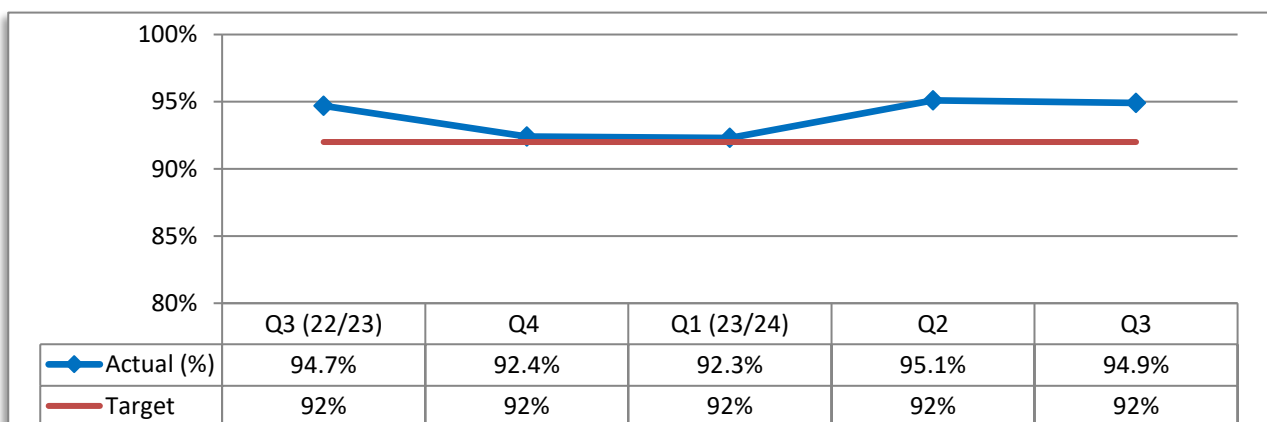
Improvement Action:

Work continues to analyse intelligence relating to care home admissions, taking into account the potential consequences, both personal and organisational, of long term care decision-making. Intensive support and assurance work is being provided by the HSCP to care homes in the area, enhanced by the input of our integrated care homes support team.

4.5 Adult Support & Protection Inquiry to Intervention Timescales

Rationale: The Health & Social Care Partnership have a statutory duty to make inquiries and intervene to support and protect adults at risk of harm. It is crucial that such activities are carried out in a timely and effective fashion. This indicator measures the speed with which sequential Adult Support & Protection actions are taken against timescales laid out in local social work procedures (aim to maximise).

Figure 4.5 Percentage of Adult Protection cases where timescales were met (Aim = to maximise) (HSCP-05-BIP-6)



Situational Analysis:

Quarters 2 and 3 continued to see above target performance despite continuing high levels of demand, fluctuating pressures on workforce capacity, and an inspection from the Care Inspectorate. Business continuity measures continue to be applied as and when required.

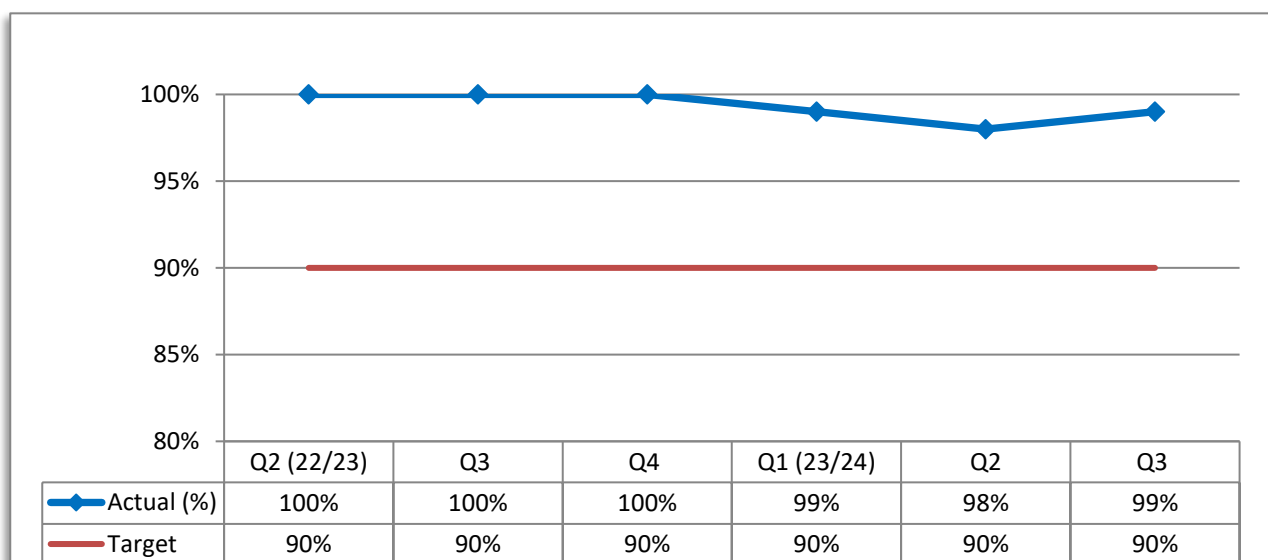
Improvement Action:

Continue to pursue achievement of compliance with target timescales. Performance is regularly scrutinised by the Adult Protection Committee to identify improvement opportunities and these are progressed where possible.

4.6 Adult Social Work: Service User Personal Outcomes

Rationale: When preparing a support plan, social workers agree with service users the personal outcomes that and care and support should be aiming to meet. As a minimum, these should be designed to reduce risks from a substantial to a moderate level, but the arranging of informal support may additionally contribute to improving quality of life outcomes. When services are reviewed (at least annually), social workers consider with service users the extent to which these personal outcomes have been fully or partially met, or not met. This measure reports on the extent to which personal outcomes have been fully or partially met, with data on all reviews being collated for the period (aim to maximise).

Figure 4.6 Percentage of adults in receipt of services who have had their personal outcomes fully or partially met (Aim = to maximise) (HSCP-BIP-10)



Situational Analysis:

Quarter 3 has reported strong performance again for this indicator, at 99%, well above the target of 90%. 70 people with a completed review of support plan form had their needs fully or partially met during Q3.

Improvement Action:

The aim is that social work assessment and support management remains focused and specific on improving agreed outcomes for the people we support. This data is also produced at a team level, to permit examination at a more granular level on how effectively support is being targeted towards measurably reducing risks and also improving quality of life by maximising the potential benefits of informal as well as formal supports options.

SECTION 5

Local Delivery Plan (Health) Standards

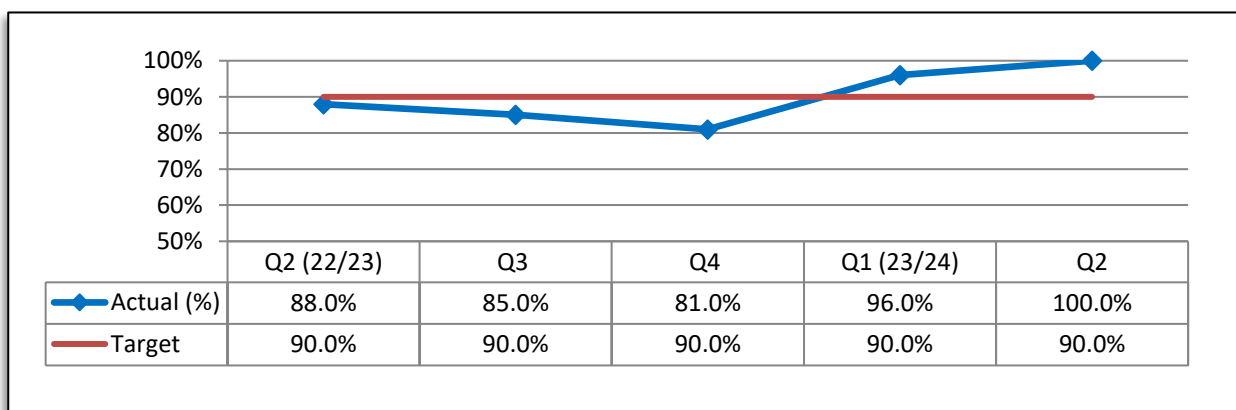
LDP Standards refer to a suit of targets, set by the Scottish Government, which define performance levels that all Health Boards are expected to either sustain or improve. This section reports on the Standards delivered by, or relevant to, the HSCP.

- 5.1 Drugs & Alcohol Treatment Waiting Times
- 5.2 Psychological Therapies Waiting Times
- 5.3 Dementia Post Diagnostic Support
- 5.4 Alcohol Brief Interventions
- 5.5 Smoking Cessation
- 5.6 Child & Adolescent Mental Health Services Waiting Times

5.1 Drugs & Alcohol Treatment Waiting Times

Rationale: The 3 weeks from referral received to appropriate drug or alcohol treatment target was established to ensure more people recover from drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy. The first stage in supporting people to recover from drug and alcohol problems is to provide a wide range of services and interventions for individuals and their families that are recovery-focused, good quality and that can be accessed when and where they are needed.

Figure 5.1: Percentage of People Waiting <3wks for Drug & Alcohol Treatment (aim = to maximise)



Situational Analysis:

Quarter 3 waiting time performance data has not yet been published at the time of this report. Performance in Quarter 2 exceeded the target with all 103 waits within the 3 week target timescale.

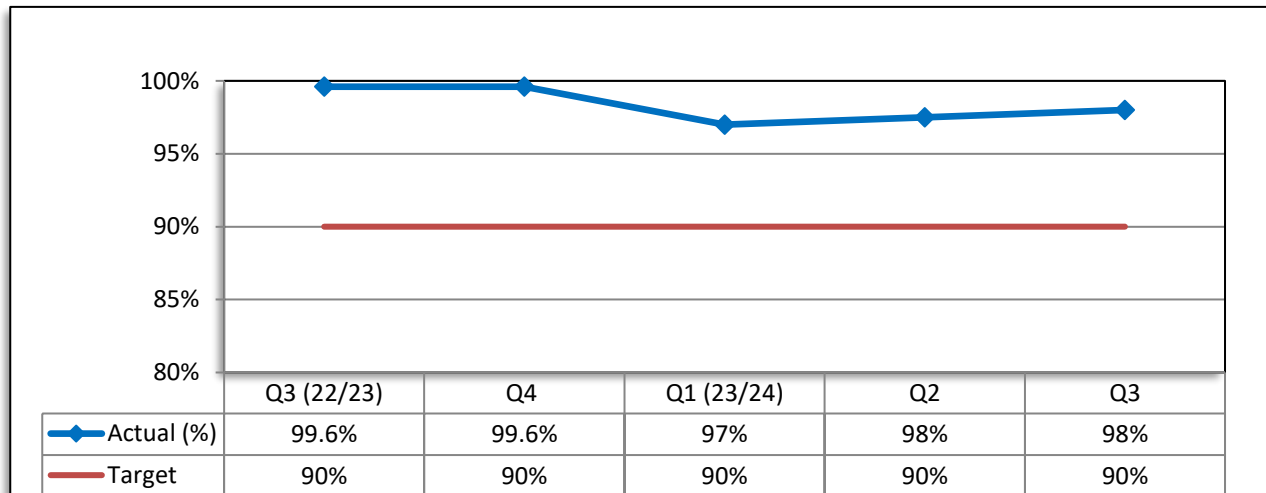
Improvement Action:

The Alcohol and Drugs Recovery Team continues to strive to improve waiting times performance. There remains substantial pressure on the service who are seeing continued increases in referrals.

5.2 Psychological Therapies Waiting Times

Rationale: Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.

Figure 5.2: Percentage of People Starting Treatment <18wks for Psychological Therapies (aim = to maximise)



Situational Analysis:

This data brings together performance across the Community, Primary and Older People’s Mental Health Teams. The performance standard is measured as the percentage of people seen within 18 weeks from referral to delivery of service. The service has delivered comfortably above target by this measure for the past year.

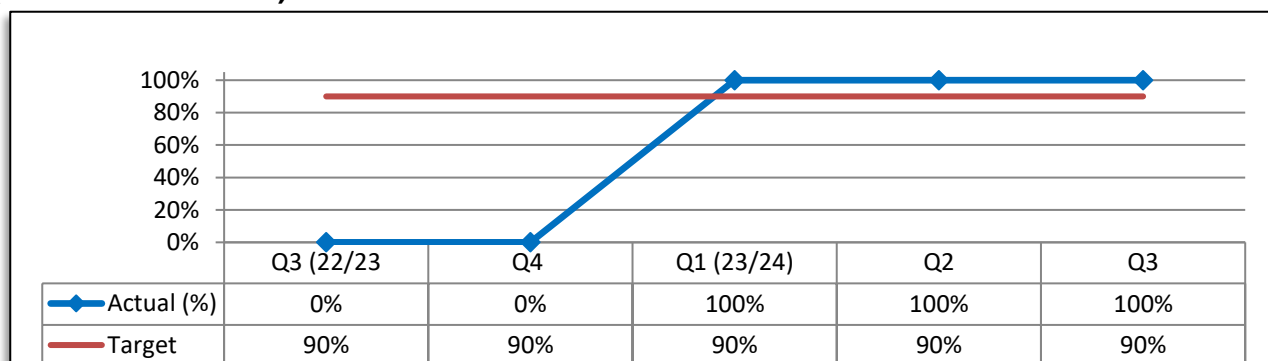
Improvement Action:

The mental health teams have learned from the pandemic and continue to offer support in a variety of ways, including maximising digital methods where this works for patients.

5.3 Dementia Post Diagnostic Support

Rationale: This Standard supports the improvement of local post-diagnostic services as they work alongside and support people with a new diagnosis of dementia, and their family, in building a holistic and person-centred support plan. People with dementia benefit from an earlier diagnosis and access to the range of post-diagnostic services, which enable the person and their family to understand and adjust to a diagnosis, connect better and navigate through services and plan for future care including future care planning.

Figure 5.3: Percentage of People Newly Diagnosed with Dementia Accessing PDS (aim = to maximise)



Situational Analysis:

This indicator examines how many patients are accessing PDS within 12 weeks of new diagnosis. The service is now delivered entirely in house and the success of this can be clearly seen in quarters 1, 2 and 3 of 2023/24, with all patients being seen within 12 weeks of being diagnosed.

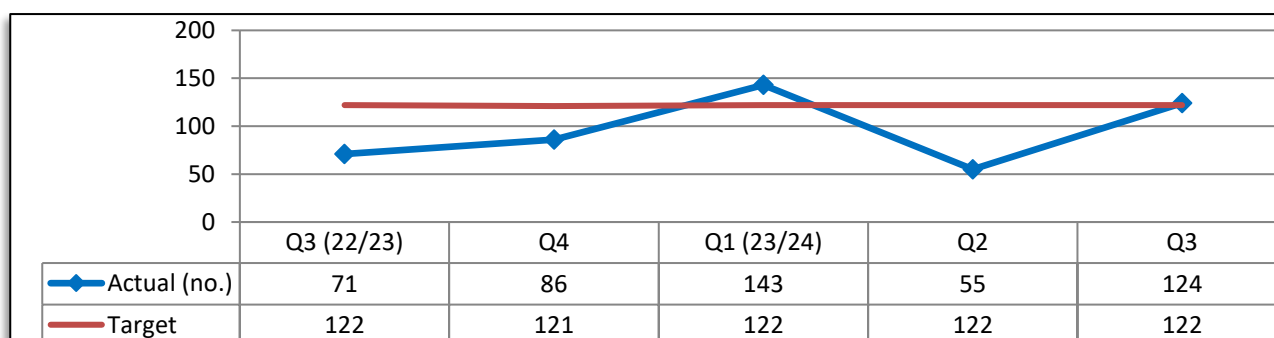
Improvement Action:

Work will be focused on sustaining good performance in this area.

5.4 Alcohol Brief Interventions (ABIs)

Rationale: To sustain and embed alcohol brief interventions in the three priority settings of primary care, A&E and antenatal. This standard helps tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Latest data suggests that alcohol-related hospital admissions have quadrupled since the early 1980s and mortality has doubled.

Figure 5.4: Total number of ABIs delivered (aim = to maximise)



Situational Analysis:

Fig 5.4 shows that the delivery of ABIs was above target during quarter 3, following below target delivery in quarter 2.

Improvement Action:

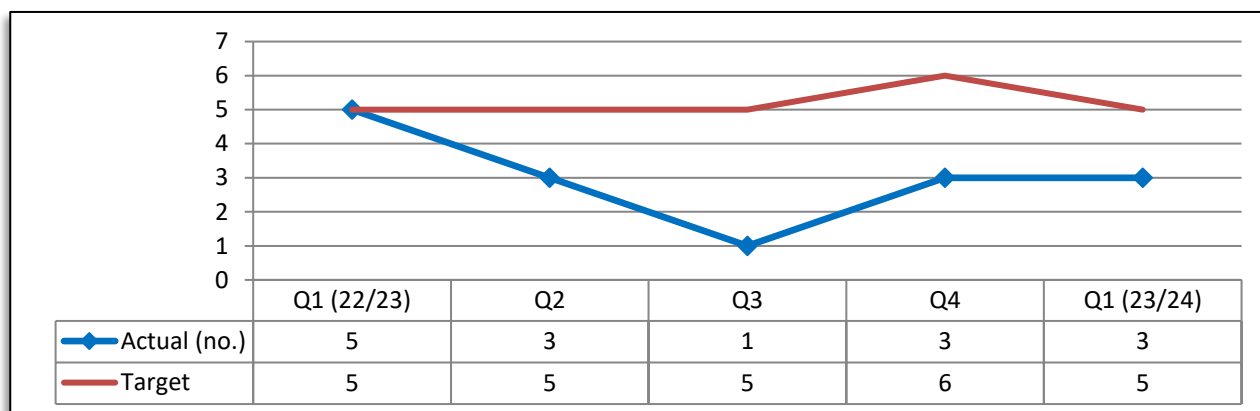
Recovery plans continue to be used to inform the return to previous levels of service.

Alternative engagement methods will be maximised, such as use of digital technology and rebuilding capacity within GP surgeries.

5.5 Smoking Cessation

Rationale: To sustain and embed successful smoking cessation attempts at 12 weeks post quit, in the 40% most deprived SIMD areas. This target sets out the key contribution of NHS Scotland to reduce the prevalence of smoking, still recognised as one of the biggest leading causes of preventable ill health and premature death. Smoking continues to be a key factor in health inequalities, estimated to be attributable to in the region of 8,260 deaths per year and many hospital admissions.

Figure 5.5: Smoking quits at 12 weeks post quit in the 40% most deprived areas (aim = to maximise)



Situational Analysis:

The Quit Your Way service is delivered centrally by NHS GG&C and targets for smoking cessation are set centrally too. Data reporting is generally at least three months behind, so Fig 5.5 shows the most recent data available. After exceeding targets throughout 2021/22, performance in 2022/23 was below target each quarter after Q1. The service continues to face difficulties due to the continued lack of availability of some nicotine replacement therapy products, and significant capacity constraints experienced across community pharmacy and the wider service.

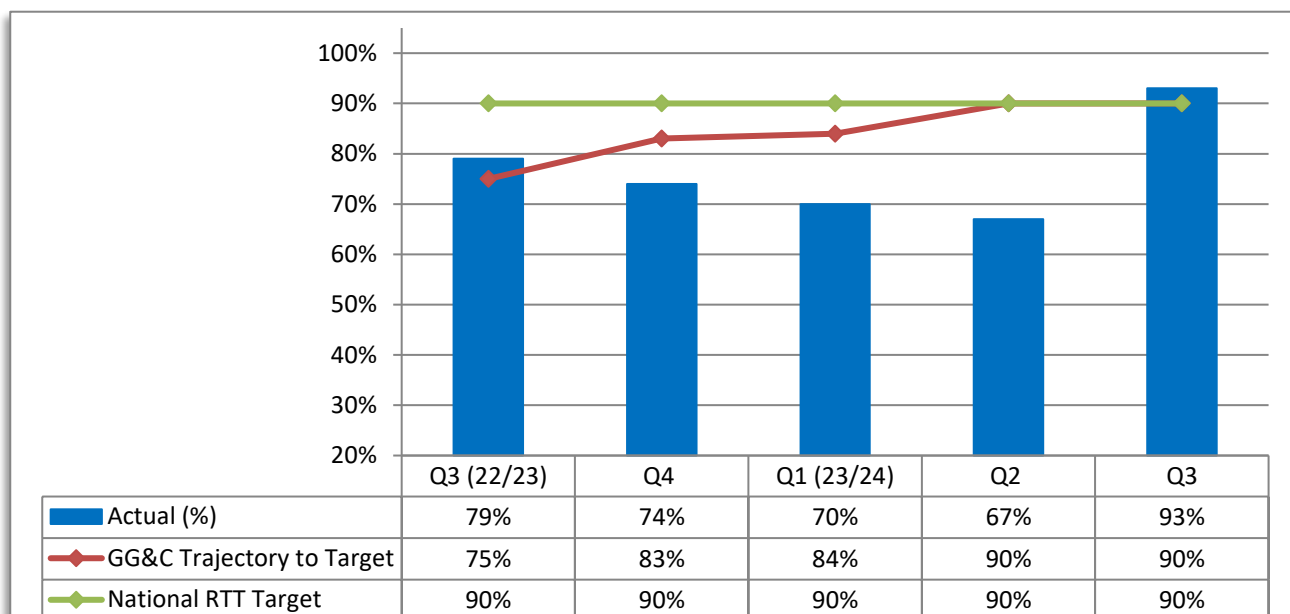
Improvement Action:

To support reinstatement of face-to-face service delivery, the Quit Your Way teams have been liaising with key partners and stakeholders to scope potential venues, and to raise the profile of QYW Cessation Services. A blended approach to service delivery continues while efforts continue to identify suitable NHS and community venues. Plans to re-instate pre-pandemic face-to-face support within KHCC, by means of a twilight/evening clinic, are underway with a planned start date of 29 January 2024. Public Health Pharmacy have recommended pharmacy training sessions to increase capacity and efficiency, and have also introduced an additional nicotine replacement therapy to the suite of options available, in place of products that remain unavailable. The impact of mitigating/improvement actions are expected to be observed over the coming quarters.

5.6 Child & Adolescent Mental Health Services (CAMHS) Waiting Times

Rationale: 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services. Early action is more likely to result in full recovery and in the case of children and young people will also minimise the impact on other aspects of their development such as their education, so improving their wider social development outcomes.

Figure 5.6: Percentage of Young People seen or otherwise discharged from the CAMHS waiting list who had experienced a wait of <18wks (aim = to maximise)



Situational analysis:

NHSGGC Children & Adolescent Mental Health Services (CAMHS) aims to prioritise improvement in the Referral to Treatment (RTT) performance in a managed way that acknowledges the considerable task of balancing demand and capacity. Long-term and ongoing increases in demand, and increases in complexity of cases since the pandemic, have had a significant impact on clinical capacity. CAMHS are working to resolve this as efficiently and safely as possible. This has meant the service is now meeting the RTT targets in East Dunbartonshire.

For quarter 3 in East Dunbartonshire, 92.8% of children who have had their first appointment, were seen in less than 18 weeks. Across quarter 3 in East Dunbartonshire, 97.3% of children who were still waiting for their first appointment, had waited less than 18 weeks.

CAMHS continue to focus on ensuring those children who have waited longest are seen, and this means that in early January 2024, the service had just 3 children waiting over 18 weeks, out of a total of 85 children waiting in East Dunbartonshire.

Improvement Actions:

The following improvement actions are in progress to address demand on the service:

- Focus on waiting list and RTT targets continues. First treatment appointment activity levels are being maintained, as the number of children waiting has reduced and NHSGGC Board has reached the national RTT target. Activity will now shift to providing return appointments.
- CAMHS Planning & Performance Group continues to meet to oversee plans to utilise Mental Health Recovery and Renewal Phase 1 funding to improve waiting times in CAMHS, deliver the full revised CAMHS service specification, and increase the transition timescales up to age range 25 years for targeted groups. Workforce planning and recruitment for Phase 1 of MHRR funds is ongoing.
- Regular performance updates are supplied to CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload. Regular monitoring of CAMHS clinical caseload management available to the service on a monthly or as required basis.
- Learning and development plan refreshed, Core Competency Frameworks developed for CAMHS Nurses at B5, B6 & B7, Care Bundles launched, and Q&A sessions offered to support implementation of standardised care bundles for CAMHS. These actions will ensure evidence based programmes are adopted and new and existing staff are well inducted and developed.
- Refresh of CAPA, including provision of team level quarterly reports, to improve throughput and to move to a full booking position where children are allocated a case manager and next appointment at onset of treatment.
- Delivery of online therapeutic group work for children, young people and parents on allocation lists continues to be developed. A range of informational videos have been produced for the NHSGGC YouTube channel to help families understand what the different groups involve and thus encourage engagement.
- Development and implementation of Neurodevelopmental pathway is ongoing.
- Single management structure implemented, this will provide greater flexibility across the system.
- Scottish Government funding has been provided to HSCPs for the development of community mental health and wellbeing Tier 1 and 2 resource for children and young people.

Agreed Trajectory until March 2024

The targets for 2023/24 are included in the table below. Please note that this trajectory is for NHS GGC CAMHS and not specific to East Dunbartonshire. Specialist Children's Services leadership and CAMHS management monitor this closely and aim to keep the service on track to maintain the recent return to achieving the national RTT target.

Figure 5.6a National & Revised NHSGGC Targets for CAMHS

CAMHS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% NHSGGC CAMHS patients seen ≤ 18 weeks	81.3%	88.9%	92.3%	91.4%	91.1%	92.7%	97.4%	97.9%	97.8%			
NHSGGC Projection/Target	84.0%	83.0%	84.0%	86.0%	88.0%	90.0%	≥ 90%	≥ 90%	≥ 90%	≥ 90%	≥ 90%	≥ 90%
National RTT Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%			

SECTION 6

Children's Services Performance

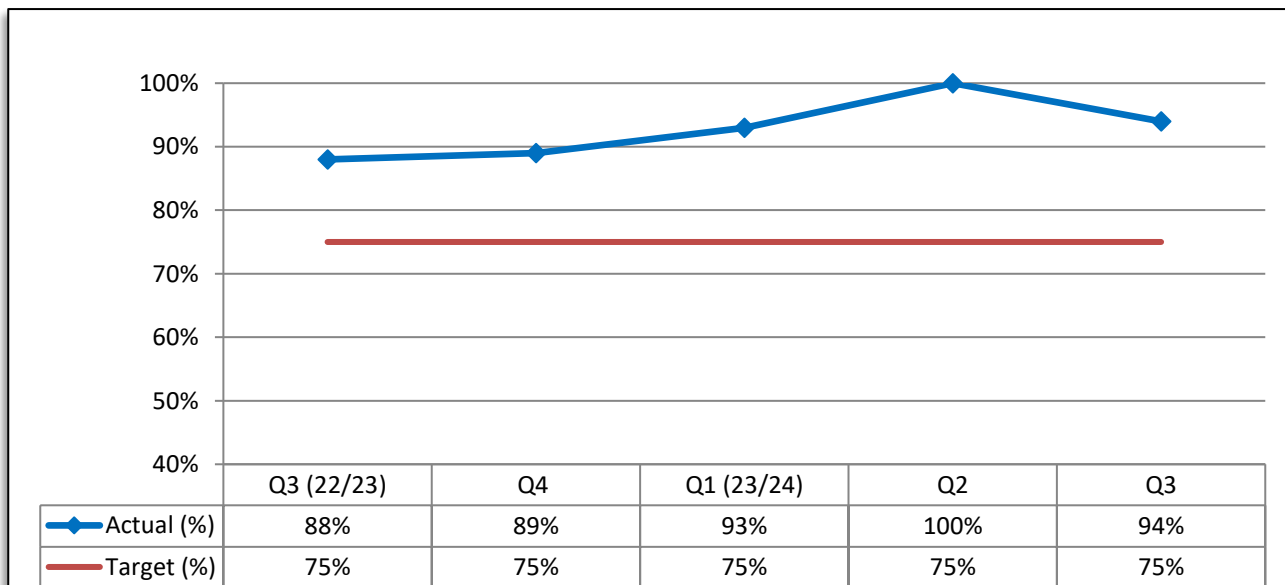
This section provides an updated report performance against key Children and Families indicators. The indicators reported are:

- 6.1 Child Care Integrated Assessments for Scottish Children Reported Administration timescales
- 6.2 Initial Child Protection Case Conferences timescales
- 6.3 First Child Protection review conferences timescales
- 6.4 Balance of care for Looked After Children
- 6.5 First Looked After & Accommodated reviews timescales
- 6.6 Children receiving 27-30 month Assessment

6.1 Child Care Integrated Assessments (ICA) for Scottish Children Reporters Administration (SCRA) Timescales

Rationale: This is a national target that is reported to (SCRA) and Scottish Government in accordance with time intervals (aim to maximise).

Figure 6.1: Percentage of Child Care Integrated Assessments (ICA) for SCRA completed within 20 days (aim = to maximise) (HSCP-01-BIP-3)



Situational Analysis:

Quarter 3 demonstrates continued performance above target, with 16 of 17 reports submitted to SCRA arriving within the target timescale.

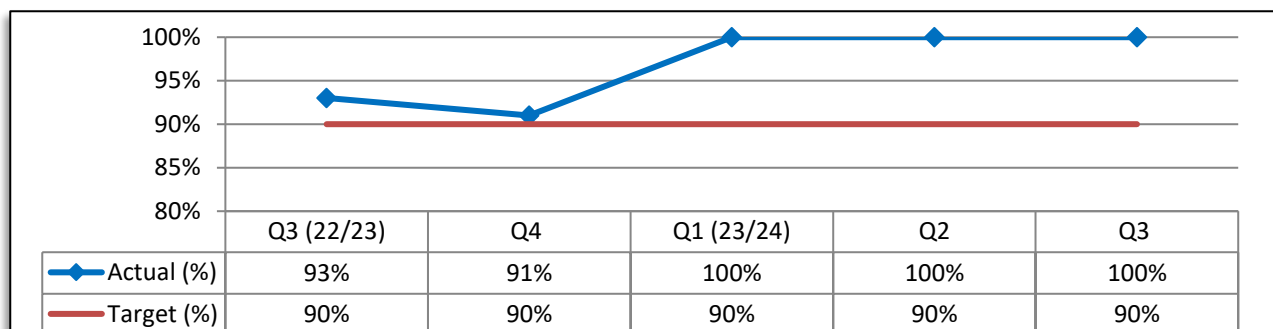
Improvement Action:

Maintain good performance.

6.2 Percentage of Initial Child Protection Planning Meetings taking place within Child Protection National Guidance target timescales (previously referred to as Initial Child Protection Case Conferences)

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee (aim to maximise).

Figure 6.2: Percentage of Initial Child Protection Planning Meetings taking place within 28 days of concern being raised, as per Child Protection National Guidance. (aim = to maximise) (HSCP-94-LPI-3)



Situational Analysis:

Performance in Quarter 3 is above target at 100% compliance, with all four Initial Child Protection Planning Meetings held within the target timescale during this period.

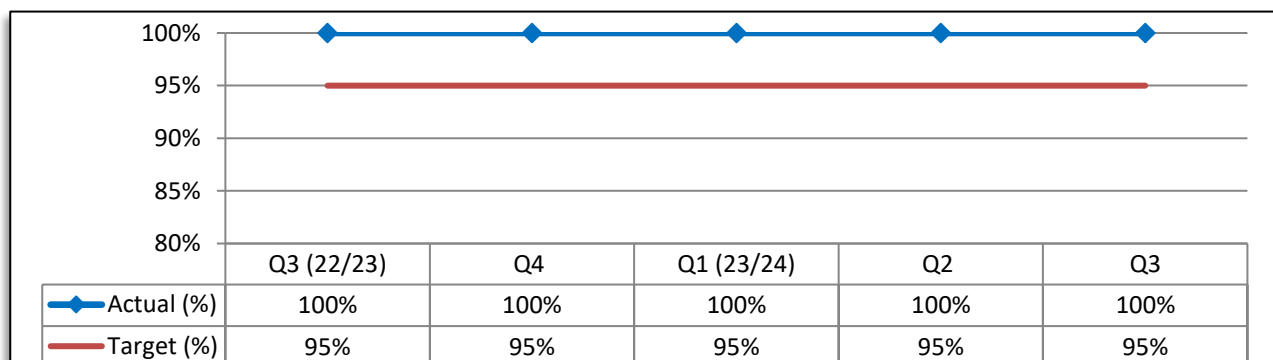
Improvement Action:

To continue to maximise performance at or above target levels.

6.3 First Child Protection Review Conferences Timescales

Rationale: Local standard and timescales set by East Dunbartonshire Child Protection Committee (aim to maximise).

Figure 6.3: Percentage of first review conferences taking place within 6 months of registration (aim = to maximise) (HSCP-02-BIP-3)



Situational Analysis:

Performance in Quarter 3 continues to be above target at 100%, with all five Child Protection Reviews held within the target timescale during this period.

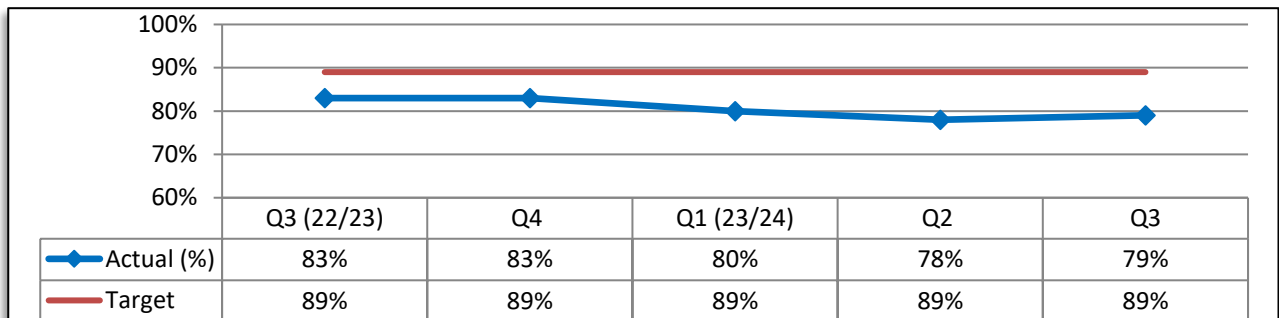
Improvement Action:

Service and Team Managers will continue to maximise the achievement of Review Case Conferences timescales.

6.4 Balance of Care for Looked After Children

Rationale: National performance indicator reported to Scottish Government and monitored by Corporate Parenting Bodies. Aim = to maximise

Figure 6.4: Percentage of Children being Looked After in the Community (aim = to maximise) (HSCP-SOL-CHN9)



Situational Analysis:

Performance in Quarter 3 has improved slightly from the previous quarter and continues to remain off-target. During this period, there was an increase in community placements and no change in residential placements, leading to an increase in the balance of care. The overall number of Looked After Children has increased by 5% from the previous quarter.

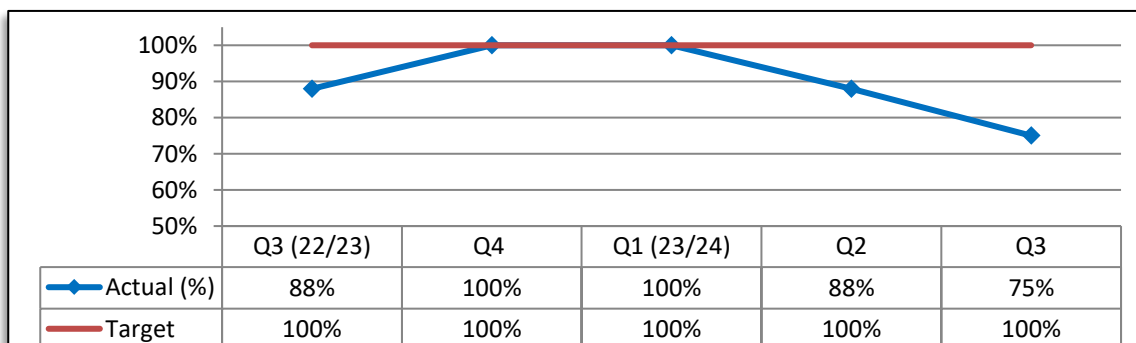
Improvement Action:

Work continues to redress the balance of care by reviewing out of authority placements and continuing the Foster Carer recruitment campaign.

6.5 First Looked After & Accommodated (LAAC) Reviews Timescales

Rationale: This is a local standard reflecting best practice and reported to the Corporate Parenting Board

Figure 6.5: Percentage of first LAAC reviews taking place within 4 weeks of accommodation (aim = to maximise) (HSCP-04-BIP-3)



Situational Analysis:

Performance in Quarter 3 is below target, with 9 of 12 first LAAC Reviews taking place within the target timescale. All reviews were scheduled to take place within schedule. However, three reviews were rescheduled to accommodate and ensure attendance for all agencies and family.

Improvement Action:

To achieve and maintain high levels of performance.

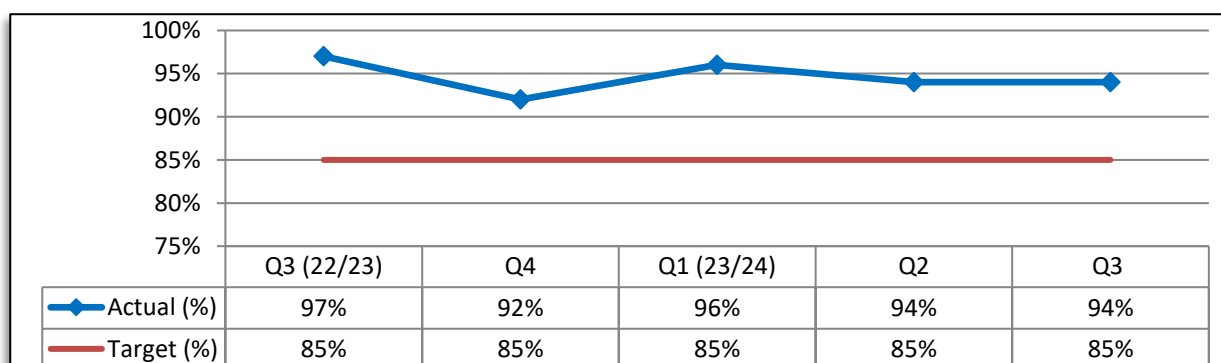
6.6 Children receiving 27-30 month Assessment

Rationale: The central purpose of the 27-30 month contact is to seek parental concerns to identify children whose social, emotional and behavioural development puts them at risk of adverse life course outcomes.

Having identified these children, interventions must be put in place to optimise child development in preparation for education. The plan is that wherever possible, children's needs should be met in time for them to benefit from universal nursery provision at the age of 3.

The Scottish Government target is for at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27–30 month child health review.

Figure 6.6: Percentage of Children receiving 27-30 month assessment (aim = to maximise)



Situational Analysis:

This indicator relates to early identification of children within the SIMD quintiles with additional developmental needs. Where additional needs are identified, children are referred to specialist services. Uptake of the 27-30 month assessment across East Dunbartonshire HSCP has been consistently high and above target. Quarter 3 performance continues to be well above target.

Improvement Action:

Monitor and continue to maximise performance. Data reports are monitored on a monthly basis at team meetings to support early identification of variances and allow improvement plans to be developed where required.

SECTION 7

Criminal Justice Performance

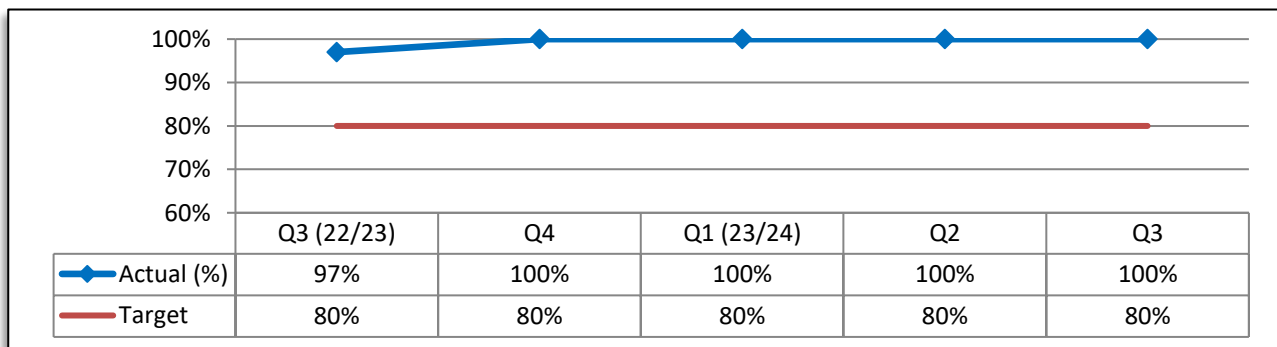
This section provides an updated report performance against key Criminal Justice indicators. The indicators reported are:

- 7.1** Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order
- 7.2** Percentage of CJSW reports submitted to Court by due date
- 7.3** Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt

7.1 Percentage of Individuals Beginning a Work Placement within 7 Days of Receiving a Community Payback Order

Rationale: The CJSW service must take responsibility for individuals subject to a Community Payback Order beginning a work placement within 7 days.

Figure 7.1: Percentage of individuals beginning a work placement within 7 days (aim = to maximise) (HSCP-08-BIP-6)



Situational Analysis:

25 people were due to begin work placements during Quarter 3 and all of these started within timescale.

There is a challenge with full compliance on this performance metric, because service users may be unable to commence due to a further conviction, ill health with GP note, employment contract clashing with immediate start or if they are subject to an existing order which means the new order cannot commence until the original one is completed. These factors are outwith the control of the service.

Improvement Action:

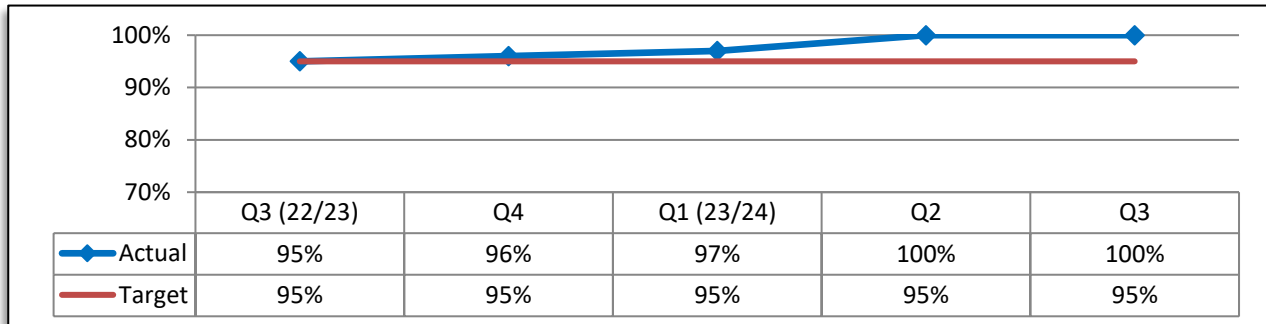
To maintain good performance.

7.2 Percentage of CJSW Reports Submitted to Court by Due Date

Rationale: National Outcomes & Standards (2010) states that the court will receive reports electronically from the appropriate CJSW Service or court team (local to the court), no later than midday on the day before the court hearing.

Figure 7.2: Percentage of CJSW reports submitted to Court by due date (aim = to maximise) (HSCP-07-BIP-6)

Rationale: National Outcomes & Standards (2010) stresses the importance of providing reports to courts by the due date, to facilitate smooth administrative support arrangements.



Situational Analysis:

Performance in Quarter 3 continues to be above target. 54 reports were submitted to Court and all were submitted within the target timescale.

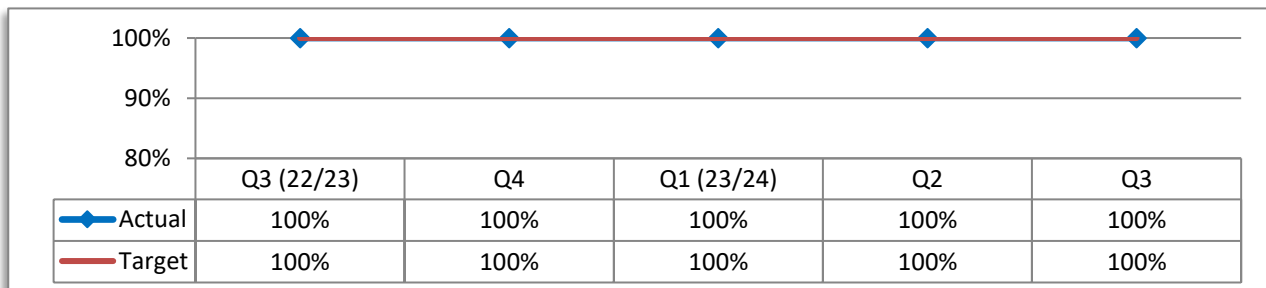
Improvement Action:

Monitor and improve performance.

7.3 Percentage of Court Report Requests Allocated to a Social Worker within 2 Working Days of Receipt

Rationale: National Outcomes & Standards (2010) places responsibility on Criminal justice service to provide a fast, fair and flexible service ensuring the offenders have an allocated criminal justice worker within 24 hours of the Court imposing the community sentence.

Figure 7.3: Percentage of Court report requests allocated to a Social Worker within 2 Working Days of Receipt (aim = to maximise) (HSCP-CS-LPI-3)



Situational Analysis:

Performance continues to be on target with all 88 requests allocated within the target timescale.

Improvement Action:

The service will continue to maximise performance levels.

SECTION 8 Corporate Performance

- Workforce Demographics
- Sickness / Absence Health Staff and Social Care Staff
- Knowledge & Skills Framework (KSF) / Personal Development Plan (PDP) / Personal Development Review (PDR)

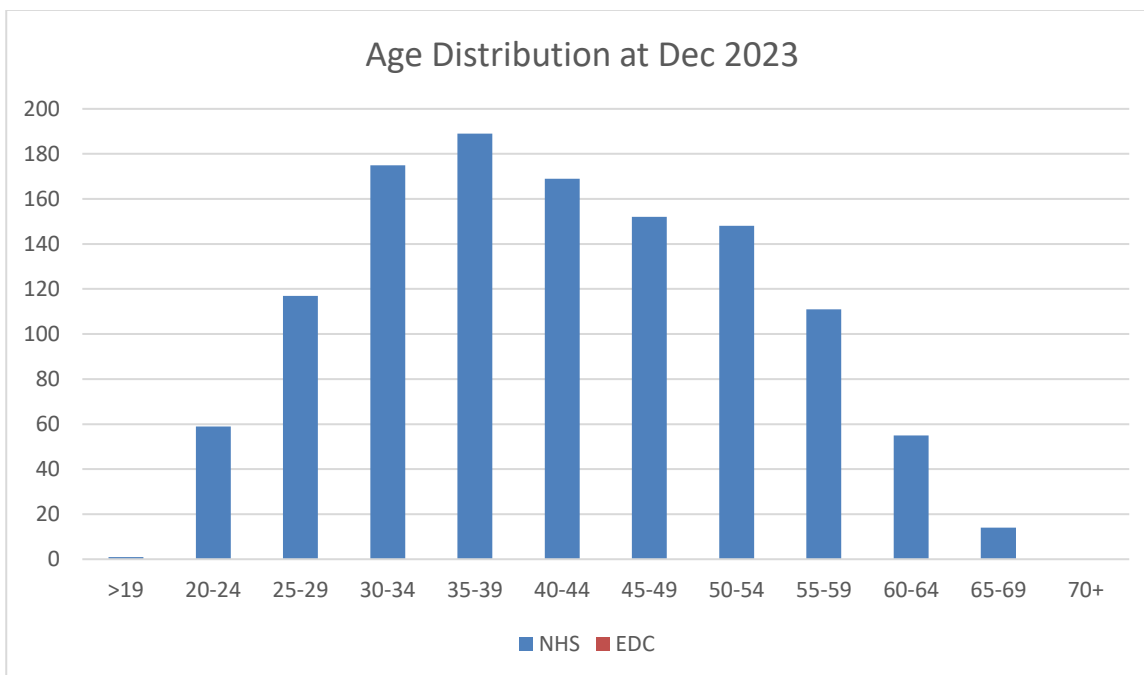
8.1 Workforce Demographics

Employer	Headcount				WTE			
	Dec 22	Jun 23	Sept 23	Dec 23	Dec 22	Jun 23	Sept 23	Dec 23
NHSGGC	375	388	403	404	321.7	331.21	343.3	343.1
EDC	598	585	595	TBC	512.78	504.36	506.4	TBC
Total	973	973	998	TBC	834.48	835.57	849.7	TBC

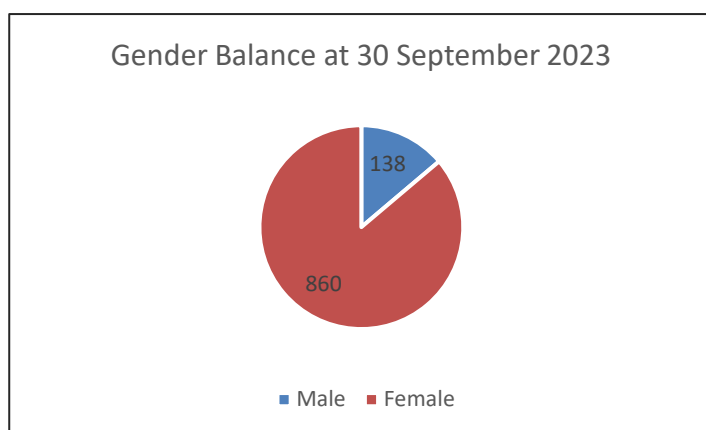
The picture for the NHS workforce within the HSCP shows an increase overall since December 2022 of 29 staff, with an overall increase of 21.4 WTE staffing. Council data for quarter 3 of 2023/24 is not yet available.

8.2 HSCP Staff by Age profile

Council data for quarter 3 of 2023/24 is not yet available. Therefore, only data reflecting the age profile of NHS staff within the HSCP workforce is detailed below.



8.3 Gender Profile



The gender ratio of female to male employed staff has remained constant since the 4th Quarter of 2021-22, with 86% of staff being female. Council data for quarter 3 of 2023/24 is not yet available.

8.4 Sickness / Absence Health and Social Care Staff

Average sickness absence within the HSCP has seen a slight increase amongst NHS staff. Managers are working closely with absent staff to help them return. Sickness absence data for quarters 2 and 3 of 2023/24 is not yet available for Council staff.

EDC absence figures are Working Days Lost to sickness per Full Time Equivalent in line with the Local Government Benchmarking Framework:

Sickness / Absence % EDC	
Quarter	WDL per FTE
Q3 (22/23)	6.53
Q4	5.96
Q1 (23/24)	4.69
Q2	Not yet available
Q3	Not yet available
Average over 12 months	Not yet available

Sickness / Absence % GG&C	
Month	NHSGGC
Jan-23	6.47
Feb-23	5.25
Mar-23	5.23
April 23	4.8
May 23	5.27
June 23	5.14
July 23	5.83
Aug 23	5.56
Sept 23	4.49
Oct 23	4.55
Nov 23	5.87
Dec 23	6.26
Average	5.39

There is a notional absence threshold of 4% across both East Dunbartonshire Council and NHSGGC. All absence is managed in line with policy.

8.5 Knowledge & Skills Framework (GG&C)

KSF Activity	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23
Actual %	61	62	61	60	58	54	54	56	57	59	59	66
Target %	80	80	80	80	80	80	80	80	80	80	80	80

KSF (Knowledge & Skills Framework) is the NHS staff review process to ensure that staff are competent to undertake the tasks associated with their role and have the appropriate learning and development planned across the year. Work continues to promote the KSF conversation and ensure that staff wellbeing is a key component of the conversation.

8.6 Performance Development Review (Council)

Quarter	% recorded	Target %
Q3 (22/23)	19.30	80
Q4	25.30	85
Q1 (23/24)	4.48	65
Q2	Not yet available	75
Q3	Not yet available	

PDR (Performance Development Review) is East Dunbartonshire Council's process for reviewing staff performance and aligning their learning and development to service objectives.

Operationally, formal PDRs have not taken place in all areas; however, shorter term objective setting conversations have taken place. Further targeted work is still required around the PDR paperwork and process structure. Where formal PDRs have not been completed, managers have been encouraged to undertake wellbeing and shorter term objective setting conversations.

Data for quarters 2 and 3 of 2023/24 are not yet available.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING:	28th MARCH 2024
REPORT REFERENCE:	HSCP/280324/10
CONTACT OFFICER:	JEAN CAMPBELL, CHIEF FINANCE & RESOURCE OFFICER, Tel: 07583902000
SUBJECT TITLE:	FINANCIAL PERFORMANCE BUDGET 2023/24 – MONTH 10

1.0 PURPOSE

- 1.1** The purpose of this report is to update the Board on the financial performance of the partnership's budget as at month 10 of 2023/24.

2.0 RECOMMENDATIONS

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

- 2.1** Note the projected outturn position is reporting a deficit on budget of £4.050m as at month 10 of the financial year 2023/24. After adjusting for the planned use of reserves in year, this provides a deficit on budget of £1.112m.
- 2.2** Note that the Chief Officer and her management team continue to work on actions to mitigate cost pressures in the current year
- 2.3** Note and approve the budget adjustments outlined within paragraph 3.2 (**Appendix 1**)
- 2.4** Note the HSCP financial performance as detailed in (**Appendix 2**)
- 2.5** Note the progress on the achievement of the approved savings plan for 2023/24 as detailed in (**Appendix 3**).
- 2.6** Note the anticipated reserves position at this stage in the financial year set out in (**Appendix 4**).
- 2.7** Note the summary of directions set out within (**Appendix 5**)

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

3.1 Budget 2023/24

The budget for East Dunbartonshire HSCP was approved by the IJB on the 23rd March 2023. This provided a total net budget for the year of £234.962m (including £38.382m related to the set aside budget). This included £3.894m of agreed savings to be delivered through efficiencies, service redesign and transformation to deliver a balanced budget for the year and moving forward into future financial years.

3.2 There have been a number of adjustments to the budget since the HSCP Board in March 2023 which has increased the annual budget for 23/24 to £261.635m (an increase of £26.673m from the original budget). This represents an increase in the reported budget as at month 8 of £8.118m and relates to actual funding allocations from SG for the public dental service and Action 15 funding, Special Children's Services (SCS) – IPCU budget transfer being the main factors along with various other SG funding allocations relating to phase 2 tranches / allocations. A breakdown of these adjustments are included as **Appendix 1**.

3.3 Partnership Performance Summary

The overall partnership position is showing a projected year end overspend on directly managed partnership budgets of £4.050m, adjusting for balances planned to be taken from earmarked reserves of £2.940m, provides a projected overspend on budget of £1.112m for the financial year 2023/24. The year-end projections are based on current assumptions on costs, demands and staffing levels and expectations on funding from SG (some elements related to mental health outcomes framework Tier 4 funding have yet to be confirmed) to support the pay uplifts for social care staff as well as a number of policy areas where costs are being incurred on a recurring basis.

The pay uplift for local authority staff has now been confirmed with a corresponding budget adjustment of £0.709m representing the funding allocation to the HSCP to cover the costs of the local authority pay uplift of £0.958m (over and above the 2% budgeted at the outset). There was an expectation that the funding would not be sufficient to cover the full extent of the costs related to the pay award with the shortfall causing a pressure on budget for 23/24 and into future years.

3.4 A breakdown of the projected underspend against the allocation from each partner agency is set out in the table below:

Partner Agency	Annual Budget 2023/24 (£000)	Actual Expenditure 2023/24 £000	Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 10 (£000)	Previously Reported Variance (£000)	Movement from last period
East Dunbartonshire Council	75,091	78,578	(3,487)	1,800	(1,688)	(2,751)	1,063
NHS GG&C	186,544	187,107	(564)	1,140	576	608	(32)
TOTAL	261,635	265,685	(4,052)	2,940	(1,112)	(2,143)	1,031

3.5 This shows an underlying projected year end overspend on Social Work services and delegated housing functions of £1.688m (a positive movement of £1.063m from that reported at month 8) and a projected under spend on community health services of £0.576m (a negative movement of £0.032m from that reported at month 8)). The

overall positive movement on budget performance relates in the main to the budget adjustment of £0.709m related to the pay uplift for Social Work staff as well as some positive movements in residential school placements, residential and daycare placements for learning disability, offset to some extent by additional pressures related to supported accommodation and taxi costs within learning disability services and an increase in care home placements within older people services.

3.6 In summary, the main areas which account for the variance relate to:

- Cost pressures related to the pay uplift for Social Work staff for which funding was not sufficient to cover the full extent of the costs.
- Social work payroll pressures continue within LD residential units (John Street and Pineview), mental health officer cover, LD day services and challenging turnover savings across SW staffing budgets. These are offset to some extent through delays in recruitment and turnover in relation to community health staff.
- There continue to be in year pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and requires the purchase of costly externally purchased placements to address the needs and demands as they are presenting.
- Prescribing pressures experienced in the previous financial year continue with price increases and demand pressures in this area. This has abated slightly with some medicine moving off patent causing average price increases to drop from October. However volumes and prices generally remain at an average of 3.8% and 3.7% respectively over the levels experienced in the previous financial year. This is being offset by underspends across other NHS budgets and the planned use of £0.350m of the reserves set aside for prescribing pressure (a reduction in planned reserve use of £300k based on previous reporting period).
- Under - achievement of the budget savings programme for 23/24 is creating some pressures on budget. There are some 'smoothing reserves' set aside in expectation that some programmes would take time to bed in.

3.7 The planned use of reserves at this point in the financial year relate largely to the application of remaining adult winter planning reserves to winter pressures, the use of the smoothing reserve for the savings programme approved as part of the budget setting in March 2023, use of prescribing reserves and reserves for oral health expenditure.

3.8 Financial Performance – Care Group Breakdown

The projected year end underspend across each care group area is set out in the table below:

Care Group Analysis	Annual Budget 2023/24 (£000)	Actual Expenditure 2023/24 £000	Year End Variance 2023/24 £000	Reserves Adjustment (£000)	Projected Operational Variance Mth 10 (£000)	Previously Reported Variance (£000)	Movement
Strategic & Resources	4,297	4,114	184	51	235	6	229
Community Health & Care Services	60,878	62,010	(1,132)	1,641	508	263	245
Mental Health, Learning Disability, Addictions & Health Improvement	31,337	32,507	(1,170)	461	(710)	(993)	283
Children & Criminal Justice Services	17,601	18,276	(676)	22	(654)	(882)	228
Other Non SW - PSHG / Care & Repair/Fleet/COG	1,553	1,375	178	0	178	141	37
FHS - GMS / Other	35,035	35,035	0	0	0	0	0
FHS - Prescribing	22,036	23,118	(1,082)	350	(732)	(678)	(54)
Oral Health - hosted	12,247	12,661	(415)	415	(0)	0	(0)
Specialist Children - hosted	38,271	38,207	64	0	64	0	64
Set Aside	38,382	38,382	0	0	0	0	0
Covid	0	0	0	0	0	0	0
Net Expenditure	261,635	265,685	(4,050)	2,940	(1,112)	(2,143)	1,031

3.9 The main variances to budget during the financial year relate to:

- Community Health and Care Services – Older People / Physical Disability (underspend of £0.508m, a positive movement of £0.263m from that reported at month 8) – there are some pressures relating to in house homecare staffing budgets (use of overtime and continued displaced staff) which is being managed through the number of vacancies in the care at home staffing establishment. There continues to be increasing pressures on care home placements and purchased homecare in response to demands, however these are largely covered through the planned application of £1.377m of adult winter planning reserves (a slight decrease of £0.098m applied since that reported at month 8). Pressures are also being offset by projected underspends across supported living and daycare budgets for older people and with underspends on NHS staffing budgets in this area due to staffing vacancies held within elderly MH service in expectation of a transfer of service to North Lanarkshire HSCP, delays and difficulties in recruitment and continuing care funding which is delivering an overall underspend in this care group area.

The positive movement on budget since the last reporting period relates in the budget adjustment to mitigate the pay uplift for social work staff offset by continuing increasing usage of care home placements and external homecare provision to support rising demands.

- Mental Health, Learning Disability, Addiction Services (£0.710m overspend, a positive movement of £0.283m since that reported at month 8)) – there are significant pressures related to SW staffing budgets due to continued use of agency staff to fill mental health officer posts where there have been difficulties in recruitment – a proposal has been developed to mitigate the use of agency in this area but will take time to embed with recruitment processes. There is also use of agency within John Street and Pineview contributing to staffing pressures. There are challenging savings targets in this area related to a review of supported accommodation and daycare where the planned use of smoothing reserves will mitigate pressures as these plans are progressed. Overall pressures are being further mitigated through delays in recruitment and turnover of staff with community health services.

The positive movement on budget since the last reporting period relates in the budget adjustment to mitigate the pay uplift for social work staff, a downturn in residential accommodation and daycare placements for learning disability offset by increasing costs and volume of placements within LD supported accommodation and taxi costs.

- Children and Criminal Justice Services (£0.654m overspend, a positive movement of £0.228m since that reported at month 8)) – there are anticipated pressures on SW payroll budgets related to use of agency staff within Lowmoor Prison service and challenging turnover savings which are not expected to be achieved in this area for this financial year. This will be monitored as the year progresses given the continuing recruitment and retention challenges across Children's services, particularly in relation to the community support team. There continue to be pressures in relation to Unaccompanied Asylum Seeking Children (USAC) where placements within in house provision is at capacity and will require the purchase of externally purchased placements to accommodate children as continuing needs and demands present. A proposal has been approved to develop a local provision

to address the needs of USAC within the local area which will take time to progress in terms of contracting with a care provider, securing and making fit for purpose appropriate accommodation etc. Pressures are being mitigated by reductions in external fostering as children move onto positive destinations and underspends on NHS payroll budgets due to ongoing recruitment delays.

The positive movement on budget since the last reporting period relates in the budget adjustment to mitigate the pay uplift for social work staff and a slight downturn in the volume of residential school placements.

- Other Non-Social Work Services delegated to HSCP (underspend of £0.178m, a positive negative movement of £0.037m since that reported at month 8) - there are a number of other budgets delegated to the HSCP related to private sector housing grants, care of gardens, fleet provision, sheltered housing and planning & commissioning support. These services are delivered within the Council through the Place, Neighbourhood and Corporate Assets Directorate and the Corporate Directorate – there are anticipated positive variances in relation to Private sector housing grants and care & repair provision with fleet recharges now expected to be on budget albeit a review continues of fleet costs which may result in additional costs recharged to the HSCP – detailed analysis of revised costs and a due diligence exercise will be concluded with an update to be brought to the IJB at a future date.

Care Group Analysis	Annual Budget 2023/24 £000	Full Year Spend £000	Full Year Variance
Private Sector Housing Grants	331	206	125
Care & Repair	244	195	49
Care of Gardens*	90	87	3
Fleet*	590	590	0
Sheltered Housing	-	-	-
Planning & Commissioning	297	297	-
Net Expenditure	1,553	1,375	178
<i>*Included in care group budgets</i>			

- Prescribing (overspend of £0.732m, a negative positive movement of £0.054m since that reported at month 8) – pressures in relation to price and volume increases across a range of medicines have been reported throughout the previous financial year which has resulted in a continued adverse variance in this area. The shows continuing volume and price increases beyond assumptions built into the budget for 2024/25. There has been a slight downturn in the average price increases due to Apixaban moving off patent generating some price reductions in this area as well as opportunities for switching to more cost effective alternatives. Reserves of £0.350m of reserves continue to be applied to mitigate in year pressures (a reduction from month 8 from £0.650m).

There continue to be a number of cost saving initiatives to target the volume and types of prescriptions dispensed such as script-switch, review of use of formulary vs non formulary, waste reduction, repeat prescription practices. The HSCP has invested some spend to save funding locally to target waste within care homes with someone now appointed to take this work forward and we expect to see a positive impact as this is bedded in. Prices across the market are expected to continue to

increase due to global factors outwith the control of the HSCP, however use of alternative medicines will form part of the programme of initiatives being rolled out across East Dunbartonshire and more widely across GG&C. Pressures are being offset in part by underspends related to payroll and other budgets across NHS delegated services and the planned application of reserves will mitigate this further. If pressures continue then it is clear a more fundamental approach will be needed to manage demand and cost pressures in this area including a national approach to support the real changes required.

- Hosted Services - Oral Health and Specialist Children's Services (projecting breakeven at this stage) – confirmation of SG funding within SCS is awaited which will determine the anticipated financial performance on these budgets for the year end. It is expected that any costs incurred within oral health budgets will be met from reserves. There remain year to date underspends in both these service areas which can be used to mitigate the impact of any potential funding shortfalls with an expectation that there will be monies available at year end to add to earmarked reserves, however the extent of these cannot be fully quantified until we receive final confirmation of funding.

3.10 The consolidated position for the HSCP is set out in **Appendix 2**.

3.11 Savings Programme 2023/24

There is a programme of service redesign and transformation which was approved as part of the Budget 2023/24, progress and assumptions against this programme are set out in **Appendix 3**. This provides that of the overall planned savings of £3.894m, it is expected that the HSCP will achieve £2.502m, a shortfall of £1.393m (an improvement of £0.062m since that reported at month 8). There was a smoothing reserve created of £0.594m for those areas considered at higher risk and where implementation and achievement was expected to commence in 2023/24. When applying £0.476m of this reserve to those areas which are under achieving provides an under achievement on the overall savings programme of £0.9m for 2023/24. This will continue to be monitored and action taken to maximise the savings to be achieved in year. The under achievement of planned savings is contributing to the projected pressure on budget.

3.12 Partnership Reserves

As at the 1st April 2023, the HSCP had a general (contingency) reserves balance of £4.371m. If the overspend position remains and there is a need to utilise reserves in year to deliver a balanced budget, then as things stand there would be a reduction in the HSCP contingency reserves of £1.112m leaving a balance of £3.260m. There will be a number of other considerations prior to the use of reserves as set out below.

3.13 In addition, the HSCP had earmarked reserves of £15.691m which are available to deliver on specific strategic priorities. It is expected, at this stage that there will be a net reduction in earmarked reserves of £2.940m related in the main to anticipated drawdown of the smoothing reserves to manage the delivery of savings during 2023/24 as well as use of the Adult Winter Planning monies to manage pressures in relation to care at home services and community equipment pressures. This will leave a balance of £12.751m at this stage in the year, albeit it is expected that there will be use of a number of other reserve balances as the year concludes in relation to SG policy delivery and use of transformation to lever in programmes which will deliver efficiencies and savings into future years.

3.14 The overall level of partnership reserves is expected to reduce from £20.062m to £16.011m based on the financial performance to date. The detail of reserves and expected in year movements is set out in **Appendix 4**.

3.15 Budget Management / Financial Recovery

The SMT continue to work on actions to mitigate cost pressures in year and maximise the delivery of the savings programme for 2023/24 including challenging staff turnover savings. In the event this is not successful then there will be a need to resort to general reserve balances held by the IJB to deliver a balanced budget if needed.

3.16 Financial Risks

As with every year there are a number of variables such as pay award, inflation, demand, economic volatility, workforce capacity that will all impact on our cost projections and detailed monitoring will continue throughout the year. The most significant risks to be managed during 2023/24 are:

- **Pay Uplifts**
Pay negotiations have now concluded in respect of local authority staff. For the HSCP, staffing projections were based on the budgeted assumptions of 2% with final pay uplifts agreed at 6.5% on average for social work staff. The budget adjustments related to the funding received and allocated to the HSCP have now been processed which leaves a shortfall on budget to be managed in year.
- **Non SW costs related to fleet recharges.** An exercise is underway within the Council to look at the costs of fleet vehicles including buses to support the Allander day services, homecare and social work fleet cars. Detailed work will be required to understand the revised cost but there is a significant increase expected for 2023/24 and 2024/25.
- **Prescribing costs** continue to rise, albeit the volumes of medicines is levelling off as indicated within the latest July information. However this is singularly the largest budget for the HSCP and remains a volatile area in the current market conditions and increasing demands in this area.
- **The cost of living crisis** and the impact this is expected to have on care provider cost pressures with escalating fuel, energy and insurance costs being key areas which are expected to hit during 2023/24. There is not expected to be any further funding from SG to support these areas specifically and it will fall to HSCPs to consider and address any local impacts to ensure provider sustainability. This will include national contracts and frameworks being negotiated through SXL.
- **Delivery of a recurring savings programme** identified as part of the budget process for 2023/24. This includes challenging turnover savings across Social Work payroll budgets which may be mitigated though ongoing recruitment difficulties in certain areas across the service.
- **Children's Services - managing risk and vulnerability** within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which will impact on achieving a balanced year end

position. This may be compounded by increasing numbers of UASC requiring placements to be purchased to support these children.

- Un Scheduled Care - The pressures on acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. There is an Un-scheduled Care Commissioning Plan which sets out the key areas for investment across HSCP areas to improve delayed discharge and hospital attendance figures with funding within earmarked reserves to mitigate potential funding of these pressures.
- Funding allocations for the Primary Care Improvement Programme (PCIP), ADP and Mental Health Recovery & Renewal (MHRR) have been curtailed and allocations for 2023/24 offset against balances held in reserve in the first instance. This presents significant issues where plans have been developed and commitments made against these reserve balances which now have to be reviewed. The ability to meet full programme commitments is compromised by short term funding allocations made in this way. This is expected to continue into future years.
- The non-recurring nature of SG funding allocations makes planning and delivery problematic, particularly creating recruitment difficulties to temporary posts.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – The financial performance reflects an underlying overspend on budget of £1.112m for the financial year 2023/24. This will potentially reduce the general reserve balances and compromise compliance with the HSCP Reserves Policy to provide a contingency to manage in year pressures and support ongoing

financial sustainability. There may be a requirement to consider a recovery plan for the HSCP in the event that cost containing measures and delivery of the savings programme for 2023/24 does not deliver a balanced budget.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – The sustainability of the partnership in the context of recurring budget pressures and challenging savings targets may be compromised. In order to maintain the reserves position, the HSCP will require to continue to focus on transformational change and service redesign going forward in order to meet the financial challenges and deliver within the financial framework available to the partnership on a recurring basis. There remain constraints on future financial settlements in the context of increasing costs to deliver services and the increasing demand on health and social care services.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 There are a number of financial risks moving into future years given the rising demand in the context of reducing budgets which will require a radical change in way health and social care services are delivered which will have an impact on services users / carers, third and independent sector providers and staffing. The risks are set out in paragraph 3.16.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.

6.3 **NHS GREATER GLASGOW & CLYDE** – Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges.

6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – East Dunbartonshire Council and NHS Greater Glasgow & Clyde (Directions template attached as appropriate)

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 Appendix 1 – Budget Reconciliation 2023/24

8.2 Appendix 2 – Integrated HSCP Financial Performance at Month 8

8.3 Appendix 2a – NHS Financial Performance at Month 8

8.4 Appendix 2b – Social Work Financial Performance as at Period 8

8.5 Appendix 3 – HSCP Savings Update 23/24

8.6 Appendix 4 – HSCP Reserves Position 2023/24

8.7 Appendix 5 – Directions Template

2023/24	NHS £000	Local Authority £000	Total £000
Budget Approved at HSCP Board on 23rd March 2023	123,354	73,226	196,580
Set Aside approved at HSCP Board on 24th March 2022	38,382		38,382
TOTAL Budget Approved	161,736	73,226	234,962
Rollover Budget Adjustment	17		17
Period 4 Budget Adjustments			
Disabled Adaptations / Care & Repair - Other Non SW Services		575	575
Attainment fund from Education service		20	20
Contribution to LAC posts from Education		42	42
Contribution to Planning & Commissioning Posts		286	286
23.24 Uplift in Budget Approved not yet received	(1,162)		(1,162)
ADP	814		814
Winter Funding - Band 2-4	650		650
Specialist Children - Stem Cell Psychology post	76		76
Specialist Children - Management Accountant	52		52
Oral Health - Movements	(10)		(10)
Primary Care Improvement Funding	3,160		3,160
Prescribing tariff swap	(288)		(288)
Pay Uplift - 23.24 One Off Payment	878		878
Health Visiting - Training	42		42
Health Improvement	0		0
Apremilast	35		35
Period 6 Budget Adjustments			
SG Additional Pay Uplift	4,389		4,389
Specialist Children - Apprentice Levy/ Pension from Glasgow	65		65
Childsmile	685		685
Primary Care Improvement Funding adjustment	(69)		(69)
District Nursing	131		131
School Nursing	220		220
Winter Funding - Enhanced MDT	697		697
Open University Students	30		30
Revenue to Capital (Dental Chairs)	(415)		(415)
Apremilast	190		190
Contribution to LAC posts from Education - adjustment		(5)	(5)
Period 8 Budget Adjustments			
23.24 SG Uplift including Specialist Children	1,751		1,751
Outcomes Framework Uplift	270		270
Specialist Children - Office 365 from Renfrewshire	16		16
FHS adjustment	1,510		1,510
Vaccinations Framework - Housebound & Care Homes	159		159
Dementia Post Diagnostic Support	65		65
Prescribing share of £20m	341		341
Smoking Prevention	42		42
Adult Social Care - Chief Nurse	57		57
Adult Social Care - Care Homes	46		46
Open University Students	(5)		(5)
Specialist Children - MH Outcomes Framework	2,239		2,239
Specialist Children - Infant Mental Health	422		422
Specialist Children - Maternity & Neonatal Psychological Intervention	306		306
Children & Families - Fostering & Kinship Allowances		233	233
Period 10 Budget Adjustments			
Action 15	676		676
ADP	170		170
Primary Care Improvement Funding	185		185
District Nursing	56		56
Winter Funding - Enhanced MDT	100		100
Specialist Children - IPCU	600		600
Interim Care Beds	8		8
Health Improvement	35		35
FHS adjustment	290		290
Apremilast	39		39
SG Additional Pay Uplift	360	697	1,057
SG Additional Pay Uplift - Non SW services	0	12	12
Public Dental Service	4,821		4,821
SCS Transfers from other HSCPs (Office365)	75		75
LD Professional lead to East Renfrewshire HSCP	(12)		(12)
Self Directed Support Transformation Funding		5	5
Revised 2023/24 Budget	186,544	75,091	261,635
Anticipated 2023/24 Budget	186,544	75,091	261,635

186,544 75,091
 0 - 0

26,673

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	4,297	3,696	3,459	237	4,114	184	51	0	235	5.46%
Older People & Adult Community Services	55,483	43,228	43,052	176	56,692	(1,209)	1,591	0	382	0.69%
Physical Disability	5,395	4,336	4,117	219	5,319	76	50	0	126	2.34%
Learning Disability	23,516	17,301	18,522	(1,221)	24,925	(1,409)	461	0	(948)	-4.03%
Mental Health	5,159	3,981	3,857	124	4,879	280	0	0	280	5.44%
Addictions	2,020	1,195	1,359	(164)	2,144	(124)	0	0	(124)	-6.13%
Planning & Health Improvement	641	551	483	68	559	82	0	0	82	12.80%
Childrens Services	17,447	14,081	14,201	(119)	18,013	(566)	22	0	(543)	-3.12%
Criminal Justice Services	153	120	149	(29)	263	(110)	0	0	(110)	-71.91%
Other Non Social Work Services	1,553	1,224	997	226	1,375	178	0	0	178	11.45%
Family Health Services	35,035	29,445	29,445	0	35,035	0	0	0	0	0.00%
Prescribing	22,036	18,281	19,167	(886)	23,118	(1,082)	350	0	(732)	-3.32%
Oral Health Services	12,247	10,183	9,895	289	12,661	(415)	415	0	(0)	0.00%
Specialist Childrens Services	38,271	32,529	31,679	849	38,207	64	0	0	64	0
Set Aside	38,382	31,985	31,985	0	38,382	0	0	0	0	0.00%
Covid Expenditure	0	0	0	0	0	0	0	0	0	#DIV/0!
Net Expenditure	261,635	212,135	212,365	(230)	265,685	(4,050)	2,940	0	(1,112)	-0.42%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Forecast Full Year Spend £000	Forecast Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	110,083	91,468	89,525	1,943	111,207	(1,124)	276	0	(848)	-0.77%
Property Costs	472	364	385	(20)	509	(37)	0	0	(37)	-7.85%
Supplies and Services	6,616	3,873	3,812	61	6,715	(99)	602	0	503	7.60%
Third Party Payments (care providers)	68,029	52,407	53,659	(1,252)	70,004	(1,975)	1,630	0	(346)	-0.51%
Transport & Plant	809	609	671	(62)	892	(83)	0	0	(83)	-10.30%
Administrative Costs	4,055	3,236	2,720	516	3,663	392	52	0	443	10.93%
Family Health Services	35,914	30,238	30,245	(7)	35,914	0	0	0	0	0.00%
Prescribing	22,036	18,281	19,167	(886)	23,118	(1,082)	350	0	(732)	-3.32%
Other	(50)	(42)	0	(42)	0	(50)	0	0	(50)	100.00%
Resource Transfer	18,763	15,636	15,636	(1)	18,763	1	0	0	0	0.00%
Set Aside	38,382	31,985	31,985	0	38,382	0	0	0	0	0.00%
Gross Expenditure	305,109	248,055	247,804	251	309,168	(4,058)	2,910	0	(1,150)	-0.38%
Income	(43,474)	(35,919)	(35,438)	(481)	(43,482)	8	30	0	38	-0.09%
Net Expenditure	261,635	212,135	212,365	(230)	265,685	(4,050)	2,940	0	(1,112)	-0.42%

	Savings		
Payroll	(1,124)	196	(928)
Agency	(1,975)	1,128	(847)
Presc	(1,082)		(1,082)
Other	123	39	161
Income	8	30	38
	(4,051)	1,393	(2,658)

East Dunbartonshire HSCP
Consolidated Financial Performance 2023/24
Period to the 31st January 2024

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	20,087	16,743	16,622	121	19,920	167			167	0.83%
Older People & Adult Community Services	12,420	10,224	9,643	581	12,085	335	362		697	5.61%
Learning Disability	752	631	572	59	724	27	13		41	5.43%
Mental Health	2,399	1,909	1,757	152	2,216	182			182	7.59%
Addictions	1,454	728	726	2	1,452	2			2	0.17%
Planning & Health Improvement	641	551	483	68	559	82			82	12.80%
Childrens Services	2,821	2,322	2,261	60	2,749	72			72	2.56%
Family Health Services	35,035	29,445	29,445	0	35,035	0			0	0.00%
Prescribing	22,036	18,281	19,167	(886)	23,118	(1,082)	350		(732)	-3.32%
Oral Health Services	12,247	10,183	9,895	289	12,661	(415)	415		(0)	0.00%
Specialist Childrens Services	38,271	32,529	31,679	849	38,207	64			64	0.17%
Set Aside	38,382	31,985	31,985	0	38,382	0			0	0.00%
Covid Expenditure	0	0	0	0	0	0			0	#DIV/0!
Net Expenditure	186,544	155,531	154,235	1,296	187,108	(564)	1,140	0	576	0.31%

East Dun SLT underspend

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance £000	Forecast Full Year Spend £000	Forecast Full Year Variance £000	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	83,895	71,054	69,366	1,688	83,840	56	215		271	0.32%
Property Costs	389	324	355	(30)	426	(36)			(36)	-9.36%
Supplies and Services	4,810	2,374	2,533	(159)	5,039	(229)	575		346	7.19%
Third Party Payments (care providers)	484	403	145	259	173	311			311	64.18%
Transport & Plant	0	0	0	0	0	0			0	#DIV/0!
Administrative Costs	2,934	2,367	1,894	473	2,468	467			467	15.91%
Family Health Services	35,914	30,238	30,245	(7)	35,914	0			0	0.00%
Prescribing	22,036	18,281	19,167	(886)	23,118	(1,082)	350		(732)	-3.32%
Other	(50)	(42)	0	(42)	0	(50)			(50)	100.00%
Resource Transfer	18,763	15,636	15,636	(1)	18,763	0			0	0.00%
Set Aside	38,382	31,985	31,985	0	38,382	0			0	0.00%
Gross Expenditure	207,558	172,620	171,325	1,296	208,122	(564)	1,140	0	576	0.28%
Income	(21,014)	(17,089)	(17,089)	0	(21,014)	0			0	0.00%
Net Expenditure	186,544	155,531	154,235	1,296	187,108	(564)	1,140	0	576	0.31%

East Dunbartonshire HSCP

Consolidated Financial Performance 2023/24

Period to the 31st January 2024

Care Group Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Strategic & Resources	(15,790)	(13,047)	(13,163)	116	(15,806)	16	51		66	-0.42%
Older People & Adult Community Services	43,063	33,004	33,409	(405)	44,608	(1,545)	1,230		(315)	-0.73%
Physical Disability	5,395	4,336	4,117	219	5,319	76	50		126	2.34%
Learning Disability	22,765	16,669	17,949	(1,280)	24,201	(1,436)	447		(989)	-4.34%
Mental Health	2,760	2,072	2,100	(28)	2,662	98	0		98	3.56%
Addictions	566	467	633	(166)	692	(126)	0		(126)	-22.31%
Childrens Services	14,626	11,760	11,939	(180)	15,264	(638)	22		(616)	-4.21%
Criminal Justice Services	153	120	149	(29)	263	(110)	0		(110)	-71.91%
Other Non Social Work Services	1,553	1,224	997	226	1,375	178	0		178	11.45%
Covid Expenditure	0	0	0	0	0	0	0		0	#DIV/0!
Net Expenditure	75,091	56,604	58,130	(1,525)	78,578	(3,487)	1,800	0	(1,688)	-2.25%

Subjective Analysis	Annual Budget 2023/24 £000	Year to Date Budget £000	Year to Date Actual £000	Year to date Variance	Full Year Spend £000	Full Year Variance	Reserves Adjustment (OUT)	Reserves Adjustment (IN)	Revised Actual Variance	Variance %age
Employee Costs	26,188	20,414	20,158	256	27,368	(1,180)	61		(1,119)	-4.27%
Property Costs	83	40	30	10	84	(1)	0		(1)	-0.75%
Supplies and Services	1,805	1,499	1,279	220	1,676	130	27		157	8.68%
Third Party Payments (care providers)	67,545	52,003	53,514	(1,511)	69,830	(2,286)	1,630		(655)	-0.97%
Transport & Plant	809	609	671	(62)	892	(83)			(83)	-10.30%
Administrative Costs	1,121	869	826	43	1,196	(75)	51		(24)	-2.12%
Family Health Services	0	0	0	0	0	0			0	
Prescribing	0	0	0	0	0	0			0	
Other	0	0	0	0	0	0			0	#DIV/0!
Set Aside	0	0	0	0	0	0			0	
Gross Expenditure	97,551	75,435	76,479	(1,044)	101,046	(3,495)	1,770	0	(1,725)	-1.77%
Income	(22,460)	(18,830)	(18,349)	(481)	(22,468)	8	30		38	-0.17%
Net Expenditure	75,091	56,604	58,130	(1,525)	78,578	(3,487)	1,800	0	(1,688)	-2.25%

Workstream	Action	Lead	Full Year Savings Target 23/24	Actual Savings Anticipated 23/24	Savings Un Achieved 23/24	Smoothing Reserve 23/24
	<u>Community Health & Care</u>					
Policy	Development of a Charging Policy for Telecare	Derrick	30,000	-	30,000	30,000
Service Change	Review of Older People Day Supports	Derrick	-	-	-	
Service Change	Health Improvement Redesign	Derrick	50,000	50,000	-	
Efficiency	Demographic Growth	Derrick	1,043,746	1,043,746	-	
Service Change	Review of Continuing Care	Derrick	277,000	277,000	-	
Service Change	Review of PDS funding from Carers	Derrick	70,000	70,000	-	
			1,470,746	1,440,746	30,000	
	<u>Mental Health, Learning Disability & Addictions</u>				-	
Efficiency	Impact of New Investment on Mainstream budgets	David	136,000	136,000	-	
Efficiency	Increased turnover due to delays / difficulties in recruitment	David	250,000	250,000	-	
Service Change	Cessation of review Team function	David	101,415	101,415	-	
Service Change	Review of Pineview / move to 2 bedded unit	David	338,356	142,356	196,000	
	Review of Suuported Accommodation / Support Living Budgets for Adult Services in line with Fair Access policy and access to resources	David	407,000		407,000	407,000
Service Change	New Allander Daycare oppourtunities	David	190,900		190,900	

Service Change	Review of Voluntary Sector / MH / Addictions Commissioning	David	30,000		30,000	38,613
			1,453,671	629,771	823,900	
<u>Childrens Services</u>					-	
Service Change	Continuance of House Project model	Claire	500,000		500,000	
			500,000	-	500,000	
<u>Strategic & Resources</u>					-	
Efficiency	Review of Planning & Commissioning funding	Jean	157,000	118,387	38,613	
Efficiency	Management Efficiencies	Jean	313,000	313,000	-	
			470,000	431,387	38,613	
Total Savings Programme 23/24			3,894,417	2,501,904	1,392,513	

916,900

HSCP RESERVES (Appendix 4)	Balance at 31 March 2023 £000	Proposed Use of Reserves 23/24 £000	Anticipated Additions to reserves 23/24 £000	Projected Balance at 31st March 2024 £000
HSCP Transformation	(1,100)	25		(1,075)
HSCP Accommodation Redesign	(3,000)			(3,000)
HSCP Smoothing Reserve	(594)	476		(118)
HSCP Digital Redesign	(500)			(500)
SG - Apropriate Adults	(24)			(24)
Review Team	(72)			(72)
Scottish Govt. Funding - SDS	(76)			(76)
SG - Integrated Care / Delayed Discharge Funding	(282)			(282)
Oral Health	(2,575)	415		(2,161)
SG - Infant Feeding	(61)			(61)
SG - CHW Henry Programme	(15)			(15)
SG - GP Out of Hours	(39)			(39)
SG - Primary Care Improvement	(316)	182		(134)
SG – Action 15 Mental Health	(145)			(145)
SG – Alcohol & Drugs Partnership	(1,240)			(1,240)
SG – Technology Enabled Care	(11)			(11)
SG - GP Premises	(229)			(229)
SG - PC Support	(27)			(27)
Prescribing	(1,185)	350		(835)
SG - Community Living Charge	(341)	13		(327)
Psychological Therapies	(60)			(60)
SG - District Nursing	(93)	20		(73)
SG - Chief Nurse	(102)			(102)
SG - Health & Wellbeing	(40)			(40)
Woodland Garden Project	(7)			(7)
SG - National Trauma Training	(81)			(81)
SG - Adult Winter Planning Funding	(2,503)	1377		(1,126)
SG - Mental Health Recovery & Renewal	(119)			(119)
Learning Disability	(37)			(37)
Community Link Workers	(267)			(267)
SG - Telecare Fire Safety	(20)	20		0
SG - Whole Family Wellbeing	(7)			(7)
SG - Care Experienced Attainment	(20)			(20)
SG - Unaccompanied Asylum Seeking Children	(22)	22		0
LAC Posts - Education Contribution	(40)	40		0
SG - Dementia	(114)			(114)
SG - Wellbeing	(72)			(72)
SG - MH Estate Funding	(255)			(255)
Total Earmarked	(15,691)	2,940	0	(12,751)
Contingency	(4,371)	1,112		(3,260)
General Fund - Total Reserves	(20,062)	4,051	0	(16,011)

TEMPLATE FOR DIRECTIONS FROM EAST DUNBARTONSHIRE INTEGRATION JOINT BOARD

1	Reference number	280324-10 Agenda Item Number 10
2	Report Title	Financial Performance Budget 2023/24 – Month 10
3	Date direction issued by Integration Joint Board	28 th March 2024
4	Date from which direction takes effect	28 th March 2024
5	Direction to:	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	Yes supersedes 180124-12
7	Functions covered by direction	Budget 2023/24 – all functions set out within Appendix 2.
8	Full text of direction	East Dunbartonshire Council and NHS Greater Glasgow and Clyde jointly are directed to deliver services in line with the Integration Joint Board's Strategic Plan 2022 - 25, as advised and instructed by the Chief Officer and within the revised budget levels outlined in Appendix 1.
9	Budget allocated by Integration Joint Board to carry out direction	The budget delegated to NHS Greater Glasgow and Clyde is £186.544m and East Dunbartonshire Council is £75.091m as per this report.
10	Details of prior engagement where appropriate	Engagement through chief finance officers within the respective partner agencies as part of ongoing budget monitoring for 2023/24.
11	Outcomes	Delivery of the strategic priorities for the IJB as set out within the Strategic Plan within the financial framework available to deliver on this as set out within the paper.
12	Performance monitoring arrangements	The budget will be monitored through standard budget monitoring and reporting arrangements to the IJB and in line with agreed performance management framework.
13	Date direction will be reviewed	Reviewed for IJB – budget 2023/24 final year end outturn reports will supersede this direction planned for 27 th June 2024.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28th MARCH 2024

REPORT REFERENCE: HSCP/280324/11

CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY HEALTH AND CARE SERVICES

SUBJECT TITLE: HOSPITAL DISCHARGE DELAYS;
PERFORMANCE AND ASSURANCE

1.0 PURPOSE

1.1 The purpose of this report is to provide the routine update to members on the position of East Dunbartonshire HSCP in relation to delayed hospital discharge performance, and to provide assurance regarding management and scrutiny of delayed discharge performance.

2.0 RECOMMENDATIONS

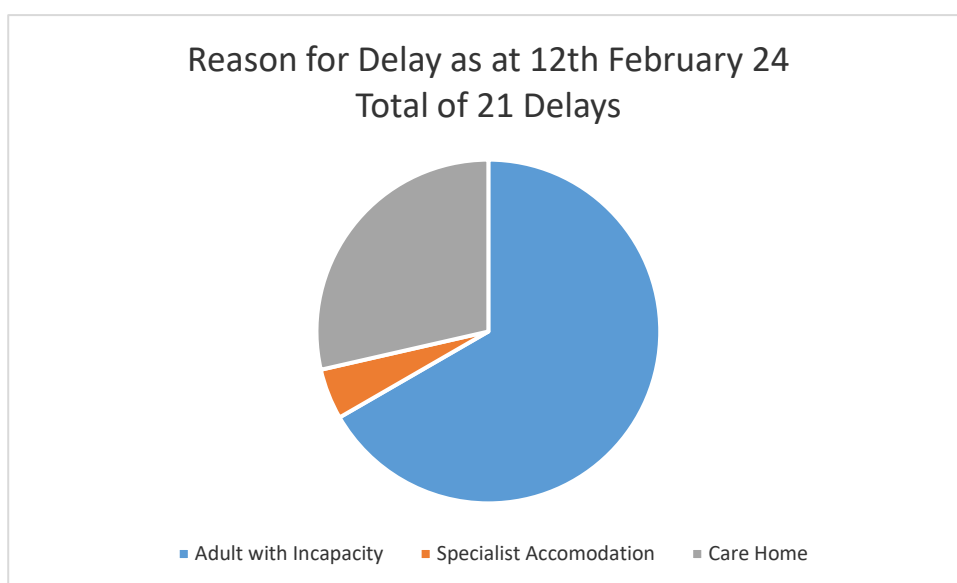
It is recommended that the Health & Social Care Partnership Board:

2.1 Note the content of the report and the performance and assurance reflected therein.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The management of unscheduled care continues to be a key area of business strategically and operationally for the HSCP and IJB.
- 3.2** Boards members were appraised of the multifactorial and complex issues that impact on delayed discharged in the report tabled September 2023, and have had routine reporting in the format of this report since.
- 3.3** Board members should be assured that the daily scrutiny and robust process to manage delays detailed in the previous reports continues
- 3.4** Performance continues to sit at 98% for all patients discharged from hospital without a delay.



- 3.5** The main reason for delays in discharge form hospital is patient subject to Adults with Incapacity (AWI) Act which, due to the legislative processes associated with moving these individuals', results in a lengthy delay.
- 3.6** There is continued high performance in relation to our management of standard delays, as illustrated below with East Dunbartonshire being rated as 5th in Scotland and 2nd in GGC as at the 12th February 2024. East Dunbartonshire individuals who are delayed in their discharge from hospital due to standard reasons continue to experience comparatively very short delays, and work is ongoing to ensure that there is focus on reducing this further in all possible cases.
- 3.7** Our performance in terms of AWI delays remains challenging and as at 12th February 2024 was the second highest level per head in Scotland, with 16 delays of this nature. The main reasons for this continue to be the time taken to secure court dates, failures to issue the correct paperwork of the courts to allow hearings to take place, and a reducing number of people who may be discharged under the permissions of Section 13za of the Adults with Incapacity Act.

Actions focussing on improved performance

- 3.8** Work continues within the HSCP to progress the actions detailed in the previous report including developing a standardised information pack which can be given to all services users outlining the benefits of having a Power of Attorney (PoA) and the process required to put this in place, training for all staff, third sector engagement, media campaigns etc.
- 3.9** There has been a retrospective look at the individuals who are currently delayed as a result of AWI to ascertain whether there were missed opportunities to promote PoA. For those who had previous contact with HSCP services discussions regarding PoA had been recorded in the majority of cases.
- 3.10** Further work is now being undertaken to determine if there is any correlation with those identified through Scottish Patients at Risk of Re-Admission (SPARRA) register and those who subsequently appears as a delayed discharge.
- 3.11** A recent Office of the Public Guardian (Scotland) Report shows that within East Dunbartonshire the uptake of PoA is in line with other Local Authorities in Scotland which does not explain our increase in the number of patients who are subject to AWI being delayed in their discharge from hospital.
- 3.12** There continues to be daily scrutiny and reporting on delayed discharges both within the HSCP and the wider GGC wider system.
- 3.13** Locally we continue to build on our enhanced community care services to provide enhanced assessment and care interventions to maximise opportunities to maintain individuals within their own home or homely setting preventing the need for conveyance to hospital. Our Test of Change with Care Home Liaison Nurse cover at weekends and public holidays, with escalation to District Nurse Advanced Nurse Practitioners is contributing to this, and there is already early evidence of impact in preventing admission by our new Advanced Respiratory Physiotherapist within our core Community Rehabilitation Team.

Current Challenges Impacting on Delays.

- 3.14** The Acute Hospitals are continuing to experience sustained pressures and as a result there are continued high numbers of people seeking to move on from hospital to a care setting or to home with a package of care. This results in significant numbers of people being added to the delayed discharge list, some of whom are unknown to services prior to their admission to hospital so require a personalised assessment of care needs. As detailed previously it is also challenging to have a quick turnaround when families are having to make life changing decisions about future care needs and the complex processes associated with Care Home admission.
- 3.15** Throughout January there were a number of wards closed as a result of infection which delayed Care Home and Social Work staff being able to carry out required assessments to identify appropriate future care placement. Work continues to elicit the support of infection prevention and control professionals to reduce the instance of this occurring, as staff should not be prevented from entering an infected ward to undertake care planning, review or other necessary interventions. Care Home continue to be fearful of bringing infection back to care homes, however, which impacts confidence to work as normal in these circumstances.

- 3.16** There are continued challenges with the Care at Home electronic referral process introduced in December particularly with regard to confirming packages of care in advance of the planned date of discharge. These challenges are not unique to East Dunbartonshire and we continue to work to address these teething issues through the implementation group.
- 3.17** As highlighted previously arranging admission to an alternative care setting is complex and takes time therefore early referral to Social Work is essential to support a timely discharge.
- 3.18** The process for referral should be an early referral to the Hospital Assessment Social Work team so they can begin engagement with the individual and their family to agree future care needs and plans. This should be followed by a Specialised Multi agency Assessment Tool (SMAT) to be sent once the individual is medically fit for discharge. Once the SMAT is received the individual can be added to delays. Increasingly Social Work are receiving the early and SMAT referrals a day apart or on the same day which makes timely discharge unachievable.
- 3.19** The SMAT form changed to an electronic format in December 2023 which has resulted in poorly completed referrals with missing details and minimal information. This is not unique to East Dunbartonshire and is being looked at across GGC.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – This report described front line services to people who are being discharged from hospital and are delayed in their discharge.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 None

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/12

CONTACT OFFICER: DAVID RADFORD, HEALTH IMPROVEMENT & INEQUALITIES MANAGER

SUBJECT TITLE: PUBLIC, SERVICE USER & CARER (PSUC) UPDATE

1.0 PURPOSE

1.1 The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUC).

2.0 RECOMMENDATIONS

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

2.1 It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

- 3.1** The full minute is included in **Appendix 1** and details the actions and progress of the PSUC representative support group (RSG), highlighting their progress.
- 3.2** The PSUC have held their first meeting in 2024. The latest meeting took place on the 25 January 2024 and was offered in a hybrid model. Group members had the opportunity to attend in both a 'physical' and 'virtual' capacity, on Microsoft Teams.
- 3.3** At the latest PSUC meeting, the members received a presentation from Caroline Lilley (Adult Community Nursing - Nurse Team Lead) and Kathleen Halpin (Adult Community Nursing - Service Manager/Lead Nurse) on the HSCP work being carried out on 'Pressure Ulcer' prevention and what opportunities there are for the PSUC group to assist the HSCP in disseminating this across East Dunbartonshire.
- 3.4** The group also received a presentation from Lucy McGonigle (Larkfield CMHT & East Dunbartonshire PCMHT – Peer Support Worker) on the Mental Health Peer Support programme.
- 3.5** The PSUC group have continued to actively promote the ongoing recruitment to the group and are pleased to announce a new member has joined the PSUC group (Charles Abiodun). Charles has received his one to one 'Induction Training' and 'Members Pack' and will be allocated a role in a HSCP planning group as a service user representative.
- 3.6** The PSUC group have also requested an update in lieu of the progress towards that the Carers 'Transitions' narrative and the Scottish Government Carers funding as an ongoing work stream and key agenda item.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan.

4.3 Frontline Service to Customers – None.

4.4 Workforce (including any significant resource implications) – None.

4.5 Legal Implications – None.

4.6 Financial Implications – None.

4.7 ICT – None.

4.8 Procurement – None.

4.9 Economic Impact – None.

4.10 Sustainability – None.

4.11 Equalities Implications – None.

4.12 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1:** Public Service User and Carer Support Group of 25th January 2024.

Agenda Item Number: 12a Appendix 1

Public Service User and Carer Support Group – 25 January 2024

Attending; Charles Abiodun, Karen Albrow, Gordon Cox, Michael O'Donnell, Michael Rankin, Linda Jolly

Apologies; Suzanne McGlennan Briggs, Catherine Buchanan, Avril Jamieson, Linda Hill, Mary Kennedy, Fiona McManus, Jenny Proctor, and Frances Slorance.

HSCP Staff in attendance; Kathleen Halpin (Adult Community Nursing - Service Manager/Lead Nurse), Caroline Lilley (Adult Community Nursing - Nurse Team Lead), Lucy McGonigle (Larkfield CMHT & East Dunbartonshire PCMHT – Peer Support Worker).

HSCP Support Staff; Anthony Craig.

Action points agreed at meeting:

	Action	By who	When	G	A	R
1	Invitation to be extended to Head of Adult Services to provide update on the Progression of Transition arrangements within East Dunbartonshire and clarify funding offered to HSCP via the Scottish Carers funding stream / allocation.	A Craig	Ongoing			
2	Invitation to be extended to the new Clinical Director and to the Primary Care Service Manager, to appraise the group on the 'PCIP' and any other relevant updates.	A Craig	By next meeting 25/04/24			
3	Liaise with HSCP Chief Officer to provide update to PSUC on the developments toward the implementation of the National Care Service and what this means for East Dunbartonshire.	A Craig	Ongoing			
4	The PSUC group wish to extend invitation to Kelly Gainty (Self Directed Support Lead Officer) to update on the Self Directed Support Work Plan for 2024 – 2027 and the language and readability used when compiling SDS materials.	A Craig	By next meeting 25/04/24			
5	The group wish to thank Kathleen Halpin and Caroline Lilley for their 'Pressure Ulcer' presentation. They would also like to further assist in the dissemination of 'Pressure Ulcer'	A Craig	Ongoing			

	information and educational materials across East Dunbartonshire.					
6	PSUC officer to liaise with LD project lead and facilitate PSUC group visit to the new Allander service.	A Craig	Ongoing			

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/13

CONTACT OFFICER: JEAN CAMPBELL, CHIEF FINANCE & RESOURCES OFFICER

SUBJECT TITLE: PERFORMANCE, AUDIT AND RISK COMMITTEE DRAFT MINUTES HELD ON 16TH JANUARY 2024

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Board on the HSCP Performance, Audit and Risk Committee meeting held on 16th January 2024 (attached as **Appendix 1**).

2.0 RECOMMENDATIONS

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

- 2.1 Note the draft minutes of the HSCP Performance, Audit and Risk Committee Meeting held on 16th January 2024.

CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended are the draft Performance, Audit and Risk Committee minutes from the meeting held on the 16th January 2024.

3.2 The key areas considered within the meeting related to:

- An update on the internal audit work undertaken during the period as this relates to the HSCP including work to develop the internal audit plan for 2024/25
- The outcome of an external assessment undertaken by Glasgow City Council on the quality of the internal audit service within East Dunbartonshire
- The outcome of an unannounced inspection of the Meiklehill and Pineview services which received grades of very good across the 2 thematic areas reviewed.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

This committee provides support to the IJB in its responsibilities for issues of performance, risk, control and governance and associated assurance through a process of constructive challenge and provides a robust framework within which the objectives within the Strategic Plan are delivered.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – Performance, Audit and Risk Committee Minutes (draft) of 16th January 2024

**Minutes of the
East Dunbartonshire HSCP Performance, Audit & Risk Committee.
Date: Tuesday 16th January 2024 at 2pm
Location: Via MS Teams**

Present:

Jacqueline Forbes (Chair)
Calum Smith
Gillian McConnachie
Ian Ritchie
Derrick Pearce
Claire Carthy
Caroline Sinclair
Jean Campbell
Tom Reid
Susan Murray

JF
CSm
GMcC
IR
DP
CC
CSi
JC
TR
SM

Minutes: Sarah Hogg

No.	Topic	Action by
1.	Welcome and Apologies	JF
	The Chair welcomed the committee members present. Apologies submitted from: Alison Willacy.	
2.	Minutes of previous meeting.	JF
	Minutes from the September and November meetings were reviewed and approved with the noted corrections: November minute – Calum Smith forename updated to contain one l. Point 2 – Mazaars Report - noted with uncomplete registers of interest corrected to Incomplete Registers.	
3.	HSCP Internal Audit Performance & Outputs	GMcC
	The HSCP Internal Audit Performance & Outputs paper was presented to the group, and the points highlighted were: <ul style="list-style-type: none"> • There are no high-risk items outstanding of direct relevance to the HSCP. • One remaining medium risk outstanding relating to data cleansing of the service register for care providers. • A revised target date of 31 March 2024 has been set for closing off this risk. • An update on the NHSGGC's internal audit activity has been requested and a further update will be provided at the next committee. • Work has started on the 2024/2025 audit plan a draft plan will be brought to the next committee. 	

	<p>Questions: CS enquired as to the possibility of reaching the March 31 deadline. It was confirmed work is ongoing to review elements of the care first service register and will be concluded by year end.</p> <p>It was resolved: The content of the HSCP Internal Audit Performance & Outputs were noted.</p>	
4.	External Quality Assessment 2 – A report on Internal Audit by Glasgow City Council	GMcC
	<p>The External Quality Assessment 2 – A report on Internal Audit by Glasgow City Council was presented for approval and the points highlighted were:</p> <ul style="list-style-type: none"> • Positive validation provided by Glasgow City Council on the Internal Audit Service with all areas under review concluded as fully compliant. • The Institute of Internal Audit is consulting on new Standards and that the next External Quality Assessment will be against revised Standards. • Three minor actions for improvement were proposed by the external assessor, asking for action to be taken to improve the response rate to client surveys, specific consideration of the East Dunbartonshire Leisure & Culture Trust when preparing the Audit Plan and greater recognition of best practise within internal audit reports. These actions have been accepted by the Audit and Risk Manager with a target date of 30 June 2024. <p>Questions: SM queried the minor recommendation for the leisure trust. GMcC Confirmed consolidated data on the leisure trust was included in the council account as part of the larger council group; nevertheless, it was mentioned that further audit work is not necessary and that assurances might be taken into consideration. JF asked regarding the peer review of each council and the potential learning opportunities? It was indicated other local authorities face similar challenges and other public sector bodies participate. IIA meetings include private sector and are attended by representatives from EDC. JF queried the audit not including the IJB in the report? It was confirmed while the audits primary focus was local authority the HSCP was also included in the process, and both agencies are subject to the same procedures. IR commented on the stringency and differing perspectives of the peer review process. Members of the committee expressed praise and thanks to those involved.</p> <p>It was resolved: The content of the External Quality Assessment 2 – A report on Internal Audit by Glasgow City Council was noted.</p>	
5.	HSCP Corporate Risk Register	JC

	<p>The HSCP Corporate Risk Register was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> • Individual Service Risk Registers are reviewed and updated monthly, as appropriate, by the Operational Leads within the HSCP. These capture a more detailed picture of individual service risks and include those services hosted within ED HSCP. • The Corporate Risk Register is reviewed quarterly by the Senior Management Team and updated. • The Risk Register provides full details of all current risks, in particular high-level risks, and the control measures that are in place to manage these. • There are a total of 15 risks included within the HSCP Corporate Risk register this remains static from the previous report however risk scores have been updated on a number of these to reflect the challenges faced by the HSCP in the coming year. • Of the 15 risks identified within the Corporate Risk register, 10 are high risk albeit following the risk management actions implemented, this reduces to 4 (1) high risk area, the rest falling down to medium risks. • There are a total of 21 service risk registers with 105(74) live/active risks associated with these registers. Of the 105 risks, 39% are Low risks, 34% are Medium level risks, 24% are High level risks and 3% are Very High risks. <p>Questions: IR asked regards to point HSCP 10 in the document and any solutions to support this risk of delayed discharges. Assurances were given work is ongoing to support delayed discharges from acute in the community. CSm enquired regarding point HSCP 15 in the document and the potential outcomes. CSi provided assurances a solution is being sought and discussions with the NHS GG&C board are ongoing, it is hoped to have a solution within the year. The impact on patients and staff is being mitigated by use of other clinical space at varying sites in the meantime. SM highlighted the scales in both graphs not providing a comparative picture in point 3.7 or paper 5. This will be resolved for the next report. JF asked for further clarity and detail to be included in this report for future.</p> <p>It was resolved: The content of the HSCP Corporate Risk Register was noted.</p>	
6.	<p>HSCP Directions Log Update</p> <p>The HSCP Directions Log Update was presented for noting and the points highlighted were:</p>	JC

	<ul style="list-style-type: none"> There have been 15 Directions issued across the IJB meetings in 2023 the status of the Directions is noted as being: <table border="0"> <tr> <td>Current</td> <td>8</td> </tr> <tr> <td>Complete</td> <td>0</td> </tr> <tr> <td>Superseded</td> <td>7</td> </tr> <tr> <td>Revoked</td> <td>0</td> </tr> </table> <p>Questions: JF requested superseded items are to be faded out for future reports.</p> <p>It was resolved: The content of HSCP Directions Log Update was noted.</p>	Current	8	Complete	0	Superseded	7	Revoked	0	
Current	8									
Complete	0									
Superseded	7									
Revoked	0									
7.	HSCP Annual Delivery Plan Update – Qtr 3 2023/24	JC								
	<p>The HSCP Annual Delivery Plan Update – Qtr 3 2023/24 was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> There are a total of 24 projects to be delivered within the Delivery Plan for 2023/24: <ul style="list-style-type: none"> 18 (20) are considered at Green status with an expectation that these will be delivered as planned in year. 2 (4) are considered Amber status (at risk), of which 1 is recommended to be closed related to SCS Workforce review due to changing parameters related to the funding to support progress on this project – work is underway with some risk or delay to delivery. 4 (0) are considered Red status – not delivered as planned in year. These items will be reviewed and added to the coming years annual delivery plan for further discussion. <p>Questions: IR commented on possibility of meeting these project targets in the coming year. Assurances were given that every effort will be made to meet these project targets. JF commented on the various appendix to the document and requested clear outcomes to be added going forward marking what was achieved.</p> <p>It was resolved: The content of the HSCP Annual Delivery Plan Update – Qtr 2023/24 was noted.</p>									
8.	Care Inspectorate - Meiklehill and Pineview Service Inspection October 2023	DP								
	<p>The Care Inspectorate - Meiklehill and Pineview Service Inspection October 2023 was presented for noting and the points highlighted were:</p> <ul style="list-style-type: none"> The HSCP Internal Meiklehill and Pineview services were inspected by the Care Inspectorate over 3 days in October 2023. This was an unannounced inspection focusing on two main themes. The dimensions 									

	<p>that were inspected are noted below, along with the corresponding grades and descriptors awarded by the Care Inspectorate.</p> <p>Dimensions and Grades two main theme areas:</p> <ul style="list-style-type: none"> - How well do we support people's wellbeing? 5 - Very Good - How good is our leadership? 5 - Very Good <p>The overall grades above recognise the main grade for each thematic area – with the overall grade for each area always being aligned to the lowest score awarded.</p> <ul style="list-style-type: none"> - The service was inspected on 4 specific areas and achieved overall: Very Good in all 4 areas. - People experience compassion, dignity, and respect. 5 - Very Good - People get the most out of life. 5 - Very Good - People's health and wellbeing benefits from their care and supports. 5 - Very Good - Quality assurance and improvement is led well. 5 – Very Good <p>Noted: Members of the committee expressed praise and thanks to those involved.</p> <p>It was resolved: The content of the Care Inspectorate - Meiklehill and Pineview Service Inspection October 2023 was noted.</p>	
9.	HSCP PAR Agenda Planner.	JC
	<p>Item deferred: TR confirmed the Audit plan will be brought to next meeting. IR requested Whistleblowing will be brought to next meeting.</p>	
10.	AOCB	ALL
	None.	
11.	Date of Next Meeting: 14th March 2024.	ALL

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/14

CONTACT OFFICER: DR JUDITH MARSHALL, CLINICAL DIRECTOR

SUBJECT TITLE: DRAFT MINUTES OF CLINICAL & CARE
GOVERNANCE GROUP MEETING HELD ON
17TH JANUARY 2024

1.0 PURPOSE

1.1 The purpose of this report is to share the minutes of the Clinical and Care Governance Group meeting held on 17TH January 2024.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the Clinical and Care Governance Group Meeting held on 17th January 2024.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

3.1 Clinical and Care Governance Group minutes of 17th January 2024 highlight:

- a) The HSCP Datix incidents are now broken down into the reason for the Datix and this is part of presentation of the information. For example we were able to look at medication errors and see the breakdown of what they were and where they occurred. This allows services to be targeted for improvement. We could see significant work for example had taken place in Care at Home and medications and this had paid off looking a Datix numbers. Also the overdue incidences numbers are reducing.
- b) The Palliative Care Dashboard has been introduced in Adult Community nursing to allow measuring of provision. The HSCP community nursing teams have performed well and this will allow us to monitor performance.
- c) The Oral Health department reported on risk assessments taking place in locations that provide ventilation sedation looking at verification of air changes. Concerning results were returned including for example in the Royal Hospital for Children the 2 surgeries that are used showed less than 80% that which is recommended by Scottish Health Technical Memorandum SHTN0301.
- d) The Oral Health department also highlighted a concern around the sharing of images between dentists and the imaging departments. Images previously shared in hard copy are now shared using an image portal. Unfortunately, communication at the time of this introduction was not shared. The department are now working with diagnostics to provide instruction to the General Dental Service Teams that this is how the images will now be received, and how to process them.
- e) The Specialist Children services shared that audit work is being undertaken in Mental Health Nursing across the system. The reports will rate services red, amber and green. Initial work shows some areas rated as red and work will continue with each team around areas of practice that need reviewed and developed to reduce unwarranted variation in provision.

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

- 4.3 Workforce (including any significant resource implications) – None.
- 4.4 Legal Implications – None.
- 4.5 Financial Implications – None.
- 4.6 Procurement – None.
- 4.7 ICT – None.
- 4.8 Corporate Assets – None.
- 4.9 Equalities Implications – None.
- 4.10 Sustainability – None.
- 4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

- 5.1 None.

6.0 **IMPACT**

- 6.1 **STATUTORY DUTY** – None
- 6.2 **EAST DUNBARTONSHIRE COUNCIL** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.3 **NHS GREATER GLASGOW & CLYDE** – Provides assurance that clinical and care governance issues are scrutinised at the appropriate levels within the partnership and ultimately seek to improve the quality of services provided through the HSCP.
- 6.4 **DIRECTIONS REQUIRED TO COUNCIL, HEALTH BOARD OR BOTH** – No Direction Required.

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

- 8.1 **Appendix 1** - Clinical & Care Governance Group draft minutes of meeting held on 17th January 2024.

**Minutes of
East Dunbartonshire Health & Social Care Partnership
Clinical & Care Governance Sub Group
Wednesday 17th January 2024, 9.30am
Microsoft Teams Meeting**

Members Present

Name	Designation
Jude Marshall	Clinical Director, Chair
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing, Vice Chair
Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Tara Dunseith	Clinical Director, Oral Health
Leanne Connell	Chief Nurse for HSCP
Derrick Pearce	Head of Community Health and Care Services
Claire Carthy	Interim Head of Children & Families Services and Criminal Justice
Lorraine Currie	Service Manager, Mental Health Services
Julie Metcalfe	Service Manager, Specialist Children's Services (attending on behalf of Karen Lamb)

In Attendance

Name	Designation
Lorraine Brown	PA/Business Support

Apologies

Name	Designation
Fraser Sloan	Clinical Risk
Fiona Munro	Lead AHP for HSCP
Vandrew McLean	Corporate Business Manager
Jaime Steel	Information Governance Officer
Karen Lamb	Service Manager, Specialist Children's Services

No.	Topic	Action by
1.	Welcome and Apologies	
	JM welcomed all and announced members present and reminded those in attendance of the recording of the meeting. She introduced herself to the members and advised that this was her first meeting in the chair. Apologies noted on page 1.	
2.	Minutes of Previous Meeting	
	Minute of previous meeting was agreed and approved.	
3.	Matters Arising	
	JM noted no matters arising at this time. However DP mentioned Operation Koper, and advised that there are now up to five homes that are subject to investigation under Operation Koper within East Dunbartonshire where the HSCP have been asked to contribute information. LC is working on a process with the Health Board, and both LC and CS have been involved in a group looking at developing a board wide approach which will be taken to ORG today for approval and anticipate starting to get completed forms from the Care Home Collaborative that as a an ORG will review and send back for submission.	
4.	Actions / Outcomes Log	
	CF reviewed the Actions & Outcomes Log. <ul style="list-style-type: none"> Quality Improvement Projects Repository - to pull together information from services in relation to ongoing Quality Improvement Projects PowerPoint to be shared at this meeting going forward. CF updated that there has been nothing sent back as yet, and encouraged members to speak to services to remind them and send in details on all ongoing QI Projects. Ongoing. 	
5.	Presentation	
	No presentation at this time. JM asked the group to submit suggestions as to what presentation could be brought to the next meeting. LC commented that JC is currently doing some work with e-Health at the NHSGGC Board to develop an automated reminder for NHS professional registrants that will really streamline processes and give more robust governance to the approach to ensuring that there are no registration lapses, so suggestion that JS could present overview at next meeting on this project. ACTION: JS to provide overview of automated reminder project at next meeting.	
6.	Incident Trends	
	Apologies submitted on behalf of JS and VMcL for the meeting, therefore unable to provide overview of reports to the group. <p>Item 6 ED HSCP DATIX incidents 170124.ppt</p> <p>JM reviewed the details contained within the reports and noted that in terms of overdue incidents there were 32 overdue, with ■■■ of these from Specialist Children's Services and thereafter Mental Health and Health & Community Care, which DP confirmed were related to pressure care and all incidents are being picked up within the service. JMet confirmed that all Specialist Children's service overdue incidents are being progressed. Further slide shows that progress is improving and overdue incidents have been reduced in the past year.</p> <p>In terms of medication incidents, LC commented that it is easier to understand and further breakdown by specialty shows no surprises and high numbers are where they would be anticipated to be, and allows to look at all training plans. She also noted the significant amount of work with the Care at Home service and not seeing incidents of that nature coming through which is very positive. JM noted that the further breakdown of category and sub</p>	

	<p>category, the information and next steps and reporting back of mitigating the risks of incidents happening is also useful.</p> <p>Reports attached above for information. If anyone has any questions or queries to contact JS after the meeting.</p> <p>In terms of reporting for the year ahead, JM advised that JS had a proposal of how reporting would be for the different services for the coming year, to allow direct comparisons and looking at trends and looking at incident reporting figures. She also advised that she would do incident report on complaints for five out of the six CCG meetings, and on the sixth meeting do a full deep dive of the information and report and present back. The members agreed that this would be very useful.</p>	
7.	Complaints & Whistleblowing	
	<p>JM advised that as JS and VMcL were unable to attend the meeting, she had not been advised of anything to report or discuss at this time.</p> <p>CS commented that at the recent Performance Audit & Risk meeting the committee members asked for the next meeting, to consider a paper specifically on whistleblowing for assurances on the processes that are in place and of the volume and outcomes of reporting. Would be helpful to review this information through this group also she suggested.</p> <p>CC shared EDC social work complaints data with the group briefly. She advised that for Quarter 3 there were 5 complaints, █ Care at Home complaints upheld and █ partially upheld, █ Children and Families complaint not upheld and █ Young People and Youth Justice complaint not upheld however resolved to customer satisfaction. Of these the issues in relation to the complaints were noted as parking and service delivery. JM thanked CC for the helpful summary and overview.</p>	
8.	SPSO Updates	
	<p>SPSO update attached with papers. CS advised that there was nothing particular to be aware of in the newsletter at this time.</p>	
	GOVERNANCE LEADS UPDATES / REPORTS	
9.	Children & Families/Criminal Justice	
	<p>Report contained within agenda.</p> <p>CC updated in terms of Children's Health services. Key points to note, Jillian Mitchell is involved in a number of working groups working on standards and improvements in relation to Sudden Unexpected Death in Infants pathway, and Infant Feeing pathway, actively engage in raising standards and improvement in these areas. Also of note, is that Jillian Mitchell is also involved in the Boardwide Quality Improvement Group for Child Protection. She also sits on the Management Information and Self Evaluation Sub Group of the Child Protection Committee and the Significant Learning Review Sub Group, lessons learned from Boardwide quality improvement work feeds directly into these groups. Risks to highlight still in Amber for baseline cover for Health Visitors for implementation of the Universal Health Visiting pathway, has been reported through SMT and through Risk Register and is also an issue for the Board at this time also. Senior Leaders area taking this SBAR forward. Few risks also with School Nursing mainly due to 50% of the team are on maternity leave. Has had direct impact on waiting list times and contingency plan is in place. Another risk is for Speech and Language Therapy is Band 8A seconded to Scottish Government and backfill has not approved as yet and has left gap in management team structure. Exploring ways to support the team across the service. Finally, Public Protection Team have alerted that they are not providing tripartite child protection supervision any more for child protection cases, some concerns around impact of additional workload on our team leaders. Trying to mitigate against and manage this accordingly at present. JM thanked CC for her update.</p>	

	<p>In terms of Criminal Justice she updated on the positive update and outcome on recent audit of MAPPA cases, jointly with Multi Agency MAPPA Team. Most of the outcomes were green and have been met completely, however there were [REDACTED] that were not met or failed. Overall outcome is that the MAPPA cases appear to be managed well and good evidence of that though all the single agencies. Appropriate risk assessments have been carried out and implemented. A number of areas for further work in relation to the environmental risk assessments. Work needed to ensure better evidencing these assessments. Overall really positive and a good reflection on the team.</p>	
10.	Community Health & Care Services	
	<p>Report contained within agenda.</p> <p>DP noted in addition to the main report, he informed the members of the new Palliative Care Dashboard in relation to Adult Community Nursing services. East Dunbartonshire perform especially well in relation to palliative and end of life care in comparison to other HSCPs in the Board, which brings pressures in terms of maintaining the level of performance with increased demand on the service. However doing really well and will seek to continue to do so. Dashboard will ensure the service is able to monitor and measure this service properly.</p> <p>He also highlighted, in term of Pharmacy Prescribing Support arrangements in relations to clinical and cost efficiencies, and medication shortages and the impacts that it has on patients groups, and also is a pressure collectively in terms of availability of medications.</p> <p>JM thanked DP for this update.</p>	
11.	Commissioned Services	
	<p>Report contained within agenda.</p> <p>DP highlighted main points of note, were the achievement of the outcomes from a Care at Home provider who had a requirement from the last inspection and the other point of note was the change of ownership of [REDACTED] moving from Four Seasons to a new company called Glen—Holdings, new company and has changed the operational running of the service however should not alter staff demographic. Also in terms of [REDACTED] he noted concerns raised in relation to care quality, this has been worked through and monitored through the ORG group and moratorium to this care home has been lifted.</p> <p>JM thanked DP for his update.</p>	
12.	Joint Adult Services	
	<p>Report contained within agenda.</p> <p>DA has submitted apologies for the meeting however DP advised of the ongoing inspection of Adult Support and Protection Services and noted that file reading part of the inspection was currently ongoing. Social work pressures across the services however services coping as well as they can at present.</p> <p>JM thanked DP for his update.</p>	
13.	Oral Health – Primary Care	
	<p>Report contained within agenda.</p> <p>TD highlighted few areas of note. She advised that there have been a number of risks highlighted since the report had been shared. The first of which is in relation to delivery of inhalation sedation. Verification of air changes within dental surgeries providing inhalation sedation, which has provided concerning results. Two surgeries at the Children’s Hospital site where it has been identified that the air change rate is less than 80% of that which is recommended by the Scottish Health Technical Memorandum SHTM0301. A risk assessment is indicated and required to ensure that continued use of these surgeries to delivery inhalation sedation is acceptable. Have taken the decision to produce work ongoing to validate all surgeries through the OHD that provided inhalation sedation, including multiple Public Dental Service sites within the Directorate so that the health and wellbeing of staff and patients is the</p>	

	<p>primary concern, however there also exists a valid concern that if sites are not compliant could have an impact on the ability to deliver inhalation sedation to both children and adults, and is a key treatment to divert care away from having to be under General Anaesthetics. The other area of concern is a potential Ionising Radiation (Medical Exposure) Regulations (IRMER) incident which has been identified in dental services following a decision to change the way in which images are exchanged between dentists referring in and legal services. Previously this took place by hard copy, which was shared back and forth, however the decision was taken by Diagnostics to move over to an encrypted secure image exchange portal. The new system was introduced in January 2023, no accompanying communication with referrers. Lack of communication was recognised and first flagged to Diagnostics when referrers were starting to receive an email message with a link to open and review the images, that the email banner advised "Do not open this email", leading to the assumption that the email was spam. As a result these were never opened. This was flagged back to Oral Health Directorate and have been working with Diagnostics to have the banner removed and to provide instruction to the General Dental Service Teams that this is how the images will now be received, also has a two stage authentication process which is required to be able to open the email. Unfortunately this information was only provided to the General Dental Service Teams in September. Have concerns that patients have potentially been re-imaged and working with SECTRA to try and obtain some kind of data round this to interrogate the system to see if this is the case and if so this will be reported to HIS. Also flagging to Governance and to any other meetings that is appropriate.</p> <p>JM thanked TD for the report.</p>	
14.	<p>Specialist Children's Services</p>	
	<p>Report contained within agenda.</p> <p>JMe highlighted two areas of governance work that have come to SCS Clinical Governance Executive Committee meetings. Audit work is being undertaken in Mental Health Nursing across the system, and detailed reports around starting point for audit of nursing practice within the services covering a number of services, a number of reds highlighted within that. The categorisation is red, amber, green and gold. Variation in scoring across the services within the report. Plan is work with Senior Nurses and service managers within each team around areas of practice that need to be developed. One of the issues is around care planning, there has been an issues in term of the recording of care planning on EMIS system, Laura McFarlane, Nurse Lead, is doing work with a multi-disciplinary group to back to the issue to ensure the system is useable, and also shareable with the Children, Young People and Families. Hoping as the reporting happens that there will be improvements over time. LC asked if the document within the report could be shared to allow her to review the care assurance audit results that would be helpful. LB will share this document with the group separately.</p> <p>The other issue to note was the core mental health standards/psychological therapy standards, essentially the important point to highlight is that there has been reworking of the psychological therapies matrix and updating of the evidence base for psychological therapies across Scotland that the service is working to identify any gaps in that context. Principals around good collaborative practice. Also have a process in place around care bundles for each disorder identified in a CAMHS context, and is very much around having a unified document. Work ongoing to work towards and address the core principals in the rework of the mental health and psychological therapy standards.</p> <p>JM thanks JMe for her update.</p>	
15.	<p>Mental Health</p>	
	<p>Report contained within agenda.</p>	

	<p>LC spoke in relation to manage locally the ADHD lists; screening process on initial referral, take a month to reply and then additional screening allocation group will look at. May be referred to another part of the service. Waits are currently 1 year and 10 months, with around 350 people on the waiting list at the moment. Teams have managed some good practice, trauma project has newsletter, peer support leaflet being adapted and PCMHT Newsletter. All new material and worth adding. New carers leaflet also produced and sent out to Carers Link and Mental Health Network, and looking at other good practice across GGC. She also briefly highlighted the recent significant incident that occurred within the KHCC building. Has been through Datix and will send to SAER group also for further attention. A debrief may be required for further learning from this incident, although good practice was identified.</p> <p>JM thanked LC for her update.</p>	
16.	Business Support	
	No report available at the time of the meeting.	
17.	Primary Care & Community Partnerships Governance Group update	
	Minutes attached with the agenda. CF noted that there was nothing particularly of note to highlight from them at this time.	
18.	Board Clinical Governance Forum update	
	CF advised that she does not attend this meeting, however advised that perhaps JM would attend this meeting in the future.	
	RISK MANAGEMENT	
19.	Clinical Risk Update	
	No update at present.	
20.	SAE Actions	
	No update at present.	
21.	Corporate Risk Register	
	CS advised that the risk register has been updated and considered at the Performance Audit & Risk committee, will attach to the next CCG meeting in March and reflects some of the items discussed.	
	CLINICAL EFFECTIVENESS / QUALITY IMPROVEMENT	
22.	Quality Improvement Projects within HSCP	
	JM noted earlier discussion on proposed QI Projects updates. CF advised that group members were asked to encourage services to share all QI work ongoing, title of projects and whether it is a project that is measurable in terms of service improvement. Would be useful to speak to previous clinical effectiveness coordinator to source template to help inform an HSCP QI Project Spreadsheet. Some discussion followed in terms of the management of this and the volume of the information that could be collated, and also the need to be clear on what the ask is.	
23.	Quality Management Framework	
	Nothing to report at this time.	
	PUBLIC PROTECTION	
24.	Child Protection	
	CC updated that the numbers of the children's names on the child protection register is sitting at 18. This is quite low, normally sit around 30 to mid-30's. The Management Information and Self-Evaluation Sub Group have agreed to undertake and audit of referrals that have been no further action or not been taken down the child protection route, to ensure that the quality of the decision making around those cases have been correct. No PPLG group meeting so far this year, next meeting will allow a deeper dive into the content of the referrals received and to assess whether early intervention is preventing escalation through the system.	
25.	Adult Protection	

	CS advised that there was nothing further to reflect on at present, other than the possibility of re-running some of the case samples depending on what the inspection team have discussed with DA today.	
26.	PREVENT Counter-terrorism	
	CS advised that there was nothing further to report at this time. There have been an amount of email activity from the National PREVENT Team linked to the incidents and issues happening worldwide, with a suggestion that this increase the likelihood of local engagement in terrorist driven activities however this has not translated into any actual upturn in case work locally and not actively managing any PREVENT cases.	
27.	MAPPA / Management of high risk offenders	
	CC updated that there are currently 71 MAPPA arrangement cases and is down from 80 reported at the last meeting. 68 MAPPA 2 cases, and 3 MAPPA 1 cases, MAPPA 1 being the low level of risk. No MAPPA 3 cases in East Dunbartonshire which is positive. All managed by police and criminal justice services. A number of cases but the trajectory is downward. The Criminal Justice Team supports MAPPA cases predominately through group work. Criminal Justice facilities are being modernised to make the group work activity better however the building will close at the end of January to allow this modernisation to happen, alternative venue identified where the service can still work with MAPPA cases. JM thanked CC for the report.	
28.	MARAC Domestic Violence	
	With regards to MARAC, CC informed that there was not much to update, cases are still relatively high, still meet regularly. Cases remain high due to new referral criteria. Locally still to agree the members of the MARAC steering group, will take this forward. JM thanked CC for the update.	
	INFECTION CONTROL	
29.	Infection Control Minutes	
	CF advised that the minutes are attached with the agenda for noting.	
	ESCALATIONS	
30.	Items to be escalated to HSCP Board	
	Nothing to be escalated at this time.	
31.	Items to be escalated to NHS GG&C C&CGG	
	Nothing to be escalated at this time.	
	GENERAL BUSINESS	
32.	DATIX Bulletin/Update SAE Policy Toolkit	
	JS had requested the update be included, attached within the agenda for information. JS will attend Heads of Service meeting to ensure that the templates were being used.	
33.	AOCB	
	Nothing further to be discussed at this time.	

Date of next meeting – 13th March 2024, 9.30am via MS Teams

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024
REPORT REFERENCE: HSCP/280324/15
CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY
HEALTH AND CARE SERVICES

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024
REPORT REFERENCE: HSCP/280324/15
CONTACT OFFICER: DERRICK PEARCE, HEAD OF COMMUNITY
HEALTH AND CARE SERVICES
SUBJECT TITLE: HSCP STRATEGIC PLANNING GROUP DRAFT
MINUTES OF 11TH JANUARY 2024

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 11th January 2024.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the HSCP Strategic Planning Group draft minutes 11th January 2023.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

**SUBJECT TITLE: HSCP
STRATEGIC PLANNING GROUP DRAFT
MINUTES OF 11TH JANUARY 2024**

1.0 PURPOSE

1.1 The purpose of this report is to share the draft minutes of the HSCP Strategic Planning Group held on the 11th January 2024.

2.0 RECOMMENDATIONS

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

- 2.1** Note the content of the HSCP Strategic Planning Group draft minutes 11th January 2023.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

3.1 Appended is the draft minute of the Strategic Planning Group held on 2nd November 2023.

3.2 This meeting of the Strategic Planning Group was chaired by Claire Carthy, Head of Children's Services and Justice. The main highlights from the conversations within the meeting related to:

- a) The work of the national Self Directed Support Personal Outcomes Network
- b) The organisation of East Dunbartonshire Council's Housing Services functions
- c) An update on the East Dunbartonshire Integrated Children's Services Plan
- d) The review of the current HSCP Strategic Plan
- e) The public consultation on the HSCPs financial position and budget planning for 2024/25

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

The Strategic Planning Group is the statutory oversight and advisory forum driving the delivery of the HSCP Strategic Plan, thus its work has full relevance to all Key Strategic Priorities.

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) – None.

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 MANAGEMENT OF RISK

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

5.1 None.

6.0 IMPACT

6.1 **STATUTORY DUTY** – None

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – None.

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

7.0 POLICY CHECKLIST

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

8.0 APPENDICES

8.1 **Appendix 1:** Draft Strategic Planning Group Minutes of 11th January 2024.

EAST DUNBARTONSHIRE HSCP

Minute of the Strategic Planning Group held 11th January 2024 via MS Teams

Present

NAME	Designation
Claire Carthy	CHAIR – Head of Children Services and Criminal Justice
David Aitken	Head of Adult Services
Karen Albrow	Carers Representative
Jean Campbell	Chief Finance & Resource Officer
Leanne Connell	Chief Nurse
Andy Craig	Planning, Performance & Quality Officer
Lisa Dorrian	General Manager, Oral Health Services
Kelly Gainty	SDS Co-ordinator
Kathleen Halpin	Senior Nurse
Ann Innes	Third Sector Rep EDVA
James Johnstone	Primary Care Transformation Manager
Ian Marshall	Independent Sector Rep/
Fiona McManus	Carers Representative
Fiona Munro	Service Manager/Lead AHP
Dr Guy Pilsworth	GP Representative
Lisa Walsh	Senior Organisational Development Advisor


Minutes: Catriona Burns

1.	Introductions & Apologies	Actions
	<p>CC welcomed all to the meeting and advised that there will be changes to the running order of the agenda to accommodate other pressing engagements.</p> <p>Apologies: Alan Cairns, Dr Laura Coia, Sharon Gallacher, Gillian Healey, Anna Houston, Joni Mitchell, Alex O'Donnell, Derrick Pearce, David Radford, Dianne Rice, Fiona Robertson, Alison Willacy.</p>	
2.	Notes of Previous Meeting & Matters Arising	
	<p>The minutes of the previous meeting were reviewed and accepted as an accurate record of the meeting.</p> <p>Matters Arising <u>Local Supervisors Meeting Update</u> – action carried forward</p> <p><u>ASP Inspection</u> DA advised that the preparatory stages of the inspection have been completed. Inspectors will be onsite next week and following this the draft report will be expected in February. An action plan will be developed, and the final report published in March 2024. DA thanked all for their hard work, professionalism, and commitment in this process. DA will update SPG in due course.</p> <p><u>Draft ED HSCP Winter Plan 2023-24</u> – comments completed</p>	<p>AH</p>

3.	SDS Personal Outcomes Network	
	<p>KG is a member of The Personal Outcomes Network and shared the background and work of the PON.</p> <p>There had been a significant referral increase in 2023 (70%) which indicated that many older people had, pre-pandemic, been attending community led supports. However, following an extended period of remaining at home, this had led to a negative impact on individuals' physical and mental health, with many individuals requiring the introduction of formal social support i.e., day centre.</p> <p>As a result, and in partnership with third sector and voluntary resources, ways were explored which could evidence the impact and outcomes being achieved, for older people, through regular attendance at local clubs and groups.</p> <p>Events held last year saw an attendance from approximately 30 local older people groups. Attendees were briefed about outcomes and there was the opportunity for group leaders to liaise with EDVA, in respect of volunteering and grants, and Community Planning, in respect of warm space funding.</p> <p>An evaluation survey was created which focused on why groups were set up, members, feedback and outcomes being achieved. This was also linked to the HSCP Strategic Plan Outcomes. Consultation will commence in March 2024 and will be circulated to all Community groups and on social media. This will be an annual report and will be updated to ensure it remains relevant. KG advised that printed copies will be made available. KG will circulate links to the Community Asset Map.</p> <p>Noted.</p>	
3.	Updates	
3.1	East & West LPG Update	
	<p>DA advised that work is progressing on the relaunch. There has been a revision of the LPG's and is included in the Delivery Plan for 2024. There is a commitment to have these more grassroots based and there will be engagement with people and groups to begin this work in the next few months.</p> <p>KA advised that the Tangerine Group is run by the parents and is very successful.</p> <p>DA updated on the meeting with Des McCart, Consultant who has worked with other HSCP's on developing LPG's. A further meeting will be held once others are involved to work on the redevelopment.</p> <p>Noted.</p>	
3.2	3rd Sector Update	
	<p>AI advised that decision panels have been arranged for the Community & Mental Health Wellbeing Fund for Adults. Final decisions are expected in mid/end February on awards, with funding being paid in March. There were applications to the value of £600k submitted.</p>	

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	<p>There is a shortage of volunteers across the sector. A Volunteer Fair will be held at the end of January providing an opportunity to showcase groups.</p> <p>Focus on Budget Consultation and the over reliance on volunteers at a time when people are finding it difficult to do this. Discussion on other groups which could volunteer.</p> <p>Noted.</p>	
3.3	Independent Sector Update	
	<p>IM raised concerns on reliance of volunteers to prop up statutory services, declining numbers of volunteers, charities in financial distress.</p> <p>IM advised that challenges remain similar for the Independent Sector, recruitment, and matching salary levels within NHS. The National Care Contract is still under discussion, concerns are that this will result in the same issues as last year.</p> <p>There is a lot of positive news and also good collaboration with East Dunbartonshire HSCP to report.</p> <p>Noted.</p>	
3.4	Communications & Engagement	
	<p>FMcM provided an update on the last meeting where there were 3 very useful presentations. Carolyn Fitzpatrick discussed the issues with Prescriptions and the progress of the electronic project in Scotland. Jean Campbell attended to discuss the Budget Consultation, and all were encouraged to complete the survey. Andy Craig updated on the Strategic Planning Review and Self Evaluation Survey.</p> <p>GP noted that the electronic GP Prescribing project will be a benefit, but it is not straightforward and will require law changes.</p> <p>Noted.</p>	
3.5	Housing Update	
	<p>Claire McNeil was unable to attend and provided an update.</p> <p>The Local Housing Strategy 2023-2028 has been submitted to Scottish Ministers (December) and will be monitored via an annual review. The document is available online on the Council's website and all Impact Assessments will follow (Comms team working on this presently).</p> <p>As raised at last meeting Housing is now divided between four Executive Officers as follows:</p> <p>Strategy, Performance, Policy & Systems – Heather Holland, Land, Planning & Development New Build, SHIP, Capital Program – Alan Bauer, Assets & Facilities Estates, Allocations – Elaine Bauer, Communities Rents and Tenant Participation – Jamie Robertson – Finance</p> <p>Attendance at this meeting should be a Team Leader and has been delegated to me in past years. The Team Leader post remains vacant and</p>	

	<p>there is a recruitment ban in place at this time. Please continue to direct any comments/questions my way and I will ensure these reach the correct person in Housing.</p> <p>Noted.</p>	
3.6	Primary Care Update	
	<p>JJ welcomed Dr Guy Pilsworth who has joined the SPG as the GP Rep for the West.</p> <p>The Draft GGC Primary Care Strategy is nearing completion, and a full update will be provided to SPG in the next few months as this will be key to our Local Transformation work.</p> <p>Trackers continue to be submitted on a 6 monthly basis to Scottish Government and all HSCP's have reported a gap between service delivery and full delivery. Some HSCP's are trialling full delivery between April 24 and March 25. Local work will continue whilst the outcome of the trial is awaited.</p> <p>A Pharmacotherapy Hub will be set up in the next few months for GP practices. A Phlebotomy Service will be added to the Bearsden & Milngavie cluster.</p> <p>CC thanked JJ for his update.</p> <p>Noted.</p>	
3.7	Improving the Cancer Journey in East Dunbartonshire	
	No update.	
3.8	Performance Update	
	<p>AC advised that there is no significant update to report. Consultations are ongoing.</p> <p>Noted.</p>	
4.	Integrated Children's Services Plan Annual Report	
	<p>CC shared the attached papers for noting. The Annual Report is a celebration of a number of success stories achieved by the Children & Families workforce.</p> <p>Noted.</p>	
5.	Integrated Children's Services Plan	
	<p>CC advised that the Children's Services plan details the priorities for the next 3 years and that she will attend the next SPG to take any questions.</p> <p>Noted.</p>	
6.	Strategic Plan Review	
	<p>AC shared the attached presentation on the review of the Strategic Plan. Key questions were discussed, and feedback provided which included:</p> <p>Qu1 – No comments.</p>	 <p>Strategic Plan 2022-25 Review Grou</p>

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	<p>Qu2 - JC commented that finances available for delivery will not increase over the period of the plan hence the need to be pragmatic. Areas will only be invested in if funding is attached. Other areas may be disinvested.</p> <p>GP noted honesty is important, as is the need to develop sustainable health care and social care. Looking to reduce drug costs and a vision for sustainable environment.</p> <p>Q3 - no comments</p> <p>Q4 - JC confirmed that the plan is high level and the HSCP are compliant, no further comments.</p> <p>Q5 - JC noted services to be prioritised within locality and a ground roots approach. DA agreed.</p> <p>Q 6,7 & 8 - 8 Priorities and 4 Enablers. AC asked all to determine which approaches are correct, if appropriate should they be carried forward to the next plan and what was missing. Post Pandemic Renewal and should this be a priority beyond 2025. JC noted PPR is embedded in all HSCP does and now working 'business as usual', it remains relevant and aligns with budget consultation. Guy agreed PPR no longer needed but sustainable health and care is needed.</p> <p>Q9 - No comments.</p> <p>The survey is open until 18th January 2024 and results will be presented to IJB in March.</p> <p>Noted.</p>	
7.	HSCP Budget Consultation Update	
	<p>JC updated on the recent HSCP Budget Consultation and summarised the key messages from the survey responses and wider stakeholder group engagement.</p> <p>Full details of the responses are in the attached papers.</p> <p>A report will be presented to the IJB on both the outcome of the consultation and the budget position for the year ahead.</p> <p>CC thanked JC for a comprehensive update.</p> <p>Noted.</p>	
8.	AOCB	
	No new business	
9.	Date of Next Meeting	
	29 th February 2024 at 10am via MS Teams.	

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

DATE OF MEETING: 28TH MARCH 2024

REPORT REFERENCE: HSCP/280324/16

CONTACT OFFICER: TOM QUINN, HEAD OF HUMAN RESOURCES

SUBJECT TITLE: STAFF PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 13 December 2023.

1.0 PURPOSE

- 1.1 The purpose of this report is to share the minutes of the Staff Partnership Forum meeting held on 13 December 2023.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the Staff Partnership Forum Meeting held on 13 December 2023.

**CAROLINE SINCLAIR
CHIEF OFFICER, EAST DUNBARTONSHIRE HSCP**

3.0 BACKGROUND/MAIN ISSUES

3.1 Staff Partnership Forum minutes highlight:

The staff forum had a varied agenda which covered the array of activity on-going at this time -

- a. The Forum was undated on the lack of comments received about the Strategic Plan and received an extension if any other members wished to comment before the start of January 2024.
- b. The Forum received a copy of the Health & Social Care Staff Experience Report (iMatter) for 2023 and an overview of East Dunbartonshire HSCP, and Hosted Service outcomes to highlight our results against the national outcomes.
- c. The Forum also received an update on our budget planning process for 2024-25 and given an opportunity to feed into the overall process.
- d. The forum also updated the Terms of Reference to ensure that it was still meaningful and effective for 2023-25

4.0 IMPLICATIONS

The implications for the Board are as undernoted.

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

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

4.2 Frontline Service to Customers – None.

4.3 Workforce (including any significant resource implications) –

1. Statutory Duty

4.4 Legal Implications – None.

4.5 Financial Implications – None.

4.6 Procurement – None.

4.7 ICT – None.

4.8 Corporate Assets – None.

4.9 Equalities Implications – None.

4.10 Sustainability – None.

4.11 Other – None.

5.0 **MANAGEMENT OF RISK**

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

5.1 None.

6.0 **IMPACT**

6.1 **STATUTORY DUTY** – None.

6.2 **EAST DUNBARTONSHIRE COUNCIL** – None.

6.3 **NHS GREATER GLASGOW & CLYDE** – Meets the requirements set out in the NHS Reform Act 2002.

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

7.0 **POLICY CHECKLIST**

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

8.0 **APPENDICES**

8.1 **Appendix 1** – Staff Partnership Forum Minutes of Meeting of 13 December 2023.

Minutes of Staff Forum

Wednesday 13 December 2023,

<u>Item</u>	<u>Areas covered</u>	<u>Actions</u>
1.	<p>Welcome & Confirmation of Attendees</p> <p>Chair – Allan Robertson</p> <p>Tom Quinn, Karen Lamb, Lisa Dorrian, Margaret Hopkirk, Karen Gallacher, Derrick Pearce, Alison Willacy, Alan Cairns, Brian McGinty, Jean Campbell, Claire Cathy, Andrew McCready, David Aitken, Caroline Smith, Diana McCrone</p> <p>Apologies</p> <p>Craig Bell, Caroline Sinclair, Greg Usrey, Yvonne Allan</p>	
2.	<p>Minutes of 8 November 2023</p> <p>Matters arising</p> <p>Staff side engagement on meeting dates</p> <p>Allan advised this was around organising meetings Oral Health activities, namely Sustainability and Parkhead Hub. When facilitating a meeting managers need to propose dates in advance in the usual way by asking Staffside for their availability. At presents these meetings are organise without seeking availability. Allan does not want meetings taking place if clinics need to be cancelled.</p> <p>Tom – advised that he had met with Allan as agreed at last Staff forum, Allan will highlight any service issues to him prior to bringing to SPF.</p> <p>Andrew – Advised that management had circulated proposed dates and the procedure was carried out correctly by management.</p> <p>Tom – agreed that we need have better and more effective communication.</p> <p>Lisa – Advised that Clinics do not get cancelled without good reason, we have options to manage this & reinstate if the dates do get cancelled nearer the time.</p> <p>Allan – Advised that he was talking about 3 meetings. Meetings being dictated to Staffside.</p> <p>Lisa – Enquired to what meeting are causing the concerns?</p> <p>Allan – The one I started with – Sustainability and Parkhead Hub</p> <p>Lisa, confirmed that the Sustainability meeting went ahead. We didn't agree anything and papers have been re-circulated to enable a decision to be made & progress to be discussed at the next meeting.</p> <p>Margaret – Advised on the update on Parkhead Hub Staff Engagement Meetings, I can confirm the meeting did not take place, scheduled for 20th December and was cancelled by</p>	

	<p>management. New dates have been re-issued by the manager and she is still awaiting Staffside to respond to enable communication to be circulated to staff & for Clinics to be prioritised.</p> <p>Issues at RAH/Greenock – (staff cover)</p> <p>Allan advised that he had discussed with Tom. The issue was brought to Allan through the network, by a Union rep. This should have been brought to SPF to inform them of the issue.</p> <p>Margaret – The issue as advised at the last meeting was a local issue and was dealt with. However since highlighting this, a Review of Oral Health Staff across Clyde will take place to understand the shortages and overstaffing.</p> <p>Allan – Why am I not informed as Chair of East Dun HSCP. This is one of our services. I should be treated the same way as HR and informed of all issues.</p> <p>Margaret advised Allan she supports Hosted Services for East Dun HSCP across GG&C this is why she got involved in the Greenock issue for Oral Health.</p> <p>Margaret agreed with Allan that he should be informed of anything that requires Partnership involvement to keep him updated but the local Reps should be feeding this information back to him if there are ongoing concerns.</p> <p>Tom clarified, if any issues are concluded, they would not be brought here.</p> <p>Tom will continue to review with Allan any issues he has.</p>	
3	<p>Review of Partnership Agreement</p> <p>Allan, advised that he had made a few changes to the current TOR and no other comments had been received</p> <p>Tom advised that he would update with the agreed changes and circulate to the joint chairs to have signed.</p>	
4	<p>Health & Social Care Staff Experience Report (iMatter)</p> <p>Tom spoke to the 2 papers attached – National Document, highlights outcome for 2023 from iMatter across NHS Scotland.</p> <p>Tom also provided the Oral Health Report as sample to show how we are doing – this is exceptionally well in relation to National outcomes.</p> <p>Tom advised that we don't highlight what good practice we do to inform National reviews. We need to get better at this, if you look at the staff award nominations you get a better feel for we are doing well both as individuals but also as teams and services.</p> <p>Diana – Advised that the Action Plans are most important and it would be good to get some feedback on activity.</p> <p>Tom highlighted that the Action Plan component has a Key Indicator @ 8 weeks. However, unfortunately our timeline for Action plan is normally during summer holidays. Comments have been fed back to National Board on this but given the reporting structures it's not possible to miss out July.</p>	
5	<p>Group Feedback on Strategic Plan</p>	

	<p>Alison Willacy gave an update on the survey on our Strategic Plan review, plan was to come back with individual surveys, stakeholder feedback – however there hasn't been any response to date.</p> <p>Alison advised that she was happy to go through each question or recirculate link to online survey to this group?</p> <p>Allan asked what is most convenient for you Alison?</p> <p>Alison advised that people need to have reviewed the plans & carry out self-evaluation.</p> <p>Tom asked about what would be the new deadline if we extend to SPF?</p> <p>Alison advised that it was needed back in January, as we have to report back to IJB in March.</p> <p>Tom agree to get this recirculated after the meeting.</p>	
6	<p>Staff Governance Group – staff side nominations required</p> <p>It was agreed that both Craig and Andrew would continue in the Staff Group as SPF representatives. Tom will circulate date for 2024-25.</p>	
7	<p>Winter Plan Implementation</p> <p>Derrick advised that at the last IJB meeting, the plan was approved. The posts that were agreed, and recruitment is now underway. Winter Pressures starting to be felt across our services. Derrick advised that we are committed to having an evaluation framework – hope to have this April / May 2024, to show how effective our testing was for the period.</p> <p>Will keep group apprised of any evaluation & how HSCP is coping.</p>	
8	<p>Opening of Café at GDH</p> <p>Facilities opened on 1st Nov 2023 – Hub International (HI) took over, staff have been without catering provisions since late 2022. The Café is now set up and very popular with staff /students & patients.</p> <p>Christmas Lunch has been arranged over a few settings, Comms should be coming out this week – this is positive news, good feedback from Staff / Students. Hub International are also working with staff on their feedback i.e. pricing / portion sizes.</p> <p>Andrew – wanted to concur staff are happy, Catering is going down a treat. Appreciated from staff.</p> <p>Allan enquired about an agreement staff can bring in own food or purchased food?</p> <p>Lisa – Yes, staff have also a separate area to sit & have access to fridges & microwaves.</p>	
9	<p>Review of CAN Leadership</p> <p>Apologies typo in the agenda – ACN - Adult Community Nursing.</p>	

	<p>Since the last forum the group is now up and running with Greg / Margaret / Derrick / Kathleen.</p> <p>Work is ongoing clarifying further information that was requested, hoping to have a paper for January forum</p> <p>Internal process for someone to step into Senior Nurse Role.</p>	
10	<p>Review of Occupational Therapy Service</p> <p>Derrick spoke to paper previously circulated for this, We are looking to undertake Review of Social Work OT – need to look at Community Rehab service to understand how 2 services link.</p> <p>This is not O/T integration, looking at ways of operating & procedures and relationship and fit with Rehab Services.</p> <p>Request is to have Staffside from Council & NHS Reps. Looking to start off this service review early 2024.</p> <p>Diana – there are only 2 O/T reps across GG&C. Concerned reviewing Social Work Service when services are overwhelmed. One Aim is to get Aids & Equipment out effectively.</p> <p>Diana agreed to volunteer for this group.</p> <p>Brian – I’m also happy to do this – I am on the group but happy to represent Partnership.</p> <p>Derrick advised that he will get invites out beginning of the year.</p>	
11	<p>Budget Planning Process for 2024-25</p> <p>HSCP Budget Consultation 2024/25 East Dunbartonshire Council</p> <p>Jean – gave update from previous meeting advising that the survey link attached is defunct. Consultation closed on Friday 8th Dec. Feedback unfortunately not a great response. However Some good suggestions on how we can take things forward.</p> <p>Report will go to IJB in January 2024. Final date for consultation from SPF is Friday 15th Dec, reply directly to Jean.</p>	
12	<p>NHSGGC HR Metrics – October 2023/EDC Metrics</p> <p>Tom spoke to papers previously circulated, highlights -</p> <p>Oral Health Turas – staff having multiple roles has now been sorted and this has increased figures – sitting around 76%.</p> <p>Absence – issue, continually under review on how we can support staff to return to work.</p>	
13	<p>Home Care – Staff availability</p> <p>Craig asked about Staff availability over the festive period.</p> <p>Derrick advised that he understand there was concerns from a number of Unions, he updated that managers were looking to support the Workforce and how to work over the festive period. .</p>	
14	<p>Staff Awards Update</p> <p>Tom spoke to paper circulated highlighting 42 nominations. The Judging Panel meeting next week. Tom wished the panel well as the nominations highlighted the tremendous work being undertaken by both individuals and teams in delivering services.</p> <p>Tom highlighted that 20th Feb 2024 was Staff Awards presentation and they would bring back a paper highlighting the successes.</p>	

15	<p>AOCB</p> <p>Alan Cairns, Planning, Performance & Quality Manager provided a verbal update on “Integration Scheme”</p> <p>Purpose to advise Review being carried out to Integration Scheme. Looking at different functions. Started back in 2015 – content become dated, requirement by statute that describes how integration reviews. We did this in 2016 to add Children’s service. Review was delayed due to Covid following 5 years. Now at point out for consultation on proposed revision on the scheme.</p> <p>NHS looking for integration due to 6 HSCPs. Including updating Legislation Changes.</p> <p>The new plan reflects on the progress the Partnership has made and sets out the strategic direction for the next three years and the key priorities it will focus on. Our vision remains unchanged, and our refreshed strategic priorities continue to reflect and support delivery of the National Health and Wellbeing Outcomes.</p> <p>Allan to circulate paper to Tom for sharing.</p>	
16	<p>3 Items for the APF</p> <ol style="list-style-type: none"> 1. Café @ GDH 2. Partnership Agreement been updated & signed off 3. 42 Staff Award Nominations 	
17	<p>Items for information</p> <p>Our News (Nov 2023)</p> <p>https://sway.office.com/wESln6XnY7t11uBf?ref=Link</p>	
	<p>Date of Next Meeting: 1pm, 7 February 2024 – MS Teams</p>	

**East Dunbartonshire HSCP Board Agenda Planner
January 2024 – March 2025**

Update: 26th February 2024

Standing items (every meeting)
Declaration of Interests
Minutes of last meeting (CS)
Chief Officers Report (CS)
Performance Reports
Financial Reports
Notes of Meetings – Performance, Audit and Risk, Strategic Planning Group, Clinical and Care Governance Group, Staff Partnership Forum, Patient Service User and Care Group
Board Agenda Planner (CS)
HSCP Board Agenda Items – Thur 18 January 2024
Corporate Risk Register
Directions Report
Supporting access to primary healthcare in Twechar
Primary Care Tracker 6.5
Unscheduled Care Winter 2023 – 2024 update
Hospital Discharge Delays: Performance and Assurance
Unaccompanied Asylum Seeking Children – Service Development
Community Payback Orders
Alcohol and Drugs Partnership Strategy 2023 - 2025
Workforce Plan & Governance Arrangements
HSCP Digital Strategy
Financial Performance Month 8 2023 – 2024 and Financial Planning 2024 – 2025 Update

HSCP Board Development Session – Wed 7 February 2024 - Hybrid–In Person / MS Teams
Review of the Strategic Plan (Jean Campbell / Alison Willacy)
Budget Setting (Jean Campbell)
HSCP Board Agenda Items – Thur 28 March 2024
HSCP Strategic Plan Review 2022 – 2025
Financial Planning 2024 - 25
Annual Delivery Plan 2024/2025
Learning Disability Strategy 2024 - 2029
Joint Inspection of Adult Support and Protection in the East Dunbartonshire Partnership
HSCP Board Development Session – Tue 16 April 2024 - Extended 10am – 1pm MS Teams (No hybrid – everyone on MS Teams)
Self-Assessment Activity - Barry McLeod and Thomas Boyle, Improvement Service Extended session - Checklist questionnaire emailed Monday 4 th March and closes on Friday 15 th March. Barry McLeod and his team at Improvement Service (IS) will then analyse the findings in preparation for the self-assessment session.

HSCP Board Agenda Items – Thur 27 June 2024 tentative
Topic Specific Seminar – Mental Welfare Commission for Scotland present to our IJB on their role and how it relates to IJBs.
Developing Primary Care Strategy Project – tbc (Debra Allen)
Consultation and Engagement Strategy Refresh (or March 2024) tbc
Integration Scheme update
Introduction to Public Health and NHS Greater Glasgow and Clyde Directors of Public Health (DPH) refresh of ‘Turning the Tide through Prevention’ 2018 – 28, Public Health Strategy and the results from the Adult Health and Wellbeing Survey 2023 (David Radford / Anna Baxendale)
Integration Scheme
Workforce Plan and Governance Arrangements
HSCP Board Development Session – Tue 20 August 2024 - Hybrid In Person / MS Teams
Health and Care Staffing Progress Update (Leanne Connell)
HSCP Board Agenda Items – Thur 19 September 2024 tentative
Topic Specific Seminar – Suicide Prevention Update (David Aitken, Lynsay Haglington) TBC

HSCP Board Development Session – Tue 15 October 2024 - Hybrid In Person / MS Teams
HSCP Board Agenda Items – Thur 14 November 2024 tentative
Topic Specific Seminar –
HSCP Board Agenda Items – Thur 23 January 2025 tentative
Topic Specific Seminar –
HSCP Board Agenda Items – Thur 20 March 2025 tentative

Pre Board Seminar Topic Specific Slots (30mins) – proposed dates
Thur 27 June 2024 – MWC Commission rearranged from March 2024
Thur 19 September 2024 tentative
Thur 14 November 2024 tentative
Thur 23 January 2025 tentative

HSCP Board development session – Confirmed 2024 dates (2 hours) 10am–12 noon – two topics per session - 45 minutes per topic
Wed 5 February 2024 – Strategic Delivery Plan Review / Budget Setting
Tue 16 April 2024 – Extended session (10am-1pm) dedicated to self-assessment activity
Tue 20 August 2024 – Health and Care Staffing Progress Update / tbc
Tue 15 October 2024 – tbc / tbc
HSCP Board Development Session – Suggested Topics
National Care Service Update
Primary Care Transformation
Conversations with Government on key challenges: <ul style="list-style-type: none"> • Budget shortfall • Service demand and expectation management
Suicide Prevention Strategy (David Aitken / Lynsay Haglington) (carry over from Oct23) Could this be a 30 min topic presentation, Suggested Sept Board meeting – To be confirmed?
Commissioning Update (Jean Campbell / Gillian Healey) – Jean to confirm most appropriate timing?
Strategic Delivery Plan updates – during planning cycle Alison Willacy requested time throughout the year