

For meeting on

# Agenda 2017

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, 31<sup>st</sup> August 2017** at **9.30 am** to consider the undernoted business.

Ian Fraser, **Chair**  
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 HSCP Board held on **22<sup>nd</sup> June 2017**

Seminar: **Unscheduled Care - Commencing at 9am**

Item	Contact officer	Description	Page
<b>STANDING ITEMS</b>			
1.	Ian Fraser	Expressions of Interest	
2.	Ian Fraser	Appointment of Vice Chair	
3.	Martin Cunningham	Minute of HSCP Board – 22 June 2017	<b>1 - 8</b>
4.	Susan Manion	Chief Officers Report	<b>Verbal</b>
<b>GOVERNANCE ITEMS</b>			
5.	Sandra Cairney	HSCP Risk Management Policy	<b>9 – 24</b>
6.	Jean Campbell	Financial Performance Period 4 and Budget 2017/18 Update	<b>25 - 44</b>
7.	Andy Martin	Update on Intermediate Care and Delayed Discharges	<b>45 - 50</b>

8.	Sandra Cairney	HSCP Social Work Complaints Handling Policy & Procedure	51 – 82
9.	Lisa Williams	East Dunbartonshire HSCP Clinical & Care Governance Annual Report	83 - 110
10.	Lisa Williams	Clinical & Care Governance Minutes	111 – 124
11.	Tom Quinn	Joint Staff Partnership Minutes	125 – 138
12.	Paolo Mazzoncini	Professional Advisory Group Minutes	139 – 150
13.	Martin Brickley	Public, Service User & Carer Representative Support Group	151 – 156
<b>STRATEGIC ITEMS</b>			
14.	Sandra Cairney	Process for Preparing the HSCP Strategic Plan 2018-21	157 – 160
15.	Sandra Cairney	Communications Framework	161 – 182
16.	Fiona McCulloch	Draft HSCP Winter Plan 2017-18	183 – 192
17.	Paolo Mazzoncini	Child Protection Committee Update	193 – 204
18.	Andy Martin	Unscheduled Care Commissioning	205 – 210
19.	Carolyn Fitzpatrick	Minor Injuries Services in West Glasgow	211 – 214
<b>ITEMS FOR INFORMATION</b>			
20.	Susan Manion	Planning and delivering care and treatment across the West of Scotland	215 – 218
21.	Paolo Mazzoncini	Thematic Inspection of Adult Support and Protection in East Dunbartonshire	219 – 232
22.	Susan Manion	HSCP Business Plan / Schedule of Topics 2017/2018	233 - 236
23.		<p>Date (s) of next meeting</p> <p><b>Thursday 9<sup>th</sup> November 31<sup>st</sup> August 2017 - Council Committee Room, Southbank Marina</b></p> <p><b>Future dates;</b></p> <p><b>11<sup>th</sup> January 2018                      15<sup>th</sup> March 2018</b></p> <p><b>10<sup>th</sup> May 2017                                28<sup>th</sup> June 2018</b></p> <p><b>Seminars will be held on <u>12/1/18 and 10/5/18</u> all commencing at 9am.</b></p>	



Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 22 June 2017.**

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

NHSGGC Non-Executive Director Mr. I. **FRASER**

Non-Voting Members present:

<b>S. Manion</b>	Chief Officer - East Dunbartonshire HSCP
<b>M. Brickley</b>	Service User Representative
<b>A. McCready</b>	Trades Union Representative
<b>P. Mazzoncini</b>	Chief Social Work Officer
<b>G. Thomson</b>	Voluntary Sector Representative
<b>I. Twaddle</b>	Service User – Substitute Representative
<b>L. Williams</b>	Clinical Director for HSCP
<b>J. Campbell</b>	Chief Finance and Resources Officer

Ian Fraser (Chair) presiding

Also Present: <b>S. Cairney</b>	Head of Strategy, Planning & Health Improvement
<b>M. Cunningham</b>	Corporate Governance Manager
<b>M. Fischer</b>	Elected Member – Substitute Representative
<b>G. Healey</b>	Planning & Commissioning Lead
<b>L. Johnston</b>	Clinical Services Manager Primary Care Oral Health
<b>A. Martin</b>	Head of Adult & Primary Care Services
<b>F. McCulloch</b>	Planning & Performance Manager

## **APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of John Legg, Ian Ritchie, Avril Jamieson, Adam Bowman, Wilma Hepburn & Gillian Cameron. It was noted that John Legg has stood down from the NHS Board and HSCP Board. The GG&C Health Board will be looking to appoint a replacement.

## **CHAIR'S REMARKS**

The Chair welcomed all present

## **APPOINTMENT OF VICE CHAIRPERSON**

Nominations were sought from the EDC Councillors appointed to the Board for the position of Vice Chairperson of the East Dunbartonshire HSCP. The Board agreed that this would be reported to the next meeting.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**22 JUNE 2017**

**DECLARATION OF INTEREST**

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

**1. MINUTE OF MEETING – 23 MARCH 2017**

There was submitted and noted minute of the meeting of the HSCP Board held on 26 March 2017.

**2. CHIEF OFFICER'S REPORT**

The Chief Officer submitted a Report, copies of which had previously been circulated, which summarised the national and local developments in relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 since the last meeting of the Partnership Board. Details from the Report included:-

- Duty of Candour;
- Prescribing Management Plans;
- KHCC Accommodation Review;
- Business Continuity Planning;
- Review of Rehabilitation Services in North East Glasgow;
- The Care Inspectorate.

Following consideration, during the course of which the Chief Officer provided further detail in the content of the Report, the Board noted the Report.

**3. FREEDOM OF INFORMATION – PUBLICATION SCHEME**

The Head of Strategy, Planning & Health Improvement submitted a Report, copies of which had previously been circulated, which provided the Board with a draft Freedom of Information Guide to the Publication Scheme & Classes of Publications

Following discussion, the Board approved and adopted the Freedom of Information Guide to the Publication Scheme & Classes of Publications.

**4. FINANCIAL OUT-TURN & ANNUAL ACCOUNTS 2016/17**

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, updated the Board on the financial out turn for 2016/17 and presented the draft Annual Accounts.

The Chief Finance & Resources Officer was heard in response to members' questions and the importance of prudent financial management to achieve resilience against future financial pressures and the ability to deliver against the Strategic Plan in terms of identified savings and/or service re-design.

Following further consideration, the Board:-

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**22 JUNE 2017**

- a. Noted the final Out turn position is reporting an under-spend of £4.1m for the period 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017.
- b. Approved the amended budget as at the 31<sup>st</sup> March 2017 including the apportionment of Children's SW & CJ Services relating to the period from 11<sup>th</sup> August 2016.
- c. Approved the reserves position as at 2016/17 and the proposal on the application of reserves to provide some resilience for future year financial pressures and any slippage in savings targets and an element ear-marked for service re-design in furtherance of the priorities set out in the Strategic Plan.
- d. Approved the local code of governance against which the IJB will measure itself in the Annual Governance Statement for 2016/17.
- e. Noted the unaudited Accounts for 2016/17.

**5. DRAFT ANNUAL PERFORMANCE REPORT 2017**

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, updated the Board on the draft Annual Performance Report which would provide the starting point to identify gaps in performance, movement and development across the organisation as a whole against the HSCP Strategic Plan.

Following further consideration, the Board agreed to note the content of the Draft Annual Performance Report and approved the plan as appended to the report.

**6. PERFORMANCE REPORT – QUARTER 4**

A Report, by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, summarised the agreed HSCP targets and measures, relating to the delivery of the strategic priorities, for the period January – March 2017 (Quarter 4).

Following consideration, and having heard members in relation to the content and trend analysis contained in the report, the Board noted the content of the Quarter 4 Performance Report.

**7. NHS GG&C ORAL HEALTH REPORT & EAST DUNBARTONSHIRE HSCP ORAL HEALTH REPORT**

The Clinical Services Manager, Primary Care Oral Health submitted a Report, copies of which had previously been circulated, which provided an overview of the activities carried out by the Oral Health Directorate within East Dunbartonshire HSCP and across NHS GG&C as a whole.

In the ensuing discussion members contrasted the expected against actual uptake across the East Dunbartonshire area particularly for visits to dentist of children aged between 1 – 2 years and the implications for resourcing and targeting these initiatives.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**22 JUNE 2017**

Following further consideration, the Board noted the report.

**8. CLINICAL & CARE GOVERNANCE MINUTES**

The Board noted the Minutes of the Clinical & Care Governance Meeting of 25 November 2016.

**9. SERVICE USER & CARER REPRESENTATIVE GROUP – PROGRESS REPORT**

The Board noted the Minutes of the Public Service User and Carer Group of Meeting of 27 March 2017. There then followed discussion, particularly regarding how to increase the involvement of Service users & Carers to ensure they could champion the HSCP messages to their respective communities. The Head of Strategy, Planning & Health Improvement confirmed that recruitment was in progress and once completed a Carer Representative would be appointed.

**10. INTERMEDIATE CARE & DELAYED DISCHARGES - UPDATE**

A Report by the Head of Adult & Primary Care Services, copies of which had previously been circulated, advised the Board of recent developments and performance with respect to hospital discharge

Following further consideration, the Board heard from the Head of Adult & Primary Care Services and the Clinical Director on various matters including, the Intermediate Care pilot at Westerton, the impact of Adults with Incapacity and the numbers of unplanned admissions and the effect on overall resources.

Thereafter the Board noted that the Report.

**11. 2017/18 REVENUE BUDGET UPDATE & DIRECTIONS TO EAST DUNBARTONSHIRE COUNCIL AND NHS GREATER GLASGOW & CLYDE**

A Report by the Chief Finance & Resources Officer, copies of which had previously been circulated, update the Board on the revenue budget position for 2017/18 and to seek approval to issue directions to East Dunbartonshire Council and Greater Glasgow & Clyde NHS Board in respect of the delivery of the functions delegated to the IJB under the Public Bodies (Joint Working)(Scotland) Act 2014.

In the ensuing discussion the Board heard about the particular challenges in relation to the savings targets, the levers and drivers at work within Prescribing Budgets and the on-going budgetary discussions with Chief Officers and the new CEO of NHS Greater Glasgow & Clyde. Thereafter the Board:-

- a) Noted and agreed the budget allocations for 2017/18.
- b) Noted the updated position in relation to the 2017/18 budget and in particular the continued work around prescribing budget pressures.



**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**22 JUNE 2017**

- c) Approved the Directions to East Dunbartonshire Council and NHS Greater Glasgow & Clyde in respect of the delivery of the functions delegated to the East Dunbartonshire Integration Joint Board as set out in Appendix 1 of the report;
- d) Delegated authority to the Chief Officer to issue the Directions to the Chief Executives of East Dunbartonshire Council and NHS GG&C;
- e) Agreed that both sets of Directions would be reviewed by the HSCP Board as and when updates were required and at a minimum on an annual basis in respect of the following financial year.

**12. SCOTTISH LIVING WAGE - UPDATE**

A Report by the Chief Finance and Resource Manager, copies of which had previously been circulated, update members on the Scottish Living Wage (SLW) commitment for 2017/18

Following further consideration and having heard from the Team Leader – Planning & Service Development, the Board noted the report.

**13. UNSCHEDULED CARE COMMISSIONING PLAN**

A Report by the Head of Adult & Primary Care Services, copies of which had previously been circulated, updated the Board on progress in taking forward the actions set out in the Unscheduled Care Plan.

The Head of Adult & Primary Care Services responded to questions and outlined the undernoted, initial suite of actions across all 6 HSCPs within the NHS GG&C area:

- Communication – acute & community services
- Unplanned Admissions & how to analyse / report them
- Occupied beds for unscheduled care
- A&E performance
- Delayed discharges
- End of life care
- Balance of Spend – for both HSCP & Acute Services

Following consideration, the Board noted the Report.

**14. STRATEGIC REVIEW OF DAY CARE SERVICES FOR OLDER PEOPLE**

A Report by the Head of Adult & Primary Care Services, copies of which had previously been circulated, updated the Board on progress in taking forward the Strategic Review of Older People's Day Care approved by the Board on 23rd March 2017.

The Head of Adult & Primary Care Services outlined the strategic direction of travel and the role of the Local Area Co-Ordinator for Older People. He emphasised the vision to have only 2 traditional day care services, one in each locality, housed in

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**22 JUNE 2017**

specialist premises, available 7 days a week, targeted on the most needy and vulnerable older people. It was envisaged that these centres would provide a locus for wider services including rehab for older people recently discharged from hospital, and intensive multi-disciplinary support for those requiring step-up approaches to prevent admission. These functions could also link to current and developing Intermediate Care provision.

Following further consideration the Board noted the report.

**15. REVIEW OF OUT OF HOURS SERVICES & URGENT CARE**

A Report by the Head of Adult & Primary Care Services, copies of which had previously been circulated, updated the Board on the progress of the strategic review and reform of Out of Hours services across NHS Greater Glasgow & Clyde. The Steering Group of Senior Officers, Clinicians & other stakeholders was led by Susan Miller, Chief Officer: Planning, Strategy & Commissioning for Glasgow HSCP. East Dunbartonshire HSCP was represented by the Head of Adult & Primary Care Services. The main workstreams identified included:

- Scoping, Mapping & Future Models
- Transformation of GP Out of Hours
- Transformation of Health & Social Care Out of Hours

Following further consideration the Board noted the report.

**16. INTERGRATED CHILDREN'S PLAN (2017 – 2020)**

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, provided the Board with the draft Integrated Children's Services Plan (2017-20).

The Head of Strategy, Planning & Health Improvement outlined the detail of the plan and the links to the Education function and the work of the Community Planning Partnership.

Following discussion, the Board approved the Integrated Children's Plan (2017 – 2020).

**17. STRATEGIC PLANNING GROUP ACTION MINUTES**

The was submitted and noted the Minutes of the Strategic Planning Group Meeting of 1 March 2017.

**18. SCOTLAND CHILD ABUSE ENQUIRY**

A Report by the Chief Social Work Officer & Head of Children's Services, copies of which had previously been circulated, updated the Board on the progress of the national strategy for survivors of childhood abuse, Survivor Scotland, including in particular the Scottish Child Abuse Inquiry, and to advise the Board of resource implications associated with a response to a formal request from the Inquiry Team.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD**  
**22 JUNE 2017**

Following discussion, the Board noted the contents of the report and authorised officers to draw up contingency plans to allocate resources to respond to a S.21 notice from the Scottish Child Abuse Inquiry Team.

**19. LOCAL REVIEW OF WINTER 2016 - 2017**

A Report by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, presented the HSCP with the review of the Winter Plan 2016-17 as submitted to the Scottish Government in May 2017.

Following consideration, the Board noted the Report.

**20. FUTURE HSCP BOARD AGENDA ITEMS**

A Report by the Chief Officer, copies of which had previously been circulated, outlined the Schedule Of Topics for HSCP Board 2017-2018, Appendix 1 of the Report refers.

Following consideration, the Board noted the Report.

**21. DATE OF NEXT MEETING – 31 AUGUST 2017**

The Board noted that the next meeting of the H&SCP would be held on Thursday, 31 August 2017 at 9.30 am within the Committee Room at the Council Headquarters, 12 Strathkelvin Place, Kirkintilloch.

The Board also noted that the schedule of meetings for 2017/18 was as follows:-

9<sup>th</sup> November 2017  
11<sup>th</sup> January 2018  
15<sup>th</sup> March 2018  
10<sup>th</sup> May 2018



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 August 2017
<b>Subject Title</b>	HSCP Risk Management Policy
<b>Report By</b>	Sandra Cairney, Head of Strategy, Planning & Health Improvement, East Dunbartonshire Health & Social Care Partnership
<b>Contact Officer</b>	Sandra Cairney, Head of Strategy, Planning & Health Improvement 0141 232 8233 <a href="mailto:Sandra.cairney@ggc.scot.nhs.uk">Sandra.cairney@ggc.scot.nhs.uk</a>

<b>Purpose of Report</b>	To provide the HSCP Board with a draft of the Risk Management Policy.
--------------------------	---

<b>Recommendations</b>	The HSCP Board is requested to approve and adopt the Risk Management Policy.
------------------------	--

<b>Relevance to HSCP Board Strategic Plan</b>	The attached document forms part of the governance arrangement for the HSCP Board, ensuring robust risk management arrangements are in place to support strategic and operational oversight accountabilities and responsibilities.
---	--

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Nil.
------------------------	------

<b>Equalities:</b>	Fair policies for employees
--------------------	-----------------------------

<b>Financial:</b>	Nil
-------------------	-----

<b>Legal:</b>	Compliance by employees with employing organisational policies
---------------	--

<b>Economic Impact:</b>	Nil
-------------------------	-----

<b>Sustainability:</b>	Nil
------------------------	-----

<b>Risk Implications:</b>	Non compliance resulting in poor risk management
---------------------------	--

<b>Implications for East Dunbartonshire Council:</b>	East Dunbartonshire Council Social Work employees will be expected to comply with this Policy with immediate effect.
--	--

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHSGGC employees will be expected to comply with this Policy with immediate effect.
--	---

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>No Direction Required</b>	<b>X</b>
	<b>East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<p><b>1.1</b> The attached HSCP Risk Management Policy [<b>Appendix 1</b>] reflects the HSCP Board's commitment to a culture of improved performance and goals achieved safely, effectively and efficiently by appropriate application of good risk management practice.</p> <p><b>1.2</b> This strategy takes a positive and holistic approach to risk management. The scope applies to all risks directed through the Chief officer, whether relating to strategic planning, clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats</p> <p><b>1.3</b> HSCP Board members are responsible for:</p> <ul style="list-style-type: none"> <li>▪ oversight of the HSCP's risk management arrangements;</li> <li>▪ receiving and reviewing reports on strategic risks and any key operational risks that require to be brought to the HSCP Board's attention; and</li> <li>▪ reviewing and approving the HSCP Risk Register on a six monthly basis.</li> </ul>

- 1.4 A Corporate Risk Register is currently under development and will be brought to a future meeting of the Board.





---

# RISK MANAGEMENT POLICY

---

DRAFT August 2017

## CONTENTS

<b>POLICY – THE RISK MANAGEMENT APPROACH</b>	<b>Page 2</b>
<b>STRATEGY - IMPLEMENTING THE POLICY</b>	<b>Page 3</b>
1. Introduction	
2. Risk management process	
3. Application of good risk management across the IJB activities	
<b>VISION – FOR EFFECTIVE RISK MANAGEMENT</b>	<b>Page 5</b>
4. Risk management vision and measures of success	
<b>RISK - LEADERSHIP AND ACCOUNTABILITY</b>	<b>Page 6</b>
5. Governance, roles and responsibilities	
<b>RESOURCING - RISK MANAGEMENT</b>	<b>Page 7</b>
6. Resourcing the risk management framework	
7. Resourcing those responsible for managing specific risks	
<b>LEARNING - TRAINING AND DEVELOPMENT</b>	<b>Page 8</b>
8. Risk management training and development opportunities	
<b>MONITORING - ACTIVITY AND PERFORMANCE</b>	<b>Page 8</b>
9. Monitoring risk management activity	
10 Monitoring risk management performance	
<b>COMMUNICATING - RISK MANAGEMENT</b>	<b>Page 9</b>
11 Communicating, consulting on and reviewing the risk management framework	
<b>APPENDIX</b>	
12 Risk Matrix	<b>Page 10</b>
13 Risk Management Flowchart	<b>Page 11</b>

**Key benefits of effective risk management:**

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- positive reputation established for the HSCP Board.

---

## STRATEGY - Implementing the policy

---

### 1. Introduction

- 1.1 The primary objectives of this strategy will be to:
- promote awareness of risk and define responsibility for managing risk within the HSCP Board and the constituent organisations;
  - establish communication and sharing of risk information through all areas of the Health & Social Care Partnership;
  - initiate measures to reduce the HSCP Board's exposure to risk and potential loss; and,
  - establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.
- 1.2 This policy takes a positive and holistic approach to risk management. The scope applies to all risks directed through the Chief officer, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.
- 1.3 **Strategic risks** represent the potential for the HSCP Board to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.
- 1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the operational oversight of the HSCP Board's.
- Operational Managers will retain responsibility for managing operational risks as these will be more 'front-line' in nature including the development of activities and controls to respond to these risks. Where a number of operational risks require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the HSCP Board.
- 1.5 All risks will be analysed consistently with an evaluation of risk as being low/ mod/ high/ very high/ red/ amber/ yellow/ green?]. High/very high risk (and in some cases moderate risk) will be subject to closer scrutiny by the HSCP Board].
- 1.6 This document represents the risk management framework to be implemented across the HSCP and will contribute to the HSCP Board's wider governance arrangements.

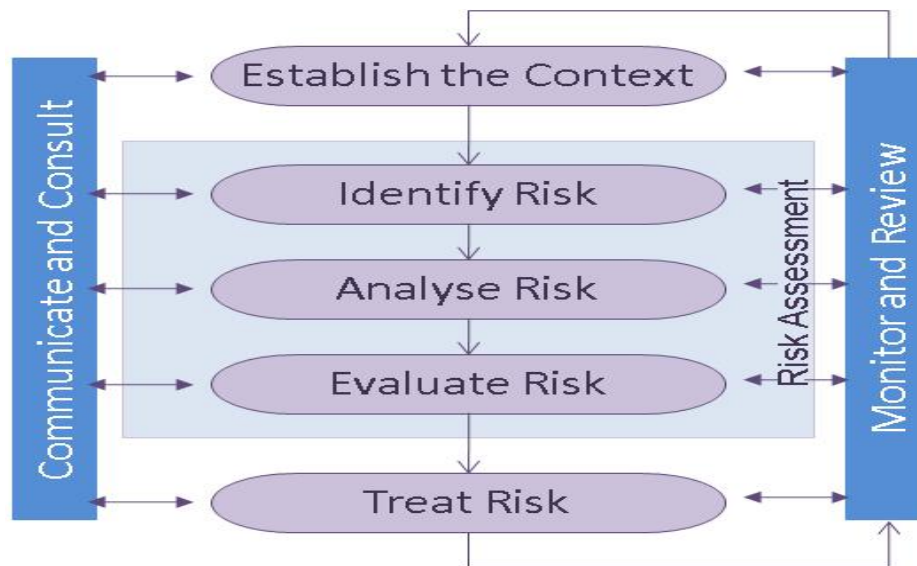
### 2. Risk management process

- 2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects<sup>1</sup> It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

---

<sup>1</sup> Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

2.2 The HSCP embeds risk management through its strategic risk management and linking with the operational risk management processes of EDC and NHSGGC shown in the diagram below, across all areas of service delivery and business activities.



### 3. Application of good risk management across the HSCP activities

Standard procedures (3.2 – 3.10) have been implemented across all areas of activity that are under the strategic and operational oversight of the HSCP Chief officer in order to achieve consistent and effective implementation of good risk management. A risk management flowchart can be found at **Appendix 2**.

- 3.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.
- 3.2 Identification of risk using standard methodologies and involving subject experts who have knowledge and experience of the activity or process under consideration.
- 3.3 Categorisation of risk under the headings below:
  - Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes (responsibility of HSCP Board).
  - Operational Risks: such as risks that may arise from or impact on clinical care and treatment, social care, customer service, employee health, safety & well-being, business continuity/ supply chain, information security and asset management (responsibility of EDC & NHSGGC).
- 3.5 Appropriate ownership of risk. Specific risks are owned by/assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.
- 3.4 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix being utilised is attached in Appendix 1.
- 3.5 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with effective measures to bring it to a level where it is

acceptable or tolerable for the HSCP Board in keeping with its appetite/tolerance for risk. In the case of opportunities, the HSCP Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the HSCP Board is confident in its ability to achieve the benefits and manage/contain the associated risk.

- 3.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.
- 3.7 Reporting of strategic risks and key operational risks to the HSCP, EDC and NHSGGC when necessary.
- 3.8 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the Chief Officer and Senior Management Team.
- 3.9 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.
- 3.10 Risk escalation - If significant risks have been identified that are deemed impossible or impractical to manage at a local Management Team level, then they should be reported for review by the Chief Officer and/or Head of Service.. Assessment and improvement should then be monitored through inclusion in the HSCP Corporate Risk Register; the NHS Greater Glasgow & Clyde Corporate Risk register and EDC Corporate Risk register. nature of risks which may need to be escalated include:
  - Significant threat to achievement of health plan objectives or targets
  - Assessed to be a substantial or intolerable risk
  - Widespread beyond local area
  - Significant cost of control far beyond the scope of budget holders
  - Potential for significant adverse publicity.

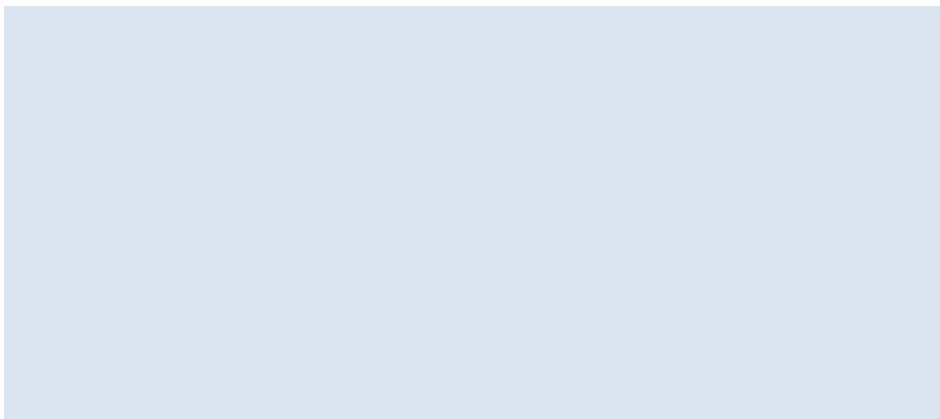
---

## **VISION – for effective risk management**

---

### **4. Risk management vision and measures of success**

**The HSCP Board's vision statement:**



- 4.1 In working towards this risk management vision the HSCP Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making.
- 4.2 Examples of the measures of success for this vision include:
- good financial outcomes for the HSCP Board
  - successful delivery of the Strategic Plan
  - meeting or exceeding targets outlined in the performance management framework
  - successful outcomes from external scrutiny
  - effective engagement of service users and carers
  - fewer unexpected/ unanticipated problems
  - fewer incidents/ accidents/ complaints

---

## **RISK - leadership and accountability**

---

### **5. Governance, roles and responsibilities**

#### **5.1 HSCP Board**

Members of the HSCP Board are responsible for:

- oversight of the HSCP's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the HSCP Board's attention; and
- ensuring Board members are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like.

#### **5.2 Chief Officer**

The Chief Officer has overall accountability for the HSCP's risk management arrangements, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the HSCP.

The Chief Officer will keep the Chief Executives of the HSCP's constituent bodies (EDC and GGC) informed of any significant existing or emerging risks that could seriously impact the HSCP Board's ability to deliver the outcomes of the Strategic Plan or the reputation of the HSCP.

#### **5.3 Chief Financial Officer**

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

#### **5.4 Senior Management Team**

Members of the Senior Management Team are responsible for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- securing risk management support, guidance and training for HSCP staff;
- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the Chief Officer and HSCP Board, EDC and NHSGGC; and

- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

## 5.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

## 5.6 All persons working within the HSCP

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas.

This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their services user's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and
- understand that good risk management is a key part of the HSCP culture.

## 5.7 Partner Organisations

It is the responsibility of relevant specialists from the partner organisations, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner organisations to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the HSCP Board.

## 5.8 Senior Information Risk Owner

The constituent Bodies, EDC and NHSGGC, will continue to undertake a senior information risk owner role.



---

## RESOURCING - risk management

---

### 6. Resourcing the risk management framework

- 6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the HSCP Board will be resourced through the Chief Officer and Senior Management Team.
- 6.2 The HSCP will continue to secure risk management training/education delivered through resources already available to the HSCP from the EDC and GGC (risk managers/ risk management specialists).

### 7. Resourcing those responsible for managing specific risks

- 7.1 Where risks impact on a specific constituent body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that body.
- 7.2 Financial decisions in respect of the HSCP's risk management arrangements will rest with the Chief Financial Officer.

---

## LEARNING - Training and development

---

### 8. Risk management training and development opportunities

- 8.1 To effectively implement this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.
- 8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the HSCP Board and in developing risk management maturity. The Senior Management Team will regularly review risk management training and development needs of staff and source the relevant training and development opportunities required.

---

## MONITORING - activity and performance

---

### 9. Monitoring risk management activity

- 9.1 The HSCP Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.
- 9.2 Monitoring will include review of the HSCP's risk profile at Senior Management Team level.
- 9.3 The risk register will be reported to the HSCP Board on a six monthly basis and/or as individual risks arise that require a HSCP Board response.
- 9.4 It is expected that constituent bodies will use HSCP Board risk reports to keep their own organisations updated on the management of the risks, highlighting any HSCP risks that might impact on the constituent organisation.

## 10. Monitoring risk management performance

- 10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.
- 10.2 Key risk indicators will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, monitoring PIs (Performance Indicators) can provide assurance that key financial and other risks are under control.
- 10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.
- 10.4 Reviewing the HSCP Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the HSCP Board, inform subsequent revisions of this Policy and Strategy and drive continuous improvement in risk management across the HSCP.

---

## COMMUNICATING - risk management

---

### 11. Communicating, consulting on and reviewing the risk management framework

- 11.1 Effective communication of risk management information across the HSCP is essential to developing a consistent and effective approach to risk management.
- 11.2 Copies of this Policy will be widely circulated via the Senior Management Team and will form the basis of any risk management training arranged for staff.
- 11.3 The Policy was approved by the HSCP Board at its meeting of **22<sup>nd</sup> June 2017**.
- 11.4 This Policy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the HSCP Board's business environment.

<b>Risk Event</b>	Provides a brief description of the potential risk to the organisation either strategic or operational
<b>Cause</b>	Provides details of single or multiple causes that could result in possible risks
<b>Effect</b>	Describes the impact on the organisation, service user, carers, the public, other services and organisations
<b>Control measure</b>	Details the specific supports/controls/actions that are identified as mitigating/removing potential risk
<b>Residual Likelihood</b>	5X5 Likelihood risk score predicting possible risk occurring prior to implemented action
<b>Residual Impact</b>	5X5 Impact risk score predicting possible risk occurring prior to mitigation action
<b>Priority Ranking</b>	Total score and ranking using a visual Red, Amber, Green (RAG) system. Prior to mitigation action
<b>Strategy for risk</b>	Describes approach to be undertaken e.g. tolerate or treat risk
<b>Action</b>	Agreed specific actions to be implemented to mitigate/remove risk
<b>Acceptable Likelihood</b>	5X5 Likelihood risk score predicting possible risk occurring following implemented action
<b>Acceptable Impact</b>	5X5 Impact risk score predicting possible risk occurring following implemented action
<b>Priority Ranking</b>	Total score and ranking using a visual Red, Amber, Green (RAG) system. Following implemented action

**Example - 5X5 Risk Scoring Matrix**

		Impact				
		Trivial	Minor	Moderate	Major	Extreme
Probability	Rare	Low	Low	Low	Medium	Medium
	Unlikely	Low	Low	Medium	Medium	Medium
	Moderate	Low	Medium	Medium	Medium	High
	Likely	Medium	Medium	Medium	High	High
	Very likely	Medium	Medium	High	High	High



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Financial Performance Period 4 and Budget 2017/18 Update
<b>Report By</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221
<b>Contact Officer</b>	Jean Campbell, Chief Finance & Resources Officer Tel: 0300 1234510 Ext 3221

<b>Purpose of Report</b>	To update the Board on the financial performance of the partnership as at period 4 of 2017/18 and to provide an update on the finalised budget for 2017/18.
--------------------------	---

<b>Recommendations</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>a. Note the performance of the budget which is reporting a projected breakeven position for the year as at period 4 of 2017/18.</li> <li>b. Note the position in relation to the achievement of savings identified to deliver financial balance for 2017/18.</li> <li>c. Note the position in relation to Partnership reserves as detailed in 1.18.</li> <li>d. Note the risks associated with the delivery of a balanced budget as detailed in 1.19</li> <li>e. Approve the proposed action in respect of the outstanding issue in agreeing the financial allocation to the HSCP from NHSGG&amp;C relating to historic savings dating back to 2015/16.</li> <li>f. Note the updated position in relation to the allocation of Prescribing Budgets for 2017/18.</li> </ol>
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	The Strategic Plan is dependent on effective management of the partnership resources and directing monies in line with delivery of the plan.
---	--

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
------------------------	------

<b>Equalities:</b>	None
--------------------	------

<b>Financial:</b>	The performance to date is showing that the budget is in line with the agreed allocations from both NHS GG&C and East Dunbartonshire Council and demand pressure are being managed. This will continue to be monitored as the year progresses.	
<b>Legal:</b>	None.	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	The financial position of the partnership provides for a level of sustainability in the short to medium term, however acceleration of service re-design is required to meet the financial challenges in the longer term.	
<b>Risk Implications:</b>	There are a number of financial risks moving into futures years giving the rising demand in the context of reducing budgets which will require effective financial planning as we move forward.	
<b>Implications for East Dunbartonshire Council:</b>	Effective management of the partnership budget will give assurances to the Council in terms of managing the partner agency's financial challenges.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Effective management of the partnership budget will give assurances to the Health Board in terms of managing the partner agency's financial challenges	
<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	
	2. East Dunbartonshire Council	
	3. NHS Greater Glasgow & Clyde	
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	x

## MAIN REPORT

1.1 The financial performance for the Health & Social Care Partnership is based on the period 4 reporting cycle for the period to the 31st July 2017. It is early in the financial year and the position can vary significantly between now and the year end as a result of unknown demand pressures and given the volatile nature of Social Work budgets and risks associated with the Prescribing budget.

1.2 The position as at Period 4 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Actual Out-turn Variance £000
NHS Community Budgets	21,330	6,681	6,645	36	0
ED Social Care Fund (£250m +£100m)	6,000	2,000	2,000	0	0
Oral Health	10,053	3,284	3,149	135	0
FHS & Prescribing	43,017	14,878	14,878	0	0
Adult Social Care	39,381	8,474	13,041	(4,567)	0
Children & CJ Services	11,291	3,403	3,443	(40)	0
Care of Gardens	78	20	20	0	0
Adaptations (PSHG)	450	113	113	0	0
Care and Repair	214	54	54	0	0
Fleet	452	113	113	0	0
<b>SUB-TOTAL</b>	<b>132,266</b>	<b>39,019</b>	<b>43,455</b>	<b>(4,436)</b>	<b>0</b>
Acute Set Aside	17,381	5,794	5,794	0	0
<b>TOTAL</b>	<b>149,647</b>	<b>44,812</b>	<b>49,248</b>	<b>(4,436)</b>	<b>0</b>

### HSCP Budget Outturn

1.3 The current position indicates a breakeven position for the Health & Social Care Partnership (HSCP) for the year to 31<sup>st</sup> March 2018. The year to date position is showing a £4.4m overspend, however this is due to phasing issues in relation to adult social care provider payments and delays in resource transfer from the Health Board to the Council. This is expected to be rectified in period 5.

### NHS Budget Outturn

The table below provides a detailed breakdown of the partnership NHS budgets for the 4 month period to the 31<sup>st</sup> July 2017:-

Addictions – Community	690	230	229	1
Adult Community Services	4,231	1,410	1,444	(34)
Integrated Care Fund	525	40	37	3
Child Services – Community	1,225	462	446	16
Learning Disability – Community	612	204	158	46
Mental Health – Adult Community	1,137	376	383	(7)
Mental Health – Elderly Services	570	187	213	(26)
Other Services	2,744	596	563	33
Planning & Health Improvement	557	186	182	4
Resource Transfer to Local Authority	15,039	4,990	4,990	0
<b>Total Integrated</b>				
FHS – Prescribing	18,671	6,358	6,358	0
FHS – GMS	12,697	4,432	4,432	0
FHS – Other	11,649	4,088	4,088	0
<b>Total Ring-fenced NHS</b>				
Oral Health – Public Dental Service (Hosted)	10,053	3,284	3,149	135
Acute Set Aside	17,381	5,794	5,794	0
				<b>171</b>

1.5 The projected out turn for the health element of the partnership budget is that of breakeven at this point in the financial year.

1.6 The current year to date position shows an underspend of £171k which relates to the impact of savings identified to meet the initial cost pressures identified at the budget setting which included significant pressure on prescribing. As further prescribing savings have been identified as part of a wider NHSGG&C project, individual partnerships will not be required to contribute towards this area. This will provide some in year flexibility to manage the overall budget position. There are currently a number of payroll pressures, as a consequence of turnover savings factored into the in relation to Adult Community services and MH – Elderly services which will be closely monitored as the



year progresses.

- 1.7** The Oral Dental Health service is hosted by East Dunbartonshire HSCP on behalf of the other 5 NHS GG&C partnerships and is currently showing a favourable variance on budget. Work is underway to develop a mechanism whereby individual partnerships can monitor their activity and usage of services hosted by other partnerships and have an oversight of the spend on services for their local populations.
- 1.8** The budget for Acute Set Aside remains the same as 2016/17 and the spend matches the allocation of budget. Work is underway to develop a mechanism whereby activity and usage of acute services are linked to budget spending and delivery of partnership un-scheduled care plans. This will make this element of the budget more meaningful and real for partnerships. This work is expected to be concluded within financial year 2017/18.
- 1.9** GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means that only April and May expenditure is available. This was showing that prescribing expenditure, for East Dunbartonshire, was running slightly ahead of budget at that point to the tune of £13k. Work programmes are underway which will focus on maximising efficiencies in this area and deliver prescribing within budget. There remain risks in relation to drugs on short supply and price increases which will be monitored as the year progresses.
- 1.10** The overall GP prescribing expenditure position for NHS GG&C is showing pressure of £66k, however this will change as efficiency programmes are progressed and the Board is reporting a projected breakeven for the year. There continues to be a risk sharing arrangement in place for 2017/18 across the GG&C board area and this will be managed within the NHS GG&C board budgets.

**1.11** Social Work Budget Out turn

The table below shows the partnership Social Work budgets for the 4 month period to the 30<sup>th</sup> July 2017:-

SW Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Adult SW Services	39,381	8,474	13,041	(4,567)
Children & Criminal Justice Services	11,291	3,403	3,443	(40)
Other Council Budgets	1,194	300	300	0
<b>Total IJB SW Budget</b>	<b>51,866</b>	<b>12,176</b>	<b>16,783</b>	<b>(4,607)</b>

- 1.12** The projected outturn for the Social Work element of the partnership budget is that of a breakeven at this point in the financial year. This is caveated with concerns regarding the delay in processing payments to care providers which may not accurately be reflected in the financial information system and a recognition of the volatility of SW budgets with changes in caseloads or packages having a significant impact on expenditure projections. A detailed breakdown is provided in **Appendix 1**.

- 1.13** The current year to date position shows an overspend of £4.6m which relates in the

main to phasing on Adult Service payments to care providers and delays in resource transfer payments from the Health Board to the Local Authority. This will be rectified for period 5 reporting.

**1.14** In relation to Adult Social Work services, there are a number of vacancies across the service which are offsetting pressures in relation to overtime predominantly within older people's care at home services. There are also indications of a continuing downward trend on care home placements which is having a positive impact on budget and this is offsetting pressures in relation to unidentified savings and pressures on LD budgets caused by the impact of savings proposal in this area.

**1.15** In relation to Children's SW Services, there are significant numbers of vacancies across Children's services which are offsetting pressures in relation to residential placements for Children. There was no additional funding to meet commitments at the budget setting process, therefore measures to manage this budget through vacancy management will continue until the volume of placements can be safely reduced.

**1.16** The other budgets delegated to the partnership include Care of Gardens, Adaptations to private sector housing, care & repair services and fleet. Expenditure tends to match budget albeit there is historically some pressure in relation to care of Gardens which will be monitored as the year progresses.

**1.17** 2017/18 Partnership Savings

In relation to the partnership savings approved as part of the 2017/18 budget settlement, there are a number of areas where there has been a delay in progressing initiatives. This provides a projected gap and savings shortfall of £1.2m, including £500k of unidentified savings. This is currently being met from the overall budget allocation and will continue to be monitored as the year progresses. A detailed breakdown is attached as **Appendix 2**.

**1.18** Partnership Reserves

The partnership reserves total £5.3m as at 1<sup>st</sup> April 2017. This includes £2.6m of earmarked reserves to facilitate service re-design and specific Scottish Government initiatives in furtherance of the strategic priorities of the partnership. This also includes a general reserve of £2.7m which will provide some resilience to meet future demand pressures, mitigate budget risks and mitigate the shortfall in savings initiatives not managed within overall budget during the year. A detailed breakdown is provided in **Appendix 3**.

**1.19** Financial Risks

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

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. At this stage of the year it is not possible to make an informed assessment of the in year position against budgets and to estimate the likely out-turn for 2017/18, however based on previous year experience this will require close ongoing monitoring.
- Achievement of Savings Targets – there are elements of the savings targets which have yet to be identified and where there are significant dependencies and complexities to be considered in order to effectively deliver on these.
- Demographic Pressures - Increasing numbers of older people is placing significant additional demand on a range of services including Home Care. In addition,

achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.

- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial penalties with these costs directed to partnerships in recognition of this failure to deliver.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which may impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which may have recurring cost implications.

## **2.0 Financial Planning 2017/18**

- 2.1 Following the last IJB report on the 22<sup>nd</sup> June 2017, there has been further discussion with Chief Officers, the NHS Chief Executive and NHS Director of Finance and a proposed agreement has been reached on the outstanding issue relating to the £3.6m reduction to HSCP's 2017/18 budgets for savings dating back to 2015/16 in respect of CH(C)P's. A letter outlining the final settlement from NHSGG&C is attached as **Appendix 4**.
- 2.2 The agreement reached, subject to each IJB approval, is that each IJB will fund its proportionate share of the £3.6m unallocated saving target on a one off basis during 2017/18, to promote partnership working. This is the maximum contribution by IJBs in respect of the historic £7.8m unachieved savings and will allow a short period of time to work towards a recurring solution, focusing on the development and conclusion of the mechanism for the set aside budget. This approach has been agreed with the Scottish Government and requires a rapid and focused action plan to be developed and delivered over the coming months in conjunction with Chief Officers, NHSGGC Director of Finance, Chief Finance Officers and Scottish Government.
- 2.3 This non-recurring funding to a maximum of £3.6m will be on the basis of a recharge and not a budget reduction. This ensures that the 2017/18 budget for the IJBs is compliant with the Scottish Government settlement'. The impact for East Dunbartonshire HSCP is approximately £231k which would have to be met from the overall budget allocation to the partnership or from general reserves.
- 2.4 As part of the final settlement from the NHS Board, there is also a proposal to continue the risk sharing arrangement for prescribing for 2017/18 with discussions to be progressed with the 6 NHSGG&C partnerships on the arrangements beyond 2017/18. The proposal for 2017/18 is per previous years whereby the Board will absorb the risk of any in year overspends on the prescribing budget but in the event that the budget

delivers a surplus, this will be retained by the board.

- 2.5 The budget for prescribing will be set for each partnership based on a starting position of the final audited out turn for 2016/17, factoring in pressures and the efficiencies identified as part of the work of the Prescribing Efficiency Group. This will result in a budget of £18.9m for East Dunbartonshire and is compliant with the SG settlement.

**East Dunbartonshire HSCP**  
**Budget 2017/18**  
**Savings Proposals Approved**

Proposal	2017/18 Saving (£000)	Saving Achieved	Shortfall	Note
Review of Social Care Funding (£107m)	700	700	-	Achieved - uplift of 2.5% offered to Social Care providers to meet living wage requirements.
Re-commissioning for Complex Autism Service	400	-	400	Project Group established to progress commissioning process - period of stability in place to ensure sustainability
Review of Complex Needs Support	100	100	-	Achieved
Review of Commissioning Priorities	95	95	-	Achieved
Review of External Homecare Provision	81	-	81	Project Team established, however a number of key dependencies identified within the Council which will delay the progression of these savings. Currently exploring viability of interim arrangements, however do not expect this to be fully implemented in 2017/18.
Transformational Savings – Terms & Conditions	-	-	-	The element of savings relating to Social Work have still to be identified.
Review of Social Work Budget Pressures	1,370	1,370	-	The current position within Children's SW services is projecting pressures of £500k on residential placements, however this is being covered through vacancy management for the time being which will continue to be closely monitored throughout the year.
Review of Homecare	100	-	100	Project Team established, however a number of key dependencies identified within the Council which will delay the progression of this savings. Currently exploring viability of interim arrangements, however do not expect this to be fully implemented in 2017/18.
Review of Learning Disability	100	50	50	Project Team established to review sleepover arrangements across care at home services - expect a half year saving.
Review of Mental Health	50	50	-	Process of engagement with provider underway.
Review of Older People Daycare	50	25	25	Daycare strategy agreed - implementation progressing.
Review of Intermediate Care Model	100	100	-	Achieved
Review of Integrated Structures			-	Workforce Planning underway - potential savings yet to be identified
Review of Outsourced Transport & Taxi Contracts			-	Tendering process underway - potential savings yet to be identified
Oracle Procure to Pay (P2P)			-	Roll out of system underway - potential savings yet to be identified
Unidentified Savings	500	-	500	Areas identified above - potential savings yet to be identified.
Introduce staff turnover saving of 4% across all pay budgets	590	590	-	This has been taken from the budget and will be monitored as the year progresses.
Management Re-structuring	165	165	-	Achieved
Integrated Care Fund	300	300	-	Achieved
Development Monies	65	65	-	Achieved
School Nursing	17	17	-	Review of School nursing delayed - currently being met from vacancies.
Review of Contractual Uplifts	201	201	-	Achieved
Review of Health Improvement Budgets	89	89	-	Achieved
Review of Woodlands Service	28	28	-	Achieved
	5,101	3,945	1,156	



**Health and Social Care Partnership  
Projected Outturn at Period 4**

Adults and Older People	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn
Older People	6,067,201	6,583,679	-516,478	24,277,132	24,277,132	0	22,794,736
Learning Disability	2,996,612	4,382,533	-1,385,921	12,965,213	12,965,213	0	13,142,780
Physical Disability	1,139,266	1,195,429	-56,163	4,025,300	4,025,300	0	4,007,622
Mental Health	477,249	779,120	-301,871	1,986,975	1,986,975	0	2,045,239
Addiction Services	201,077	198,070	3,007	570,401	570,401	0	763,671
Homecare	1,496,826	1,470,205	26,621	6,186,674	6,186,674	0	6,424,035
Resources Day Services	603,649	552,104	51,545	2,246,950	2,246,950	0	2,061,305
Sheltered Housing	29,983	5,010	24,973	50,501	50,501	0	-37,766
Other	492,099	639,161	-147,062	2,161,814	2,161,814	0	2,853,847
Womens Aid	25,040	17,287	7,753	75,114	75,114	0	75,115
Resource Transfer Income	-5,055,158	-2,781,267	-2,273,891	-15,165,477	-15,165,477	0	-12,857,525
<b>TOTAL</b>	<b>8,473,844</b>	<b>13,041,331</b>	<b>-4,567,487</b>	<b>39,380,597</b>	<b>39,380,597</b>	<b>0</b>	<b>41,273,059</b>

Children and Families	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn
Children & Young People	1,015,212	854,733	160,479	3,407,736	3,322,124	85,612	3,136,247
Criminal Justice	-34,939	-154,509	119,570	-16,805	-148,930	132,125	-93,165
Childcare Resources	2,363,536	2,576,567	-213,031	7,698,080	7,922,672	-224,592	7,773,399
Other	59,241	166,392	-107,151	201,094	202,513	-1,419	290,325
<b>TOTAL</b>	<b>3,403,050</b>	<b>3,443,183</b>	<b>-40,133</b>	<b>11,290,105</b>	<b>11,298,379</b>	<b>-8,274</b>	<b>11,106,806</b>
	0	0	0	0	0	0	0

Overall Total	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn
	<b>11,876,894</b>	<b>16,484,514</b>	<b>-4,607,620</b>	<b>50,670,702</b>	<b>50,678,976</b>	<b>-8,274</b>	<b>52,379,865</b>





Health and Social Care Partnership  
Projected Outturn at Period 4

All	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn	Comments
Non-Teaching Employee Costs	5,223,850	5,220,174	3,676	19,261,823	18,636,811	625,012	18,842,202	Reduction in Projected Out-turn variance from P3 as a result of Overtime and Agency worker costs now being projected based on actuals rather than assuming budget spend. Some of the outstanding vacancies have now been filled and the effects will become evident through P5
Property Costs	56,175	21,657	34,518	169,446	169,446	0	208,551	YE projection assumed as budget for P4
Supplies & Services	398,328	216,931	181,397	1,203,397	1,203,397	0	1,092,831	YTD variance partly driven by lag in Equipu Invoices this is being investigated YE projection assumed as budget for P3
Agencies & Other Bodies	12,349,828	14,544,297	-2,194,469	48,124,541	48,749,780	-625,239	46,511,913	Adverse YTD variance result of Carefirst Payments run early by FSSC. YE Variance driven by ongoing commitments as per the commitments report
Transport & Plant	124,806	125,820	-1,014	499,231	499,231	0	502,380	YE projection assumed as budget for P4
Transfer Payments	37,527	40,666	-3,139	113,208	121,255	-8,047	90,636	Adverse variance as a result of increased payments for Section 12, 17 & 22 Payments and a historic issue regarding Direct Payments in SDC10 (C&F). Both issues are being investigated with a view to resolution
Administrative Costs	0	322	-322	0	0	0	84,819	YTD Variance miscodes to be investigated and resolved
Financing Costs	0	0	0	0	0	0	0	YE projection assumed as budget for P3
Income from Government Grants	-207,332	-213,311	5,979	-622,000	-622,000	0	-6,886	YE projection assumed as budget for P3
Budget Savings	-166,417	0	-166,417	-502,000	-502,000	0	0	YE projection assumed as budget for P3
Sales	-2,196	-3,625	1,429	-8,785	-8,785	0	-9,751	YE projection assumed as budget for P3
Fees & Charges	-405,952	-450,252	44,300	-810,971	-810,971	0	-839,086	YTD Variance driven by charges in SHC14 Charges to Service users
Recharges to Other Departments	0	0	0	-81,037	-81,037	0	-81,037	YE projection assumed as budget for P3
Income from Rents	0	0	0	0	0	0	0	YE projection assumed as budget for P3
Other Income	-5,531,723	-3,018,165	-2,513,558	-16,676,151	-16,676,151	0	-15,167,790	TYD Variance: Resource Transfer funding is still outstanding
Loans Fund	0	0	0	0	0	0	1,151,083	
<b>TOTAL</b>	<b>11,876,894</b>	<b>16,484,514</b>	<b>-4,607,620</b>	<b>50,670,702</b>	<b>50,678,976</b>	<b>-8,274</b>	<b>52,379,865</b>	

Adults & Older People	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Prior Year Outturn	Comments
Non-Teaching Employee Costs	3,710,034	3,805,593	-95,559	13,679,946	13,679,946	0	13,751,401	Reduction in Projected Out-turn variance from P3 as a result of Overtime and Agency worker costs now being projected based on actuals rather than assuming budget spend.
Property Costs	35,663	12,419	23,244	107,573	107,573	0	90,004	YE projection assumed as budget for P3
Supplies & Services	350,375	181,913	168,462	1,058,725	1,058,725	0	985,193	YTD variance partly driven by lag in Equipu Invoices this is being investigated YE projection assumed as budget for P3
Agencies & Other Bodies	10,289,853	12,223,686	-1,933,833	41,847,306	41,847,306	0	40,111,090	Adverse YTD variance result of Carefirst Payments run early by FSSC. YE Variance driven by ongoing commitments as per the commitments report
Transport & Plant	103,905	100,912	2,993	415,623	415,623	0	408,578	YE projection assumed as budget for P3
Transfer Payments	11,024	2,770	8,254	33,256	33,256	0	23,229	YE projection assumed as budget for P3
Administrative Costs	0	0	0	0	0	0	84,804	
Financing Costs	0	0	0	0	0	0	0	YE projection assumed as budget for P3
Income from Government Grants	0	-29,395	29,395	0	0	0	-6,886	YTD variance is accrued Income from 1617
Budget Savings	-166,417	0	-166,417	-502,000	-502,000	0	0	YE projection assumed as budget for P3
Sales	-2,196	-3,625	1,429	-8,785	-8,785	0	-9,751	YE projection assumed as budget for P3
Fees & Charges	-405,952	-450,252	44,300	-810,971	-810,971	0	-838,584	YTD Variance driven by charges in SHC14 Charges to Service users

Recharges to Other Departments
Income from Rents
Other Income
Loans Fund
<b>Adults &amp; Older People Total</b>

0	0	0
0	0	0
-5,452,445	-2,802,690	-2,649,755
0	0	0
<b>8,473,844</b>	<b>13,041,331</b>	<b>-4,567,487</b>

-81,037	-81,037	0
0	0	0
-16,359,039	-16,359,039	0
0	0	0
<b>39,380,597</b>	<b>39,380,597</b>	<b>0</b>

-81,037
0
-14,095,397
850,415
<b>41,273,059</b>

YE projection assumed as budget for P3
YE projection assumed as budget for P3
YTD Variance: Resource Transfer funding is still outstanding

<b>Children and Families</b>
Non-Teaching Employee Costs
Property Costs
Supplies & Services
Agencies & Other Bodies
Transport & Plant
Transfer Payments
Administrative Costs
Financing Costs
Income from Government Grants
Budget Savings
Sales
Fees & Charges
Recharges to Other Departments
Income from Rents
Other Income
Loans Fund
<b>Children and Families - Total</b>

YTD Budget	YTD Actual	YTD Variance
1,513,816	1,414,581	99,235
20,512	9,238	11,274
47,953	35,018	12,935
2,059,975	2,320,611	-260,636
20,901	24,908	-4,007
26,503	37,896	-11,393
0	322	-322
0	0	0
-207,332	-183,916	-23,416
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
-79,278	-215,475	136,197
0	0	0
<b>3,403,050</b>	<b>3,443,183</b>	<b>-40,133</b>

Full Year Budget	Projected Outturn	Projected Outturn Variance
5,581,877	4,956,865	625,012
61,873	61,873	0
144,672	144,672	0
6,277,235	6,902,474	-625,239
83,608	83,608	0
79,952	87,999	-8,047
0	0	0
0	0	0
-622,000	-622,000	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
-317,112	-317,112	0
0	0	0
<b>11,290,105</b>	<b>11,298,379</b>	<b>-8,274</b>

Prior Year Outturn
5,090,801
118,547
107,638
6,400,823
93,802
67,407
15
0
0
0
0
0
0
0
0
0
0
-1,072,393
850,415
<b>11,656,553</b>

Comments
Favourable YE variance result of vacancies as detailed in the Payroll Projections Report it is expected that this will reduce as these are filled
YE projection assumed as budget for P3
YE projection assumed as budget for P3
Adverse YTD variance result of Carefirst Payments run early by FSSC.
Adverse YE Variance driven by ongoing commitments as per the commitments report
YTD Variance is result of overspend on Private Hire of Vehicles
Section 12, 17, 22 Payments are ahead of budget and P4 1617, a breakdown has been prepared and sent to Claire Carthy. There is also a historical issue regarding Direct Payments that is to be finalised
YTD Variance miscodes to be investigated and resolved
YE projection assumed as budget for P3
YE projection assumed as budget for P3
YE projection assumed as budget for P3
YE projection assumed as budget for P3
YE projection assumed as budget for P3
YE projection assumed as budget for P3
YE projection assumed as budget for P3
YE projection assumed as budget for P3
Invoice raised in P4 in error. Credit note applied in P5 to cancel.

**East Dunbartonshire Health & Social Care  
Partnership  
2017/18 General Fund Reserve**

	<b>2016/17 Opening Balance</b>	<b>2016/17 Drawdown</b>	<b>2016/17 Additions</b>	<b>2016/17 Closing Balance</b>
Usable - General Reserve (LA)	149,394			149,394
Usable - General Reserve (Health)	7,000			7,000
Usable - Social Care Fund / DD / ICF HSCP Surplus on Activities 16/17:	1,020,825	(7,422)	23,374	1,036,777
Community Health			719,000	719,000
Adults			118,000	118,000
Children			454,000	454,000
Other LA - Housing / Fleet			235,000	235,000
	<hr/>			
General Reserves	<b>1,177,219</b>	<b>(7,422)</b>	<b>1,549,374</b>	<b>2,719,171</b>
	<hr/>			
Ear-Marked				
EDICT Aspergers Groupwork	35,932			35,932
SDS Training & Support	85,700	(85,700)	105,570	105,570
HSCP Communications Advisor	60,000	(60,000)		-
Delayed Discharge - HAT Funding	28,729			28,729
Review of Learning Disability Services				-
Social Care Fund - Service redesign			£1,704,225	1,704,225
Keys to Life funding			£10,667	10,667
Autism Innovation funding:			£18,729	18,729
Police Scotland - Child Protection Committee Running Costs			£5,000	5,000
Prescribing				-
HSCP Surplus on Activities 16/17:				-

Community Health - ICF / DD (Service Redesign)			523,000	523,000
Oral HD			138,000	138,000
	<hr/>			
Earmarked reserves	210,361	(145,700)	2,505,191	2,569,852
	<hr/>			
<b>Total Reserves</b>	<b>1,387,580</b>	<b>(153,122)</b>	<b>4,054,565</b>	<b>5,289,023</b>
	<hr/> <hr/>			

**Greater Glasgow and Clyde NHS Board**

JB Russell House  
Gartnavel Royal Hospital  
1055 Great Western Road  
GLASGOW  
G12 0XH  
Tel. 0141-201-4444  
Fax. 0141-201-4601  
Textphone: 0141-201-4470  
[www.nhsqgc.org.uk](http://www.nhsqgc.org.uk)



Susan Manion  
Chief Officer  
East Dunbartonshire Health and Social Care  
Partnership  
CHP Offices  
Stobhill Hospital  
300 Balgrayhill Road  
Glasgow, G21 3UR

Date: 15<sup>th</sup> August 2017  
Our Ref: JH/BOB  
Enquiries to: James Hobson  
Direct Line: 0141-201-4774  
E-mail: [james.hobson@ggc.scot.nhs.uk](mailto:james.hobson@ggc.scot.nhs.uk)

Dear Susan

**2017/18 Financial Allocation to East Dunbartonshire Health and Social Care Partnership**

Further to previous correspondence from Robert Calderwood and following recent correspondence between the Board's Director of Finance with Chief Officers and my subsequent discussions with Chief Finance Officers, I am writing to you with an updated budget proposal for 2017/18.

The annual allocation from the Board to the Health and Social Care Partnership (HSCP) for 2017/18 is set out in the schedule that accompanies this letter.

The Scottish Government letter to the Accountable Officer for NHS Greater Glasgow and Clyde has advised that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at 2016/17 levels, therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 closing recurring base budget supplemented by any specific 2017/18 non recurring allocations from Scottish Government and adjusted for any agreed budget transfers between HSCPs and other service areas.

GP Prescribing budgets have now been finalised for 2017/18 and will be set at the overall value of the 2016/17 month 12 budget. Discussions between Chief Finance Officers have agreed some redistribution of funding between individual HSCPs and this is reflected in the proposed allocation. At a meeting with Chief Officers on 17 January it was agreed that the current arrangements for management of the prescribing budget would continue in 2017/18 where the Board continues to manage the budget collectively on behalf of all partnerships. This includes continuation of the "risk sharing agreement" whereby the Board will absorb any overall overspend within prescribing budgets.

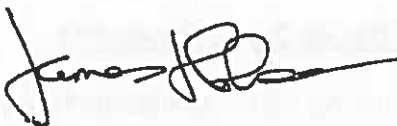
The 2017/18 Set Aside Budget for unscheduled care services consumed by your HSCP in Acute hospitals will remain at the same value as for 2016/17. During 2017/18 the Board will work with HSCPs and Scottish Government colleagues to review the basis for calculation and operation of the set aside budget.

The following items will be charged to the HSCP during 2017/18:

- A proportional share of the £3.6m unachieved savings from 2015/16 as agreed by the NHS Board at its meeting on 21 February 2017 (agreed by Chief Officers subject to individual Integrated Joint Board approval). Discussions will continue to determine how this can be resolved in future years;
- The HSCP's proportional share of the Apprenticeship Levy based on your HSCP's payroll cost; and
- The HSCP's proportional share of the annual cost arising from the change in accounting treatment of pre 2010 pension costs as the non recurring funding generated from this change was used to provide non recurrent support to all service areas in 2016/17.

I hope this now enables the HSCP to finalise its financial plans for 2017/18.

Yours sincerely

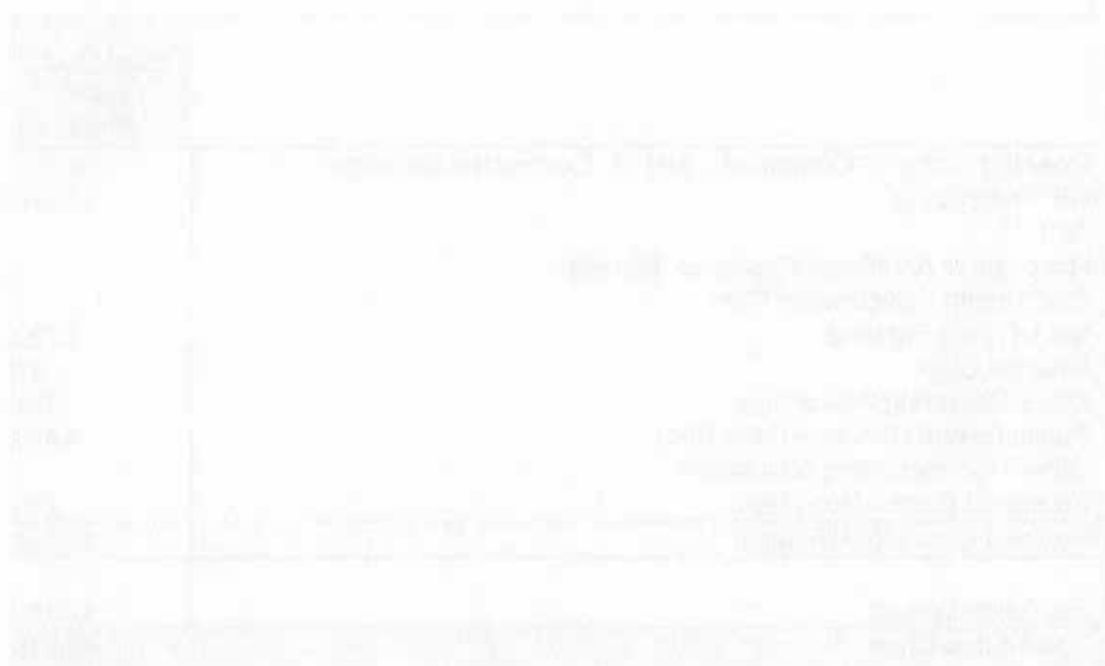


**James Hobson**  
Assistant Director of Finance  
NHS Greater Glasgow and Clyde

**Schedule 1**

**East Dunbartonshire HSCP Allocation 2017/18**

	<b>East Dun HSCP £'000</b>
Opening Budget - Community, MH & Contracted Services	54,775
GP Prescribing	18,920
Add :	
Hospices & Additional Resource Transfer	
Oral Health - Secondary Care	
Social Care Funding	1,720
Finance Staff	47
Other Recurring Allocations	184
Public Dental Service - (Non Rec)	4,878
Other Non Recurring allocations	
Veterans/ Carers (Non Rec)	120
<b>Revised Opening Allocation</b>	<b>80,644</b>
Set Aside budget	17,381
<b>Total Allocation</b>	<b>98,025</b>





Agenda Item Number: 7

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Update on Intermediate Care and Delayed Discharges
<b>Report By</b>	Andy Martin, Head of Adult & Primary Care Services 0141 232 8233
<b>Contact Officer</b>	Andy Martin, Head of Adult & Primary Care Services 0141 232 8233

<b>Purpose of Report</b>	To advise the Board of recent developments and performance with respect to hospital discharge
--------------------------	---

<b>Recommendations</b>	To Note the content of the Report
------------------------	-----------------------------------

<b>Relevance to HSCP Board Strategic Plan</b>	Reduction of Delayed Discharges, of AWI patients delayed, and of Unscheduled Care are prioritized within the Strategic Plan 2017-18
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
------------------------	------

<b>Equalities:</b>	None
--------------------	------

<b>Financial:</b>	There are potential implications for East Dunbartonshire's 'set-aside' budget for Acute Services usage
-------------------	--

<b>Legal:</b>	None
---------------	------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Risk Implications:</b>	None at this point. Emerging risks will be managed via the Older Peoples Planning Group, and the Delayed Discharges work stream
---------------------------	---

<b>Implications for East Dunbartonshire Council:</b>	As noted
--	----------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As noted
--	----------

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>X</b>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

## 1.0 MAIN REPORT

### Introduction and summary

- 1.1** This report summarises our performance on discharges of East Dunbartonshire patients and recent developments and issues related to our portfolio of services for intermediate care East Dunbartonshire Health and Social Care Partnership has a positive record of delayed discharges. Benchmarking against other HSCPs across NHS GG&C are favourable, however recently AWI cases have changed this trend.
- 1.2** The HSCP has established an Unscheduled Care Plan to provide clarity of purpose in consolidating and improving delayed discharge performance and in particular in supporting the reduction of emergency admissions and average lengths of stay. Our approach requires an investment and strengthening of our relationship with Acute services. Understanding activity and performance across primary care will help inform our priorities in this area.
- 1.3** The Unscheduled Care Plan also highlights opportunities to work with Care Homes to revisit and develop service pathways. Analyses of activity and performance around care homes admissions is underway. A planned event in August aims to support care homes focus on being more proactive with regard to their patterns of admissions.

## Westerton

- 2.1 East Dunbartonshire HSCP set up an intermediate care facility at Westerton Care Home, Bearsden as a one year pilot in November 2016.
- 2.2 The service aimed to include a model of GP provision, care management, rehabilitation and home care support. The beds planned to allow patients to transition from the hospital setting, when medically fit for discharge, to a homely environment, allowing them time for additional recovery, rehabilitation and enable a comprehensive assessment of their longer term health and social care support needs.
- 2.3 The pilot has now been in operation for 8 months. Indicators suggest that this facility has had positive impact on delayed discharges and now all patients admitted to the unit receive a holistic assessment of their rehabilitation potential and subsequent intervention as appropriate.

### Performance information from intermediate care

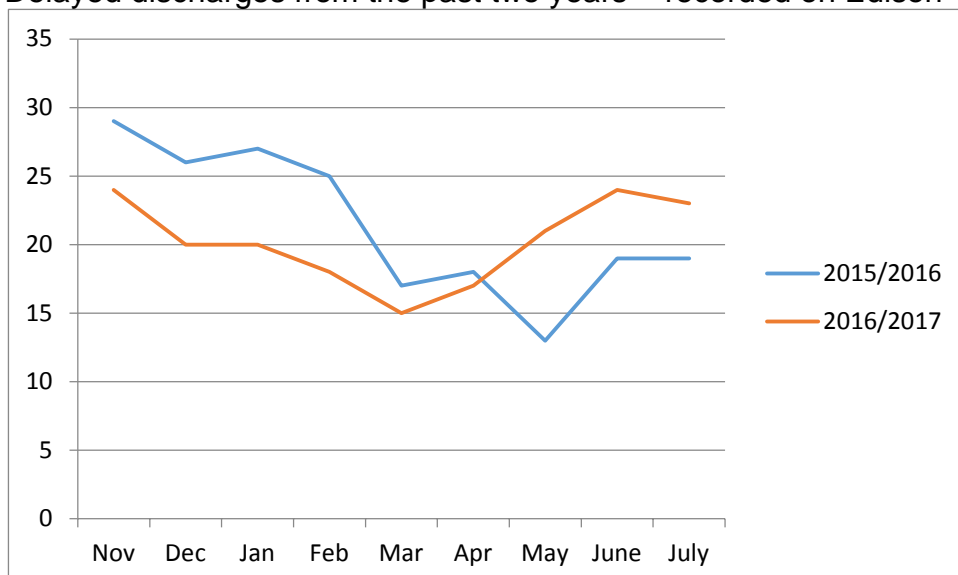
- 3.1 60 patients have been admitted to the unit
- 45 referrals to the Rapid Assessment Link Service ( RAL)
  - 16 either gone home or planning going home
  - 36 patients have been placed in care homes
- 3.2 The breakdown of postcodes for this cohort is:-
- Kirkintilloch ( G66) – 16
  - Bearsden (G61) – 17
  - Milngavie G62) – 15
  - Bishopbriggs (G64) – 13
  - Twecher (G65) – 0

### Voids related to bed day capacity

	<b>Beds</b>	<b>Beds Used</b>	<b>Voids</b>	<b>Capacity</b>	<b>cost of Voids</b>
Nov	102	43	59	42%	£9,692.52
Dec	186	149	37	80%	£6,078.36
Jan	198	149	49	75%	£8,049.72
Feb	224	218	6	98%	£1,478.52
Mar	248	236	12	95%	£1,971.36
Apr	240	213	27	89%	£4,435.56
May	248	230	18	93%	£2,957.04
Jun	240	202	38	84%	£6,242.64

Weekly cost of beds at Westerton £1150 (daily cost £164.28)

### Delayed discharges from the past two years - recorded on Edison



### 3.3 Increase numbers of people reported on Edison could be due to:-

- The change of protocol for complex and continuing care patients
- Hospital Assessment Team not receiving referrals early enough.

### Complex and continuing Care

4.1 Due to the NHS GG&C Review of Complex & Continuing Care, resources have been freed up which are now available for East Dunbartonshire HSCP to use for palliative care, continuing and complex care and intermediate care options. A proportion of beds in Greenfield Park and Fourhills Care Homes are for this cohort of patients. The current usage of these beds has been for those patients who are on a palliative care/end of life care pathway.

4.2 Whilst initially there was some impact on delayed discharge performance, recently prioritisation for admissions to Fourhills has focused on those patients who have remained the longest on Edison. East Dunbartonshire's numbers reported on Edison are low with few bed days lost. Wider dialogue is required regarding ongoing contractual arrangements and costs for these beds. The current resource and arrangements have been agreed for this financial year.

### 4.3 Performance information from Fourhills Intermediate Care Unit in 2017

- 13 patients have been Fourhills intermediate care unit
- 2 have gone on to a care home placement
- 4 have died
- 1 has returned home

### 4.4 The breakdown of postcodes for this cohort is:-

- Kirkintilloch ( G66) – 6
- Bearsden (G61) – 5
- Milngavie G62) – 1
- Bishopbriggs (G64) – 1
- Twecher (G65) – 0

## **Performance**

- 5.1** Performance in reducing delayed discharges has continued on a general downward trend as has the number of emergency admissions. These figures exclude those who are not medically fit for discharge and those who are residing in a mental health ward.
- 5.2** The performance in relation to AWI patients delayed has changed this quarter. Two patients have consumed 22 bed days in April and 52 bed days in May. These patients are long standing complex cases with challenging issues to address and solve. Unplanned Bed Days continue to fluctuate.
- 5.3** The above performance data will be detailed and discussed in the Quarterly Performance Reports



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31st August 2017
<b>Subject Title</b>	HSCP Social Work Complaints Handling Policy & Procedure
<b>Report By</b>	Sandra Cairney, Head of Strategy, Planning & Health Improvement, East Dunbartonshire Health & Social Care Partnership
<b>Contact Officer</b>	Sandra Cairney, Head of Strategy, Planning & Health Improvement 0141 232 8233 <a href="mailto:Sandra.cairney@ggc.scot.nhs.uk">Sandra.cairney@ggc.scot.nhs.uk</a>

<b>Purpose of Report</b>	To advise the HSCP Board of the requirement to develop a specific Social Work Policy & Procedure based on the Scottish Public Ombudsman Service Model Policy.
--------------------------	---

<b>Recommendations</b>	The HSCP Board is asked to note the attached Policy & Procedure
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	Staff governance arrangements
---	-------------------------------

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Nil.
------------------------	------

<b>Equalities:</b>	Fair policies for employees
--------------------	-----------------------------

<b>Financial:</b>	Nil
-------------------	-----

<b>Legal:</b>	Compliance by employees with employing organisational policies
---------------	--

<b>Economic Impact:</b>	Nil
-------------------------	-----

Sustainability:	Nil
-----------------	-----

Risk Implications:	Non compliance
--------------------	----------------

Implications for East Dunbartonshire Council:	East Dunbartonshire Council Social Work employees will be expected to comply with this Policy & procedure with immediate effect.
---	--

Implications for NHS Greater Glasgow & Clyde:	Nil
---	-----

Direction Required to Council, Health Board or Both	Direction To:	
	No Direction Required	X
	East Dunbartonshire Council	<input type="checkbox"/>
	NHS Greater Glasgow & Clyde	<input type="checkbox"/>
	East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<p><b>1.1</b> The attached Complaints Handling Policy &amp; Procedure [<b>Appendix 1</b>] reflects East Dunbartonshire Council's commitment to valuing complaints. It seeks to resolve service user dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, evidence-based decisions are made regarding the response to complaints.</p> <p><b>1.2</b> The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 (the Order) brought social work complaint handling into line with other local authority complaints handling (with the exception of timescales for frontline complaints), by bringing it under the remit of the Public Services Reform (Scotland) Act 2010 (the Act). The Act sought to improve how complaints are handled, through the development of simplified, standardised complaints handling procedure.</p> <p><b>1.3</b> This Social Work Complaints Handling Policy &amp; Procedures forms part of East Dunbartonshire Council's wider complaints handling procedures. It is based on the Scottish Public Services Ombudsman Model and Guidance and takes account of changes that bring social work complaints into line with existing local authority procedures. Furthermore, it links directly with the HSCP Complaints Handling Policy and Procedures.</p>





sustainable thriving achieving

**East Dunbartonshire Council**

[www.eastdunbarton.gov.uk](http://www.eastdunbarton.gov.uk)

---

**EAST DUNBARTONSHIRE COUNCIL**

**SOCIAL WORK COMPLAINTS**

**POLICY & PROCEDURES**

---

**DRAFT August 2017**

---

## FOREWORD

---

East Dunbartonshire Council and the Health & Social Care Partnership aim to work together to strategically plan for and provide high quality social work services that protect children and adults from harm, promote independence and deliver positive outcomes for our residents.

An effective complaints policy and procedure can help us achieve our goals by upholding the right of citizens to seek redress where they feel that services are not of the highest quality or that they have been unfairly treated. Complaints can give us valuable information that can be used to improve service provision and service user satisfaction.

Our Complaints Handling Procedure reflects East Dunbartonshire Council's commitment to valuing complaints. It seeks to resolve service user dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of customer complaints so that, evidence-based decisions are made regarding the response to complaints.

The Policy and Procedure reflects the Scottish Public Services Ombudsman Model Complaints Handling procedure, has been developed specifically for social work services and links closely with the ED HSCP Policy and Procedure.

We believe the vast majority of our service users have a positive experience of the support they receive but we cannot underestimate the impact on services users who have a less positive experience, given they are often amongst the most vulnerable members of society. It is important therefore that we fully recognise and record those experiences.

Where problems are identified these should be acknowledged fully, honestly and transparently and rectified swiftly. Complaints can therefore provide a first-hand account of the service users' views and experience, and can highlight problems and experiences we may otherwise miss. Resolving complaints can help maintain good relationships with our service users, their families, carers and wider support networks.

Our staff are supported to embrace the processes outlined in this Complaints Handling policy and Procedure and to apply it to all situations where complaints are expressed, ensuring we use it to record our service users' experiences, to resolve problems and to learn from these complaints.

**Gerry Corness**  
**Chief Executive**



**Susan Manion**  
**Chief Officer**



<b>INTRODUCTION</b>		1
<b>PART 1 :</b>		
<b>SOCIAL WORK COMPLAINTS HANDLING - POLICY</b>		2
1.1	SCOPE AND PURPOSE OF THE COMPLAINTS POLICY & PROCEDURES?	2
1.2	WHAT IS A COMPLAINT?	2
1.3	WHAT DOES NOT CONSTITUTE A COMPLAINT?	2
1.4	WHO CAN MAKE A COMPLAINT?	3
1.5	HANDLING ANONYMOUS COMPLAINTS	3
1.6	WHAT IF THE SERVICE USER DOES NOT WANT TO COMPLAIN?	3
1.7	SUPPORTING THE SERVICE USER	4
1.8	COMPLAINTS AND APPEAL	4
1.9	MANAGING UNACCEPTABLE BEHAVIOUR	4
1.10	TIME LIMIT FOR MAKING COMPLAINTS	5
1.11	COMPLAINTS INVOLVING SOCIAL WORK SERVICES AND ANOTHER SERVICE OR ORGANISATION	5
1.12	COMPLAINTS ABOUT COMMISSIONED SERVICES	6
1.13	COMPLAINTS FOR THE CARE INSPECTORATE	6
1.14	COMPLAINTS RELEVANT TO OTHER AGENCIES	7
1.15	ROLES AND RESPONSIBILITIES	7
1.16	RECORDING COMPLAINTS	9
1.17	REPORTING AND LEARNING FROM COMPLAINTS	9
<b>PART 2:</b>		
<b>SOCIAL WORK COMPLAINTS HANDLING - PROCEDURES</b>		10
2.1	COMPLAINTS PROCEDURES STAGES	10
2.2	STAGE ONE : FRONTLINE RESOLUTION	11
2.3	STAGE TWO : INVESTIGATION	14
2.4	STAGE THREE : EXTERNAL REVIEW	16
<b>APPENDICES</b>		
1	EXAMPLES FRONTLINE RESOLUTION COMPLAINTS	17
2	EXAMPLES COMPLEX SOCIAL WORK SCENARIOS	19
3	INFORMATION ON TIMELINES	23
4	INFORMATION ABOUT THE SPSO	25

## INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act (2014) sets out a framework within which Local Authorities, NHS Boards and Health & Social Care Partnerships (HSCP) integrate health and social care service planning and provision. East Dunbartonshire HSCP Partnership has responsibility for the strategic planning and operational oversight of a range of health and social care services whilst East Dunbartonshire Council and NHSGGC retains responsibility for direct service delivery of social work and health services respectively, as well as remaining the employer of health and social care staff.

As a public body, all local authorities, NHS Boards and HSCPs are required to develop complaint handling procedures in line with their area of responsibility but also link where appropriate to each other's policy and procedures. The purpose is to make it simpler for service users to complain, ensure staff and service users have confidence in complaints handling and encourage organisations to identify and make best use of lessons from complaints.

The Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 (the Order) brought social work complaint handling into line with other local authority complaints handling (with the exception of timescales for frontline complaints), by bringing it under the remit of the Public Services Reform (Scotland) Act 2010 (the Act). The Act sought to improve how complaints are handled, through the development of simplified, standardised complaints handling procedure.

The Scottish Public Services Ombudsman (SPSO) has developed a specific Social Work Model Complaints Handling Procedure to provide a standardised approach to handling service user complaints about social work services within the context of health and social care integration arrangement and changes to social work complaint handling.

This Social Work Complaints Handling Policy & Procedures forms part of East Dunbartonshire Council's wider complaints handling procedures. It is based on the Scottish Public Services Ombudsman Model and Guidance and takes account of changes that bring social work complaints into line with existing local authority procedures. Furthermore, it links directly with the HSCP Complaints Handling Policy and Procedures.

Complaints can provide valuable information that can be used to improve service provision and this Policy & Procedures will ensure a consistent approach to supporting service users to seek redress where they feel that social care services are not of the highest quality or that they have been unfairly treated. It will enable East Dunbartonshire Council and the HSCP to work together to address dissatisfaction and identify potential service improvement.

This Policy and Procedures must comply with the duties placed on it by equalities legislation to treat all individuals on an equitable basis, with an understanding of issues relating to age, disability, gender, race, religion, sexual orientation, or socio-economic status in accordance with the equality legislation. In practice, this includes:

- providing accessible information in appropriate formats;
- supporting complainants or their representative needing assistance;
- resolving complaints immediately to prevent where possible progressing to a formal complaints investigation process; and
- being open and transparent whilst safeguarding confidentiality and data protection compliance.

## PART 1: POLICY

### 1.1 SCOPE AND PURPOSE OF THE COMPLAINTS POLICY & PROCEDURE

This document explains to staff how to handle complaints and is designed to be a document for social work services to adopt. It contains references and links to more details on parts of the procedure, such as how to record complaints, and the criteria for signing off and agreeing time extensions.

It is based upon a model procedure developed by The Scottish Public Services Ombudsman. Further information on complaints handling may be found in the 'SPSO Statement of Complaints Handling Principles' and best practice guidance on complaints handling from the Complaints Standards Authority at the SPSO:

[www.valuingcomplaints.org.uk](http://www.valuingcomplaints.org.uk).

Complaints about Council services other than social work and/or health services are handled under East Dunbartonshire Council's Complaints Handling Procedure and NHS Greater Glasgow and Clyde Complaints Policy and Procedure (1 April 2017)

### 1.2 WHAT IS A COMPLAINT?

East Dunbartonshire Council and HSCP define a complaint as:

'An expression of dissatisfaction, by one or more members of the public, about the social work service's action or lack of action, or about the standard of service provided by or on behalf of the social work service.'

A complaint may relate to the following, but is not restricted to this list:

- failure or refusal to provide a service;
- inadequate quality or standard of service;
- dissatisfaction with one or more policies or its/their impact on the individual;
- failure to properly apply law, procedure or guidance when delivering services;
- failure of administrative processes;
- delays in service provision;
- treatment by or attitude of a member of staff; and/or
- disagreement with a decision made in relation to social work services.

**Appendix 1:** Examples of complaints that might be received and handled.

### 1.3 WHAT DOES NOT CONSTITUTE A COMPLAINT

Concerns identified as one of the following should be dealt with through other channels:

- a routine first-time request for a service;
- a claim for compensation only;
- a disagreement with decisions or conditions that are based upon social work recommendations, but determined by a court or other statutory body, for example decisions made by a children's panel, parole board or mental health tribunal; or
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision

**Appendix 2:** Examples of complex complaints, some of which are not appropriate for this Complaints Handling Procedures.

## 1.4 WHO CAN MAKE A COMPLAINT?

Anyone who receives, requests, or is affected by a social work service can make a complaint. This is not restricted to 'service users' and their relatives or representatives, but may also include people who come into contact with or are affected by these services, for example people who live in close proximity to a social work service provision, such as a care home or day centre.

Complaints will be accepted from third parties, which may include relatives, friends and advocates, where a service user may be unable or reluctant to make a complaint on their own. This can include complaints brought by parents on behalf of their child. Consent is usually required from the service user, however, in certain circumstances concerns over someone's wellbeing may mean consent is not received from the service user. In such circumstances the complaint should still be investigated, but the response may be limited by considerations of confidentiality. EDC policies on gaining consent and information sharing must be followed.

Independent advocates may bring complaints on behalf of social work service users if they are unable to raise the issue themselves, or if they are unable to identify when something is wrong. More information about using advocates to support customers is available in the section on 'supporting the service user'.

## 1.5 HANDLING ANONYMOUS COMPLAINTS

All complaints, including anonymous complaints, are treated seriously and action will be taken to consider them wherever this is appropriate. Generally, anonymous complaints are considered if there is enough information in the complaint to enable further enquiries. If however, an anonymous complaint does not provide enough information to enable further action to be taken, it may be decided not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

Anonymous complaints that are pursued will be recorded as an anonymous complaint on the EDC complaints system. This will help to ensure the completeness of the recorded complaints data and allow corrective action to be taken where appropriate.

Anonymous complaints relating to serious allegations such as child protection, adult protection or disciplinary, should be dealt with in a timely manner under the appropriate organisational procedures and not the complaints handling procedure.

## 1.6 WHAT IF THE SERVICE USER DOES NOT WANT TO COMPLAIN?

If a service user has expressed dissatisfaction in line with the definition of a complaint but does not want to complain, staff should advise that all expressions of dissatisfaction are considered and that complaints offer the opportunity to improve services. The service user should be encouraged to submit their complaint and allow it to be handled through the Complaints Handling Procedure.

If, however, the service user insists they do not wish to complain, their complaint may be recorded as an anonymous complaint. This will ensure that the service user's details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow consideration of the matter and take corrective action where appropriate.

## 1.7 SUPPORTING THE SERVICE USER

Service users may face barriers to making a complaint including physical, sensory, communication or language barriers. They may also experience anxieties and concerns and may need independent support to overcome these barriers to accessing the complaints system.

Service users who do not have English as a first language (including British Sign Language users) may need help with interpretation and translation services. Other customers may need other forms of communication support, including documents written in accessible language such as easy read format. Some may need support workers or advocates to help them understand their rights, and help them to communicate their complaints.

Reasonable adjustments should be made to take account of organisational commitments and responsibilities to equality. Wherever possible the additional needs a service user are identified and appropriate support to help them pursue a complaint provided and/or a referral to the independent advocacy organisation:

Ceartas Advocacy

Unit 5-7, McGregor House

10 Donaldson Cres, Kirkintilloch

Glasgow G66 1XF.

## 1.8 COMPLAINTS AND APPEAL

While stage one and stage two of the for complaints handling process is managed at a local level, the Scottish Public Services Ombudsman (SPSO) has the power to consider the process and outcome of these stages, including the professional social work decision-making. The service user should not be required to make further complaint if dissatisfied with the outcome.

Whilst there is the discretion to operate an appeals procedure at a local level, these must be regarded as a special form of complaint investigation (stage 2). Such appeals processes must be compliant with this procedure in terms of the rigour and the documentation of the process, must be concluded within 20 working days with a written response to the service user, and must be recorded as a stage 2 complaint on the relevant complaints database

If the service user raises additional issues of dissatisfaction as well as challenging a professional decision, then the process must consider and respond to every element of the service user's dissatisfaction so that no additional complaint process is required.

The final response letter must provide relevant text advising the customer of their right to refer the matter to the SPSO for independent consideration. The SPSO will then investigate matters in full, in line with their standard procedures, if the complaint is pursued.

## 1.9 MANAGING UNACCEPTABLE BEHAVIOUR

People may act out of character in times of trouble or distress and the circumstances leading to a complaint may result in the service user acting in an unacceptable way. Service users who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A service user's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, all complaints must be treated seriously and properly assessed. However, there is recognition that the actions of service users who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards staff. In this situation, policies and procedures will be applied to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour.

Where it is decided to restrict access to a service user under the terms of an Unacceptable Actions Policy, there is a procedure in place to communicate that decision, notify the service user of their right of appeal, and review any decision to restrict contact. This will hopefully enable the service user to demonstrate a more reasonable approach.

East Dunbartonshire Council applies the "Unacceptable Customer Behaviour Policy" in relation to the management of social work services service users/complainers whose actions fall within the definition of unacceptable actions as set out in that policy.

## **1.10 TIME LIMIT FOR MAKING COMPLAINTS**

This Policy & Procedure sets a time limit of six months from when the service user first knew of the problem, within which time they may ask for consideration of their complaint. However, this time limit will be applied with discretion as there may be special circumstances for considering complaints beyond this timeframe.

In making decisions account will be taken of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this timeframe.

If it is clear that a decision not to investigate a service user complaint will lead to a request for external consideration of the matter, it may be decided that this satisfies the special circumstances criteria. This would enable consideration of the complaint and try to resolve it, without the complaint going straight to the SPSO.

## **1.11 COMPLAINTS INVOLVING SOCIAL WORK SERVICES AND ANOTHER SERVICE OR ORGANISATION**

A complaint may relate to social work and health service delivered through the HSCP, or another service provided by East Dunbartonshire Council, NHS Greater Glasgow & Clyde or by another organisation such as a housing association. The content of these complaints need to be considered to determine which parts of the complaint EDC/HSCP can respond to and which parts are appropriate for another organisations.

Where a complaint relates to two social work services or one that spans health and social care service, managers must work across the service to resolve the complaint and a decision must be taken as to which service will lead on the response.

Complaints relating to a social work service and another service provided by another organisation, such as a housing association or acute NHS service, should aim to provide a joint response, though this may not always be possible. Contact must be made with the service user to explain that because their complaint partly relates to services that are delivered by another organisation, sharing information with this organisation is likely and their consent is needed to resolve their complaint.

If a joint response is not possible, the service user should receive an explanation outlining the reasons why they will receive two separate responses, and who they can get in contact



with about the other aspects of their complaint. Managers must write to both the service user and the other services involved (once consent to share data has been given), setting out which parts of the complaint will be able to respond to.

If there is a need to make enquiries to another organisation in relation to a complaint, account must be taken of data protection legislation and guidance on handling service user' personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

Complaints relating to specific social work services will be recorded on the EDC complaints system whilst complaints regarding local health services will be recorded on the NHS GGC Datix system. Complaints regarding other EDC and NHS services should be redirected to these organisations.

## **1.12 COMPLAINTS ABOUT COMMISSIONED SERVICES**

As part of the service provider's contractual obligations, they must provide a robust complaints process which complies with this Complaints Handling Procedure, and this obligation must be set out in their contract. This applies to all contracted services, including care services. The expectations around complaints handling by the provider should also be explained to service users in their service agreement with the provider. At the end of the investigation stage of any such complaints the provider must ensure that the customer is signposted to the SPSO.

Contracts with commissioned services should reflect the following good practice:

- It is important that a complaint is resolved as quickly and as close as possible to the time when the event being complained about occurred. The contracted service provider should be given the opportunity to respond to a complaint first, even if the service user has initially approached EDC or the HSCP, unless there is good reason why this would not be appropriate. However, EDC/HSCP will have discretion to investigate complaints about contracted providers.
- These services may also be registered as a care service with the Care Inspectorate to deliver a care or support service. If this is the case, service users have the right to complain directly to the Care Inspectorate or to make use of the provider's Complaints Handling Procedure and thereafter make a complaint to the Care Inspectorate, regardless of any investigations undertaken by EDC/HSCP.
- Service users can make complaints in relation to the assessment of need, the commissioning or recommendation process, and any element of the service that has been publicly funded. Complaints about any part of service that has been privately funded cannot be considered through this procedure.
- Service providers who are not registered with the Care Inspectorate as a care or support service but who are contracted to deliver other services must still comply with this procedure.

## **1.13 COMPLAINTS FOR THE CARE INSPECTORATE**

Local authorities and any contractors that provide care services must be registered with the Care Inspectorate. This is the independent scrutiny and improvement body for care and social work across Scotland, which regulates, inspects and supports improvement of care services.

The Care Inspectorate has a procedure for receiving information, concerns and investigating complaints, from members of the public or their representatives, about the care services they use. The Care Inspectorate's complaints procedure stands distinct from

the service provider's complaints procedure. The Care Inspectorate encourages people to complain directly to the organisation they receive a service from. However, some people may not wish to do this and may contact the Care Inspectorate directly.

Where an individual directly employs a Personal Assistant to provide their support, using a Direct Payment (as part of a Self-directed Support package), they are not subject to registration with the Care Inspectorate under the Public Services Reform (Scotland) Act 2011, its regulations and amendments. The employer remains responsible for the management of their employee, including their performance management. The Care Inspectorate would only be able to take complaints about such support workers if they work for a registered care agency.

Contact details for the Care Inspectorate can be found on their website:

[www.careinspectorate.com/](http://www.careinspectorate.com/)

Or: telephone 0845 600 9527 fax 01382 207 289 complete an online complaints form at [www.careinspectorate.com/](http://www.careinspectorate.com/) or email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

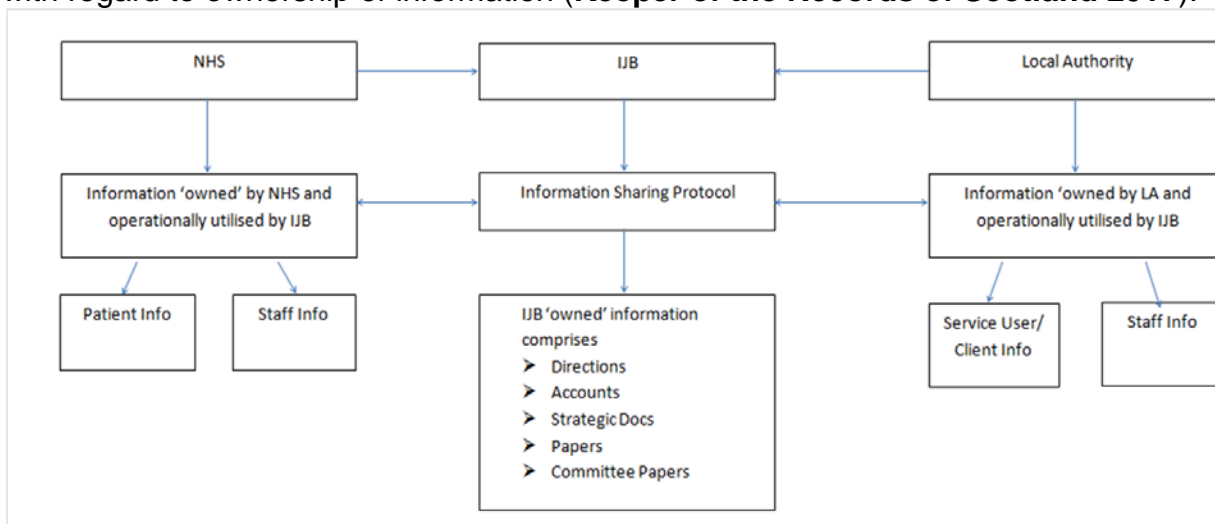
## 1.14 COMPLAINTS RELEVANT TO OTHER AGENCIES

Service users may raise concerns about issues which cannot be handled through this procedure, but which other agencies may be able to provide assistance with or may have an interest in. This may include:

- **The Mental Welfare Commission:**  
Email: [enquiries@mwscot.org.uk](mailto:enquiries@mwscot.org.uk) Tel: 0800 389 6809 (service users and carers only)  
Website: [www.mwscot.org.uk](http://www.mwscot.org.uk)
- **The Children's Commissioner:**  
Email: [inbox@cy pcs.org.uk](mailto:inbox@cy pcs.org.uk) Tel: 0800 019 1179 Website: [www.cycps.org.uk](http://www.cycps.org.uk)
- **The Scottish Social Services Council:**  
Email: via their website Tel: 0345 60 30 891 Website: [www.sssc.uk.com](http://www.sssc.uk.com)

## 1.15 ROLES AND RESPONSIBILITIES

Governance arrangements for responding to social work complaints span both the Council and the Health & Social Care Partnership in terms of service provision and staff (LA) and strategic planning (HSCP). The flowchart below sets out the governance relationship between Local Authorities, Health Boards and Health & Social Care Partnership Boards with regard to ownership of information (**Keeper of the Records of Scotland 2017**).



**Chief Officer** – The HSCP Chief Officer oversee complaints from both perspectives, complying with EDC and HSCP Complaints Handling Policy and procedures (and NHS GGC for health complaints). The Chief Officer provides leadership and direction in ways that guide and enable staff to perform effectively across all services. This includes ensuring that staff comply with employing organisational complaints handling policy procedures, involving a robust investigation process that demonstrates how the learning from complaints can inform service improvement. The Chief Officer may deal with all or some complaints, or may delegate responsibility for the handling of complaints to senior staff.

**Heads of Service/Senior Management** - On the Chief Officer's behalf, heads of service and senior managers are responsible for:

- having relevant involvement in the investigation and determination of outcomes and actions arising from individual complaints where required, particularly those escalated to stage 2 investigation;
- Authorising the final position on the complaint, ensuring the Senior Management Team is responsible for the decision. It also reassures the service users that their concerns have been taken seriously;
- considering reports on complaints activity, outcomes and actions and ensuring that actions and service improvements are implemented as required within the service areas that they manage;
- authorising extensions to stage two complaint investigations and authorising relevant responses at the end of a stage two and/or delegating authority to agree complaints responses to relevant Service Managers; and
- ensuring that nominated staff across service areas capture all relevant stage one frontline and stage two investigation information on the EDC complaints system.

**Service Managers** - On senior managers' behalf, service managers are responsible for:

- having relevant involvement in the frontline and investigation of and determination of actions arising from individual complaints where required;
- conducting frontline investigation of stage one complaints and/or meeting with complainers to resolve their complaints and/or providing written responses to frontline stage one complaints;
- Delegating responsibility for resolution of stage one complaints to senior officers, team managers/leaders and other staff under their management and supervision as they deem appropriate;
- agreeing extensions to the 5 working day limit for frontline resolution in exceptional circumstances and otherwise ensuring that this target is met by staff whom they manage;
- agreeing the escalation of complaints for stage two investigation in circumstances as set out above; and
- authorising relevant responses at the end of a stage two investigation with the delegated authority of a Head Of Service / Senior Manager.

**All Staff** - A social work complaint may be made to any member of staff in the organisation. All social work staff must therefore be aware of the EDC Social Work Complaints Handling policy & Procedures and how to handle and ensure recording of complaints at the frontline stage.

Staff should also be aware of whom to refer a complaint to, in case they are not able to handle the matter. All staff are encouraged to try to resolve complaints early, as close to

the point of service delivery as possible, to prevent escalation, and to make a record of that complaint and forward it to the relevant person for recording within the central database of complaints.

**Chief Social Work Officer (CSWO)** - The CSWO has an important role in the consideration of complaints information and, on occasion, the content of individual complaints. Their role in overseeing the effective governance of social work services and monitoring these arrangements includes complaints about social work services, particularly in relation to professional practice and governance issues identified through complaints. The CSWO takes appropriate account of complaints information in fulfilling their obligations to promote continuous improvement and best practice. Furthermore, the CSWO or their delegated officers has a specific interest in complaints relating to individuals for whom they have decision-making responsibilities. The CSWO will be provided with quarterly reports on complaints, complaint handling and outcomes relating to Social Work and Social Care employees and/or services within the Partnership, and prompt notification and consultation on all complaints that reach Stage 2 investigation (though the lead role is retained by Chief Officer, in conjunction with relevant professional leads).

## 1.16 RECORDING COMPLAINTS

All complaints must be recorded on the EDC Complaints System. By recording and using complaints information, the causes of complaints can be analysed and where appropriate, identify staff training opportunities and introduce service improvements.

### Recording complaints

To collect suitable data it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the service user's name and address;
- the date the complaint was received;
- the nature of the complaint;
- how the complaint was received;
- the service the complaint refers to;
- the date the complaint was closed at the frontline resolution stage (where appropriate);
- the date the complaint was escalated to the investigation stage (where appropriate);
- action taken at the investigation stage (where appropriate);
- the date the complaint was closed at the investigation stage (where appropriate);
- the outcome of the complaint at each stage; and
- the underlying cause of the complaint and any remedial action taken.

## 1.17 REPORTING AND LEARNING FROM COMPLAINTS

The HSCP Senior Management Team (SMT) reviews the information gathered from complaints and considers whether services could be improved or internal policies and procedures updated. Details of complaints are reported to the EDC Policy & Resources Committee. This information will include a range of statistical data including performance statistics showing the volumes and types of complaint and key performance details, for example on the time taken and the stage at which complaints were resolved. EDC will report on performance in handling complaints annually in line with SPSO requirements.

Reflecting on the process and outcome from complaints information helps to inform service improvement. At the earliest opportunity after the closure of the complaint, the complaint handler should make sure that the service user and the staff involved understand the findings of the investigation and any recommendations made.

Complaints information is published within the minutes of the Clinical & Care Governance Group which forms part of regular HSCP Board reports. This Group provides a forum whereby complaint themes and the quality of responses are considered and learning identified. As a minimum, the Group:

- uses complaints data to identify the root cause of complaints;
- determines action to reduce the risk of recurrence where possible;
- considers training opportunities for staff; and
- review complaints information identify possible service improvement.

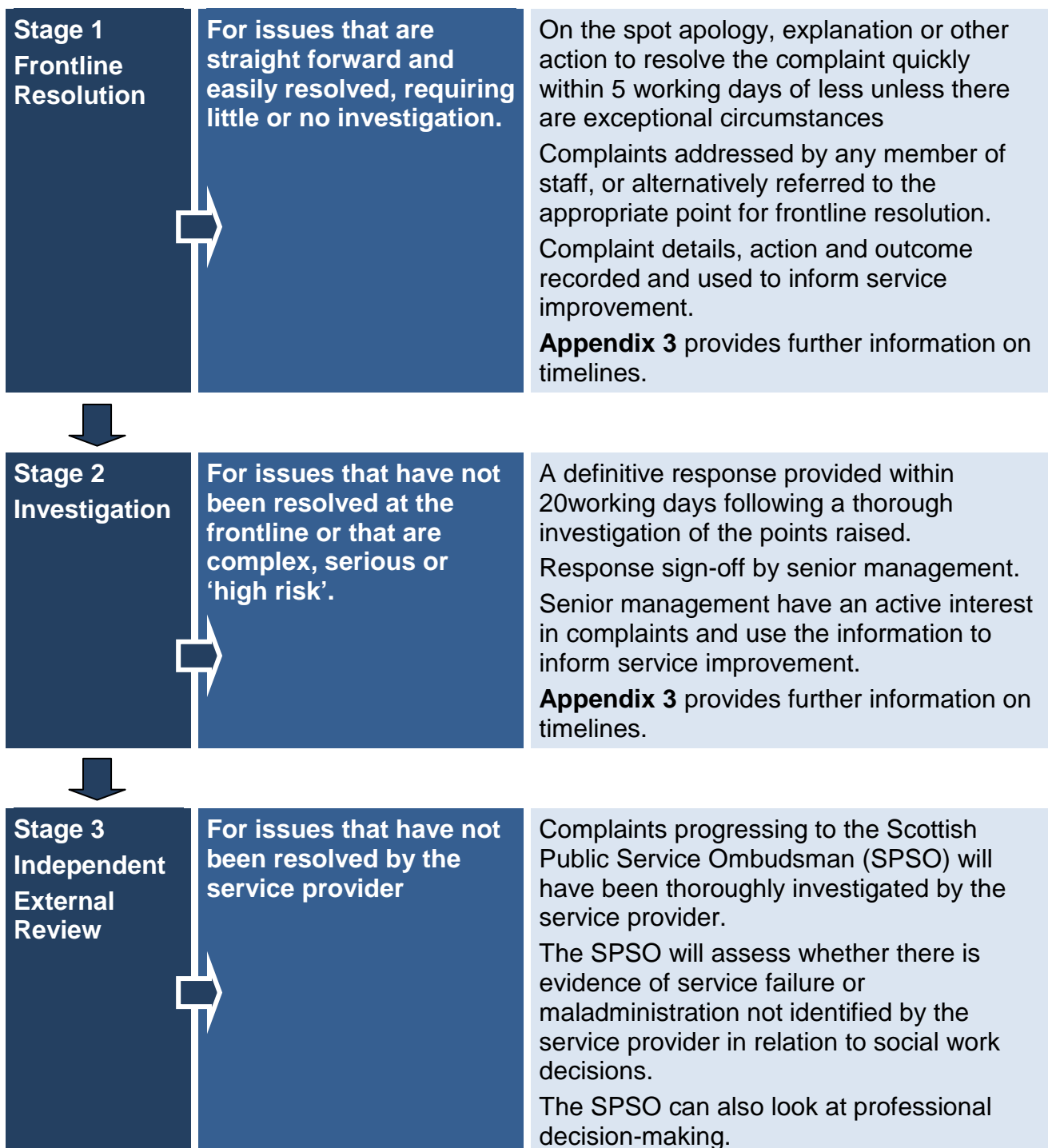
The Clinical & Care Governance Group may make recommendations to the SMT or other staff governance forums regarding any action needed to improve services; timeframes within which action should be delivered; and identifying measures of success.

## PART 2: PROCEDURES

### 2.1 COMPLAINTS PROCEDURES STAGES

This Social Work Complaints Handling Procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally Diagram A. It provides two opportunities to resolve complaints internally, **frontline resolution**, and **investigation**. For clarity, the term 'frontline resolution' refers to the first stage of the complaints process and means seeking to resolve complaints at the initial point of contact where possible.

#### Diagram (A) – Procedures at a Glance



## 2.2 STAGE ONE : FRONTLINE RESOLUTION

### 2.21 When is Frontline Resolution appropriate?

Frontline resolution aims to quickly resolve straightforward service user complaints that require little or no investigation. A service user can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. It is important to consider if it is appropriate to attempt frontline resolution, regardless of how the service user's complaint is received.

Any member of staff may deal with complaints at this stage. The main principle is to seek early resolution, resolving complaints at the earliest opportunity and as close to the point of service delivery as possible. This may mean a face-to-face discussion with the service user, or asking an appropriate member of staff to handle the complaint. In either case the complaint may be resolved by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. It is important to explain that, as an organisation that values complaints, the information given may be used to when service standards are reviewed.

### 2.22 Frontline Process

Decide whether the issue can be defined as a complaint and record on the EDC complaints recording system, along with the date of receipt, nature of the complaint. The date of receipt of the complaint is always 'day 1', regardless of when the complaint is recorded.

The service user may express dissatisfaction about more than one issue. This may mean treating one part as a complaint, while directing the service user to pursue another part through an alternative route.

Decide whether or not the complaint is suitable for frontline resolution. Some complaints will need more extensive investigation before you can give the service user a suitable response. These complaints should be escalated immediately to the investigation stage.

### 2.23 Issues for consideration

Staff who are the subject of a complaint should not handle or respond to the complaint. Neither should frontline staff who may have a clear conflict of interest in the matter. Where it is considered that a frontline resolution is appropriate, the following four key questions must be considered.

What exactly is the service user's complaint (or complaints)?	It is important to be clear about exactly what the service user is complaining about. The service user may need to provide more information to get a full understanding.
What does the service user want to achieve by complaining?	At the outset, clarify the outcome the service user wants. The service user may not be clear about this, and further probing maybe required to clarify their expectations, and whether they can be satisfied.
Can this be achieved, or explain why not?	If the expected outcome can be achieved, for example by providing an on-the-spot apology, this should be done. If an apology is appropriate, the SPSO has provided Guidance on Providing an Apology.  The service user may expect more than can be provided. If so,

	<p>they should be informed and an explanation provided as soon as possible.</p> <p>The decision can be conveyed to the service user by face-to-face or on the telephone. If this is the case, it is not a requirement to also write to the service user but it is important to keep a full and accurate record of the decision reached and given to the service user.</p>
If a particular members of staff cannot resolve this, who can help with frontline resolution?	If a member of staff cannot deal with the complaint because, for example, they are unfamiliar with the issues or area of service involved, it should be passed to someone who can attempt to resolve it.

## 2.24 Frontline Timescale

Frontline resolution should be completed within **5 working days** although in practice it is often resolved much sooner.

In exceptional circumstances, where there are clear and justifiable reasons for doing so, an extension of up to **ten further working days** can be agreed with the service user (a total **maximum of 15 working days**). This must only happen when an extension is likely to achieve resolution at this stage.

Authorisation must be secured from the appropriate senior manager who will decide whether an extension is required to effectively resolve the complaint. The service user should be informed if and for what reason an extension is authorised and when they can expect a response.

All attempts to resolve the complaint at this stage must take no longer than **15 working days** from the date the complaint is received. The date of resolution/response and any learning points should be recorded and used to inform service improvement.

## 2.25 Closing a Frontline Complaint

The service user should be informed of the outcome of the complaint addressing all the relevant areas and explains the reasons for the decision. Written confirmation is likely when:

- the service user specifically requests it;
- the service user has a learning difficulty or difficulty in retaining information;
- the service user has expressed an intention to consider the matter further and possibly make further complaint or take the matter further after that consideration;
- the service user has complained before that their complaints are not dealt with appropriately; or
- it is a relatively complex or serious matter in respect of which some decision has been taken and communicated as part of the complaints response.

Written confirmation may **not** be required if:

- the service user has stated that they are satisfied with the response and/or the actions taken and/or apology given;
- the service user has specifically stated that they require no written response;.



- the service user has not complained previously and generally has a good working relationship with staff; or
- the service user was relatively minor or straightforward and you believe that an explanation, apology or action has resolved the issue.

A full and accurate record of the decision reached and given to the customer should be recorded and the complaint closed on the EDC complaints system.

## 2.26 When to Escalate to the Investigation Stage

If it is clear from the outset that the complaint cannot be resolved as a frontline complaint, the service user must be informed that their complaint will be handled at the investigation stage. Specifically, a complaint **must** be escalated to the investigation stage when:

- frontline resolution was tried but the service user remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the frontline stage or could be some time later
- the service user refuses to take part in the frontline resolution process
- the issues raised are complex and require detailed investigation, or
- the complaint relates to serious, high-risk or high-profile issues.

Complaints that might be considered serious, high risk or high profile are likely to require particular action or raise critical issues that need senior management's direct input.

Other complaints likely to require escalation to stage two without a preceding attempt to resolve at the front line are those which:

- involve complex financial matters such as deprivation of assets or disputes over the funding of service packages;
- raise multiple issues or issues covering a series of events over a considerable period of time;
- raise issues concerning the conduct of staff which, if true, would be likely to lead to suspension of the complaints process and application of disciplinary processes; or
- raise issues relating to alleged major breaches of Data Protection legislation, The Human Rights Act and/or of discrimination.

The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness;
- involve serious service failure, for example major delays or repeated failures to provide a service;
- generate significant and ongoing press interest;
- pose a serious risk to our operations
- present issues of a highly sensitive nature, for example concerning;
- immediate homelessness;
- a particularly vulnerable person;
- child protection; and
- adult protection.

## 2.3 STAGE TWO : INVESTIGATION

### 2.31 When is Investigation Appropriate?

Not all complaints are suitable for frontline resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically complex or require a detailed examination before we can state our position. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the service user a full, objective and proportionate response that represents the final position.

The Investigation stage will be required for a variety of reasons including:

- frontline resolution was attempted, but the service user remains dissatisfied
- the service user does not engage with the frontline resolution process;
- the issues raised are complex and will require detailed investigation; or
- the complaint relates to issues that have been identified as serious or high risk/high profile

### 2.32 Investigation Process

At the investigation stage, staff should be aiming to 'get it right first time'. The goal is to establish all of the facts relevant to the points raised and provide a full, objective and proportionate response that represents the service provider's definitive position.

It is important to be clear from the start of the investigation stage exactly what is being investigating, and to ensure that both the service user and the service understand the investigation's scope. It may be that the service user expects more than we can provide. If so, this must be made clear as soon as possible.

It is often necessary to discuss and confirm these points with the service user at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. In discussing the complaint with the service user, consider three key questions:

- What specifically is the service user's complaint or complaints?
- What does the service user want to achieve by complaining?
- What does the service user wish to see as a resolution outcome?
- Are the service user's expectations realistic and achievable?

Where possible these should be clarified and any additional information required to investigate the complaint should be identified. The service user may need to provide more information to help reach a decision.

### 2.33 Issues for consideration

Service users should have a single point of contact for their complaint and be provided with the name and contact details of the person dealing with their complaint.

The service user's preferred method of communication should be determined and they should be communicated by this means where reasonably practicable, bearing in mind any relevant confidentiality and data protection restrictions on use of email.

Staff selected to investigate and respond to a complaint should have sufficient internal credibility and independence to ask difficult questions and make recommendations. It is

important that an investigator should be able to seek advice from senior management about the conduct or findings of an investigation whenever necessary.

If the investigation stage follows attempted frontline resolution, the officer responsible for the investigation will require full access to the complaint records and associated information.

### 2.34 Investigation Timescale

Complaints should be acknowledged by EDC within **3 working days** and full response provided as soon as possible but not later than **20 working days** from the time you received the complaint for investigation. It is important that every effort is made to meet the timeline, as failure to do so may have a detrimental effect on the service user.

There are some complaints that are so complex that they will require careful consideration and detailed investigation beyond the 20 working days. However, these should be the exception and every effort should be made to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timeline, senior management will agree an extension and set time limits on any extended investigation. The service user must be updated on the reason for the delay and give a revised timescale for completion. Reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, customers or others but the person you must contact cannot help because of long-term sickness or leave;
- further essential information cannot be obtained within normal timescales; or
- the service user has agreed to mediation as a potential route for resolution.

If a joint response is being prepared to a complaint that covers more than one service, the lead service must inform the service user of the reasons for any delay and when they can expect a response, even if the delay relates to input from the other service.

#### ***Alternative resolution and mediation***

Some complex complaints, or complaints where service users and other interested parties have become entrenched in their position, may require a different approach to resolving the matter.

Where appropriate, using services such as mediation or conciliation may be considered to try to resolve the matter.

Mediation can help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions. If mediation is mutually agreed, an extension to the timescale will need to be determined.

### 2.35 Closing an Investigation Complaints

The service user should be informed of the outcome of the investigation, in writing or by their preferred method of contact. The response must address all areas and explain the reasons for the decision, taking an appropriate approach to any confidential information.

Details of the complaint and how the outcome was communicated to the service user must be recorded on the EDC complaints system. These details must be updated to include the outcome when the investigation ends. Responses and action plans should be signed-off by the Head of Service/Senior Manager who will ensure that information will be used to improve services. Once the above processes have been completed, if the service user is not satisfied, they can raise the complaint with the Scottish Public Services Ombudsman.

**Appendix 4** : Information about SPSO.

## 2.4 STAGE THREE : EXTERNAL REVIEW

### 2.41 When is External Review appropriate?

Once the investigation stage has been completed, the service user has the right to approach the Scottish Public Services Ombudsman (SPSO) if they remain dissatisfied.

The service user should be informed of:

- their right to ask the SPSO to consider the complaint;
- the time limit for doing so; and
- how to contact the SPSO

The SPSO considers complaints from people who remain dissatisfied at the conclusion of their complaint. The SPSO looks at issues such as service failure and maladministration and the way the complaint has been handled. In relation to social work decisions, they can also look at the professional judgement used.

Details on how service users contact the SPSO are found in **Appendix 4**

### 2.42 External Review Process

The EDC/HSCP should ensure that an action plan is generated for each complaint or part of a complaint which is upheld for review along with all other related documentation by the Ombudsman if required.

The Scottish Public Services Ombudsman recommends that service providers keep accurate records of their investigation and of any interviews or meetings held to discuss the complaint. These documents should be retained in line with the organisation's document retention policy.

The SPSO can undertake ad hoc audit of all actions plans produced by investigating officers to monitor compliance and quality.

### 2.43 Issues for Considerations

The SPSO will consider complaints from service users and may carry out its own investigation where there are indications that there may have been maladministration or service failure by the service provider.

The SPSO handles complaints about public services in Scotland. It can normally only consider complaints after they have been through the Complaints Handling Procedure of the organisation concerned, and where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. Its role and remit are set out in the Scottish Public Services Ombudsman Act 2002.

### 2.44 Timescale

The Scottish Public Services Ombudsman is not normally able to investigate matters where the issue raised is over 12 months old.

## APPENDIX 1 - FRONTLINE RESOLUTION COMPLAINTS

The following tables give examples of complaints, provided by SPSO, that may be considered at the frontline stage and suggest possible actions to achieve resolution.

Complaint	Possible actions to achieve resolution
A service user complains that a social worker did not turn up for a planned visit.	<ul style="list-style-type: none"> <li>▪ Apologise to the service user</li> <li>▪ Explain that you will look into the matter</li> <li>▪ Contact the social worker/manager to find out the reason for the missed appointment, then</li> <li>▪ Explain the reasons and offer a new appointment.</li> </ul>
A member of the public complains that a home carer parked in a private resident's car parking place.	<ul style="list-style-type: none"> <li>▪ Take the service user's details and explain that you will look into the matter</li> <li>▪ Contact the home care service to find out if this is the case</li> <li>▪ If so, request that this does not happen again, and</li> <li>▪ Contact the service user, apologise and advise that the worker has been asked to find alternative parking.</li> </ul>
A member of public complains that his neighbours (residents of a children's house) have been playing football in the street where they live and are being abusive to passers-by.	<ul style="list-style-type: none"> <li>▪ Explain to the service user that you will look into the matter and call them back</li> <li>▪ Contact the manager of the children's house to verify the facts</li> <li>▪ Request that the manager meet with the neighbour to apologise and engender good relations, then</li> <li>▪ Call back the customer to update them.</li> </ul>
A complaint about a service provider commissioned by social work services.	<ul style="list-style-type: none"> <li>▪ Discuss with the service user the different ways for this complaint to be handled, i.e. by a complaint to the Care Inspectorate or through the provider's own CHP, and</li> <li>▪ Ensure, whatever process is agreed, that the service user is clear how they can progress their complaint to the next stage, should they remain dissatisfied. This may be within the provider's Complaint Handling Procedures, to EDC/EDHSCP, or to the Care Inspectorate. The service user should be advised that they can come back to EDC/EDHSCP for further advice if they need to at any stage.</li> </ul>
A service user complains that their care needs assessment does not accurately reflect their needs, or that the care package proposed would not meet the needs identified in their assessment.	<ul style="list-style-type: none"> <li>▪ Clarify with the service user whether the complaint relates to an assessment of needs or a proposed care package. Establish specifically what the service user is complaining about and what has happened so far. Ask them what they are seeking from their complaint, and explain that you will look into the matter</li> <li>▪ Make internal enquiries to establish what stage the assessment and care planning processes are at</li> <li>▪ While considering the complaint, if the team indicate that a new assessment or care planning meeting may be offered, pass this offer onto the customer, and ask the team to contact</li> </ul>

	<p>the service user to take this forward, and</p> <ul style="list-style-type: none"> <li>▪ If the team are not prepared to look at the matter again, explain why the assessment or care package decision is considered to be adequate, and signpost to the next stage of the Complaint Handling Procedures.</li> </ul>
<p>A service user complains about social work services impacting on their discharge from hospital.</p>	<ul style="list-style-type: none"> <li>▪ Check with the hospital social work team about the service user's care planning in relation to discharge from hospital, and the timing of medical decisions and social work input</li> <li>▪ It may become apparent at that stage that the discharge process was complicated by a range of issues, in which case it may be appropriate to escalate the complaint to investigation</li> <li>▪ It may also become apparent that the service user is still in hospital, and may or may not be considered ready for discharge. If they are ready, then pass the complaint onto the team directly involved to respond to as quickly as possible</li> <li>▪ If the situation is not current, and there were delays from social work services, find out why these happened, and</li> <li>▪ Respond to the service user by their preferred method, to inform them of the outcome of their complaint. Offer an apology if appropriate, and outline what steps have been put in place to prevent a recurrence of the situation.</li> </ul>

## APPENDIX 2 - COMPLEX SOCIAL WORK SCENARIOS

A concern may not necessarily be a complaint. In some cases a measure of discretion or further clarification is required in determining whether something is a complaint that should be handled through this procedure or another matter which should be handled through another process. There are also some specific circumstances when complaints should be handled in a particular manner. The following examples of issues that commonly arise were adapted from Glasgow City HSCP' Complaints Handling Procedures.

### Scenario 1. Child or adult protection concerns

Service users may express concerns that a child or adult is at risk, but frame their concern in terms of dissatisfaction that 'nothing has been done about this'. The member of staff will need to consider whether the person is authorised to make complaints on behalf of the child or adult in question, whether they expect the matter to be handled as a complaint and whether the professional view is that these matters are best addressed through initiating the applicable protection procedures. Where the need to initiate protection procedures and investigate concerns within those procedures is identified, this will usually represent the EDC/EDHSCP's final response to the complaint, and the complaint should be closed. The person making the complaint should be advised that this is the outcome of the complaint and signposted to the SPSO.

Where a complaint is received about some aspect of protection processes that have already been initiated, for example in relation to the way the processes was applied, this should be considered a complaint, and progressed within the complaints handling procedure.

### Scenario 2. Complaints about professional decisions

A service user may wish to complain about or appeal against a social work decision. Such decisions must be considered in line with the timescales for complaints as specified in the Complaints Handling procedures.

Some decisions may be considered through an internal appeal procedure. However, any such appeal route must be considered as constituting a special form of stage 2 of this procedure, in that it will result in a thorough response to all concerns and onward referral to the SPSO.

### Scenario 3. Legal action

Legal action takes several forms and each must be handled in a distinctive way:

- a) **Judicial Review:** If a person wishes to seek judicial review of a social work decision then they should be encouraged to seek legal advice but this will not necessarily prevent the complaint being first considered under this procedure.
- b) **Litigation:** Where a service user says that they are seeking compensation and that legal action is being actively pursued, this is not a complaint. Where a service user indicates that they intend to litigate but have not yet commenced legal action, they should be informed that if they take such action, the complaints process will be closed. If it becomes apparent that legal action is being pursued, the Head of Service should clarify with the service user if all the issues they have raised will be considered through legal action; any outstanding issues must still be addressed through the Complaints Handling Procedures.
- c) **Legal tribunals, etc:** Sometimes the matter complained of may be the subject of

ongoing consideration by a relevant legal body, for example where a service user complains of lack of contact with their child who is being looked after by EDC, when that matter falls to be determined by the Children's Panel. In such cases the service user should be directed to raise the matter either directly or through their legal representatives within that other defined process and the matter should not be accepted as a complaint.

This is distinct from a complaint that EDC and its staff have failed to properly carry out their roles and responsibilities. In the example above, a Children's Panel may have set contact frequency but it is not being properly facilitated by social work staff due to staffing shortages or some other factor. That is a matter of legitimate complaint under this procedure.

#### Scenario 4. Complaints about the content of reports submitted to legal bodies

EDC/EDHSCP may receive complaints about the accuracy of reports by professional social work staff submitted to Courts or other bodies such as Children's Panels, Parole Boards or Mental Health Tribunals. In such circumstances, the report is provided as a service to the court or tribunal, not as a service to the service user. The service user has no right to veto such reports or insist that content is subject to their approval but they can complain about the content of the report.

EDC/EDHSCP should consider each complaint and it will usually be necessary to undertake a short screening process to establish whether the issue is appropriate for the Complaint Handling Procedures. This will depend on the nature and seriousness of alleged inaccuracy, and the status of the report in relation to the progress of court or other proceedings. In particular EDC/EDHSCP should consider whether the complaint relates to accuracy of facts, to opinion or to the standard and quality of the work carried out by the professional concerned, and should take one of three actions accordingly:

- advise the service user that, due to the timescales involved, the issue should be raised when the report is presented in court/to the relevant body, as that is the appropriate forum for deciding on the matter
- advise the service user that the complaint raises issues that will be considered under the Complaints Handling Procedures (such as issues of fact), and progress accordingly, or
- advise the service user that the complaint raises a mixture of issues that will be considered under the Complaints Handling Procedures and other issues that should be raised within the relevant forum when the report is submitted.

If you refuse to consider some or all issues as per 1 or 3 above and direct the service user to raise the matter within the legal process, you must still provide clear information about the reason for this decision, and signpost the customer to the SPSO for access to a review of this decision.

EDC/EDHSCP should also consider whether the complaint relates to a breach of data protection legislation, in which case it must be processed accordingly, with a potential referral to the Information Commissioner.

#### Scenario 5. Campaigns

The introduction of a new policy or changes in service, such as the closure of a facility, may lead to a high volume of complaints being received. These should be handled under this procedure on an individual basis on their merits, addressing the issue of how that particular service user is affected by the change. It may be appropriate to provide



information about the process that led to the changes, or when the policy may next be reviewed.

Occasionally, however, such complaints are evidently part of an organised campaign. Indicators may be that all complaints have identical content or are on a 'form' letter or that all complainers are known to be members of a pressure group that has made separate representations through EDC's petitions process or elected members.

EDC/EDHSCP should not accept an unreasonable burden on its complaints processes produced by an organised campaign. Instead, EDC/EDHSCP may either issue a single 'form' response or may ask the organisers to nominate a single person to make a single complaint on behalf of the group. In such circumstances it would be important to be clear that all the complaints being brought to EDC/EDHSCP are identical, and setting out clearly what issues are being considered under the complaint. Any other additional concerns that individuals may have would need to be handled as new complaints.

### Scenario 6. Persons under investigation

EDC/EDHSCP is likely to have a role in investigating the actions of individuals towards other, more vulnerable people, for example those suspected of child or adult abuse or Guardians and Powers of Attorney who are allegedly misusing their powers.

Those individuals are still service user as defined within this procedure and any complaint from them must be considered on its individual merits. For example, a complaint about an improper exercise of investigative procedures should be looked into as a complaint. Any response should take into account any confidentiality issues, and this should be explained to the customer.

However, if it is evident that the person is not complaining about the process or the actions of staff, but is complaining that they are under investigation, this should not be accepted as a complaint. Instead it should be explained to the customer that EDC has a statutory obligation to investigate such matters, and this is not conditional upon their agreement or approval. Their objection to the process is not considered to be a complaint, though they may be directed to seek appropriate legal advice to protect their rights.

### Scenario 7. Looked after and accommodated children/adults under local authority guardianship

EDC has a special duty of care to children in its care or adults for whom it exercises decision-making powers. Special care should be taken when investigating complaints made by or on behalf of those individuals.

Artificial barriers of confidentiality should not be imposed to prevent people with a relevant interest in the affairs of an incapacitated adult from complaining on their behalf.

Children who are looked after by the Local Authority may complain. They may have little in the way of a support network and may be estranged from their family. It may also be inappropriate for the family to represent the child's interests. Particular care, therefore, should be taken to ensure that the child's complaint is understood and, particularly for younger children, that the response is understood by them.

In both cases, the need for personal contact with the service user, and the possible involvement of advocacy services, should be actively considered.

### Scenario 8. Grievances/Staff complaints

This procedure is for external service user of EDC to complain about services received by them or affecting them or to complain on behalf of others. It is not an appropriate procedure for the handling of complaints by staff, which should be routed through the usual EDC HR/Personnel processes.

### Scenario 9. Allegations of fraud/criminality/professional malpractice or incompetence

Discretion is required where the complaint is so serious as to immediately merit investigation under disciplinary processes or referral to another agency.

If it is determined that the complaint falls into this category, you should always try to respond to the complaint within the Complaints Handling procedures timescales. Even where the outcome of the complaint leads to further internal procedures being followed, the service user can still be advised of this as an outcome, and the complaint closed, with signposting to the SPSO.

However, in some cases, particularly where the police are involved, you may have to await the outcome of another process before you can decide on the outcome of the complaint. Where such a decision is made you must inform the service user and advise them of their right to come to the SPSO if they are dissatisfied with this approach.

### Scenario 10. Complaints brought by foster carers

Complaints brought by foster carers can relate to the support services they receive from EDC/EDHSCP, the way our staff engage with them, or services a child in their care is or was receiving or has requested.

Any complaint brought by a foster carer on behalf of a foster child in the care, or formerly in their care, should be considered under this Complaints Handling procedures. A foster carer has sufficient interest in the wellbeing of a child to complain on their behalf. Where possible, the views of the child should also be taken into account and if they are different from the views of the foster carer, this should be referred to in the response.

Foster carers who are recruited and supported by EDC may bring complaints about these services. However, approval and de-registration of the carer by EDC may be considered through alternative appeal mechanisms. As noted under the section 'Complaints and appeals', these appeals must be handled in line with the Complaints Handling procedures timescales and end with signposting to the SPSO.

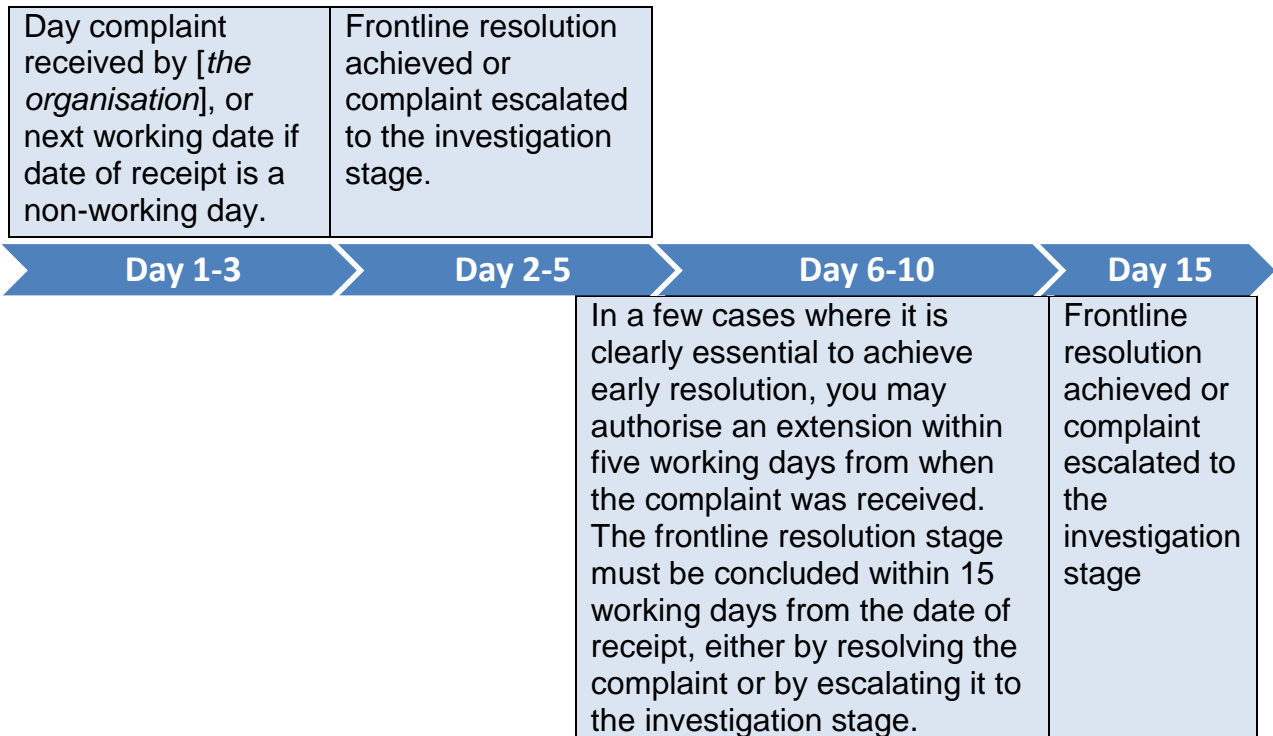
Complaints from foster carers supported by private agencies will not be addressed within this Complaints Handling Procedures if the complaint is wholly about their own circumstances and support rather than those of the child. Such complaints should be directed to the complaints process of the relevant agency.

An agency foster carer may still complain about the way EDC staff have interacted with them or about any element of service that they might reasonably expect to be provided by EDC, for example invitations to meetings, provision of information about the child in their care or the manner and content of communications with EDC/HSCP. This list is not exhaustive and such complaints should be carefully considered in terms of the role of EDC staff, before directing them to pursue their complaint with their fostering agency. Where a complaint cannot be considered in part or in whole by EDC/HSCP, the service user must be given a clear explanation as to why this is, what (if any) parts of their complaint will be investigated and how they may refer the matter to the SPSO.

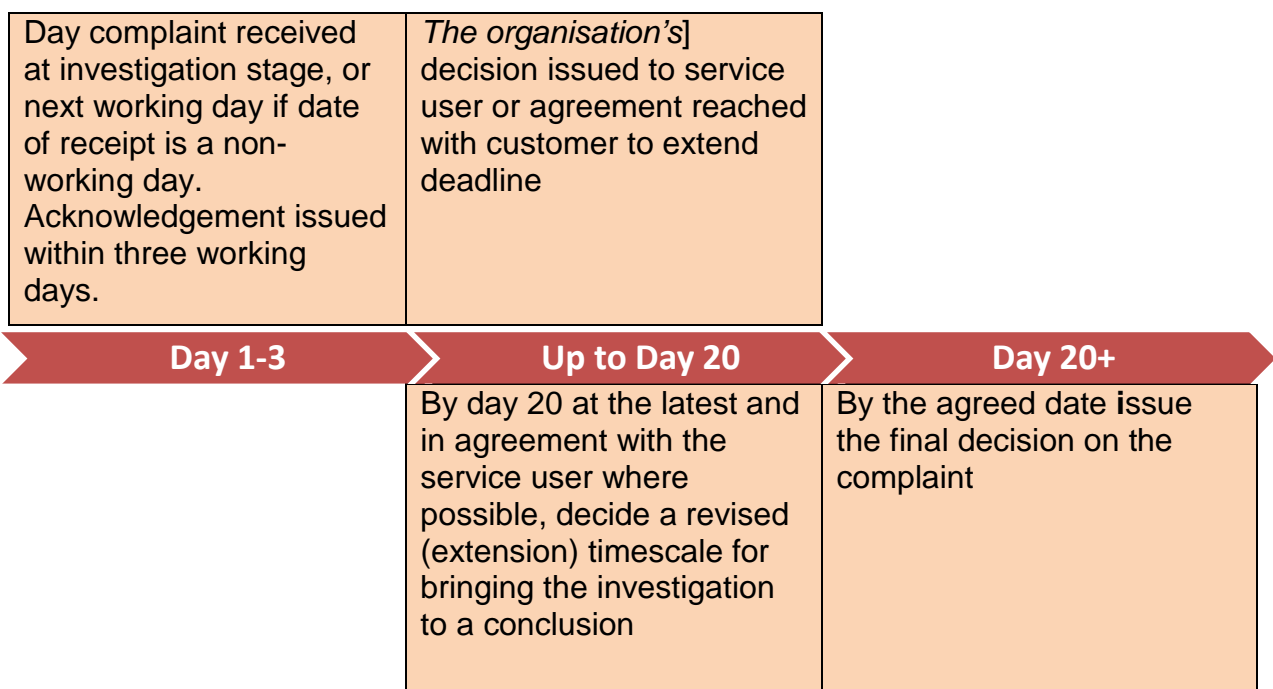
### APPENDIX 3 - INFORMATION ON TIMELINES

References to timelines throughout the Complaints Handling Procedures relate to working days whereby non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted do not count in relation to performance against timeframes.

#### TIMELINES AT FRONTLINE RESOLUTION

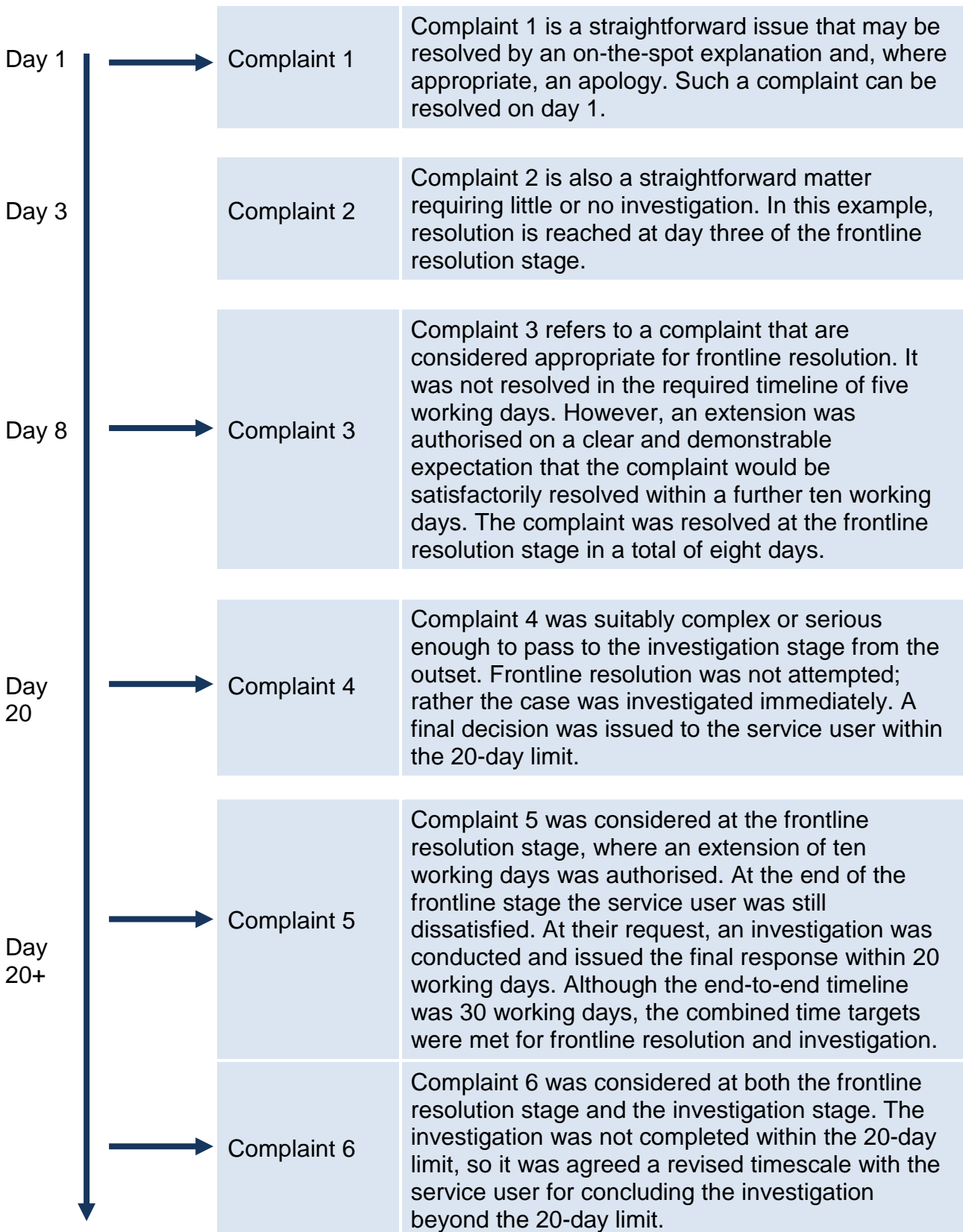


#### TIMELINES AT INVESTIGATION STAGE



## TIMELINE EXAMPLES

The following illustration provides examples of the point at which consideration of a complaint is concluded. It is intended to show the different stages and times at which a complaint may be resolved.



## APPENDIX 4- SPSO

The SPSO recommends that you use the wording below to inform customers of their right to ask SPSO to consider the complaint.

### Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about local councils and the NHS in Scotland.

If you remain dissatisfied when you have had a final response from [*the organisation*], you can ask the SPSO to look at your complaint.

The SPSO cannot normally look at complaints:

- where you have not gone all the way through the council's complaints handling procedure;
- more than 12 months after you became aware of the matter you want to complain about; or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO

4 Melville Street

Edinburgh

EH3 7NS

Their freepost address is:

FREEPOST SPSO

Freephone: 0800 377 7330

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	East Dunbartonshire HSCP Clinical & Care Governance Annual Report
<b>Report By</b>	Lisa Williams, Clinical Director
<b>Contact Officer</b>	Lisa Williams, Clinical Director

<b>Purpose of Report</b>	To highlight and detail the Clinical and Care Governance activities taking place within East Dunbartonshire, and to advise to the HSCP board on some of the current activity taking place within the HSCP.
--------------------------	--

<b>Recommendations</b>	The Partnership Board is asked to: Note and approve the content of the report, and accept this as a true reflection of work ongoing within the HSCP, to ensure that our service users are provided with safe, effective and person-centred care.
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	This supports the clinical and care delivery aspects of the Strategic Plan.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Not Applicable
------------------------	----------------

<b>Equalities:</b>	To oversee Clinical & Care services provided to service users & carers of East Dunbartonshire and ensure all are treated fairly and equally.
--------------------	--

<b>Financial:</b>	Not applicable
-------------------	----------------

<b>Legal:</b>	Not Applicable
---------------	----------------

<b>Economic Impact:</b>	Not Applicable
-------------------------	----------------

<b>Sustainability:</b>	Not Applicable
------------------------	----------------

<b>Risk Implications:</b>	The CCGG has a responsibility to review complaints received, and manage any appropriate outcomes. The CCGG reviews all clinical incidents bi-monthly to ensure any learning and change is taken forward in an appropriate manner.
---------------------------	--

<b>Implications for East Dunbartonshire Council:</b>	Not Applicable
--	----------------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	Not Applicable
--	----------------

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<b>1.1</b> The Annual Report ( <b>attached as Appendix 1</b> ) reflects the period from January 2016 to December 2016 and requires to be submitted annually to NHS GGC Clinical Governance Support Unit to provide assurance to the Health Board in respect of HSCP health services which are provided under direction by the Health Board, and operationally managed by the HSCP Chief Officer.
<b>1.2</b> The report highlights the involvement of service users and carers, and the importance placed upon using feedback to inform development of services.
<b>1.3</b> The report details specific quality improvement activities undertaken within our service teams over the period stated, and include an Appendix detailing further quality improvement activity, supported by the Clinical Effectiveness Unit. ( <b>Appendix 2</b> )
<b>1.4</b> The report includes the revised Terms of Reference and membership, to reflect the inclusion of Children’s services and Criminal Justice services. ( <b>Appendix 3</b> )







**East Dunbartonshire  
Health & Social Care Partnership**

**Clinical & Care  
Governance  
Annual Report 2016**

# CONTENTS

	Page
Foreword.....	3
Person Centred Care.....	4
Patient Safety.....	5
➤ Reported Complaints.....	5
➤ Reported Incidents.....	5-6
Clinical Effectiveness.....	
➤ Clinical Effectiveness/Quality Improvement Plan .....	
➤ Significant Clinical Incidents.....	
Clinical Governance Arrangements.....	
Exemplar Case Studies.....	
➤ Stress & Distress.....	
➤ Reducing Pressure Ulcers in Care Homes.....	
➤ Falls Prevention.....	

## *Introduction*

East Dunbartonshire HSCP has established a Clinical & Care Governance group. As part of its key function the group reports annually to NHSGG&C and the HSCP with a summary of activity. This report is also available to East Dunbartonshire Council, if required. This report relates to the period from January 2016– December 2016.

The purpose of this report is to provide a summary of clinical effectiveness activity throughout this period. It highlights and recognises areas of good practice and is reflective of achievements for the last year.

Throughout this period the HSCP has strived to deliver safe, effective, person-centred care. This report aims to highlight some of the work on-going within our teams, and how we ensure standards of care are maintained and improved upon.

With the agreement of the new Chief Officer and the Chief Social Work Officer, the Clinical Governance group has become an HSCP Clinical and Care Governance group, with new Terms of Reference, and a revised membership to reflect the new Governance structure within the organisation (reflecting the national Clinical and Care Governance Framework published by the Scottish Government). The group continues to develop and aims to reflect a balance of clinical and care governance issues.

The HSCP continues to have excellent engagement with our 17 GP practices, close links with Optometry and Community Pharmacy, and closer working with our Social care colleagues.

As always we should not underestimate the importance of involving service users, carers and staff from the frontline in our governance work, and learning from feedback, both positive and negative is essential in order to improve the quality of care we deliver. We have had continued support from local third sector and voluntary groups and their input and services remain highly valued.

Many thanks to all of those who contributed to this report, which demonstrates our commitment to delivering quality care to the people of East Dunbartonshire.

# Person Centred Care

East Dunbartonshire HSCP is committed to providing appropriate person centred care to our residents. The 9 National Outcomes specify that people should live in good health for longer, live as independently as reasonably practicable, have their dignity respected, improve the quality of life, reduce health inequalities, support carers to continue caring and ensure the people who use our services are safe from harm.

One way in which the HSCP can monitor and achieve person centred care is by using feedback received from service users and carers. This feedback is used by the HSCP to improve current service and develop future services.

Each service within the HSCP schedule their own service user and carer satisfaction / experience surveys.

Below is analysis on feedback received from an experience / satisfaction survey carried out by the District Nursing Team during the month of October 2016 on "How Are We Doing".

90 surveys were given out to service users, their relatives and carers, 32 were completed and returned, giving the team a response rate of 36%. The breakdown of responses are as follows;

- 22% respondents identified themselves as a relative
- 9% as a carer with the other
- 69% specified as "not indicated"

The questions within the survey are around the care received by the individual. All responses were positive which shows that service users were satisfied with the care given by the District Nursing team. Below are comments received with completed surveys.

- *"I would like to pass on my thanks to those involved in my father's care at home. The experience has been exemplary in terms of seamless service delivery and I'm so grateful that my father's wishes to die at home were responded to. My father's death was peaceful and dignified and he could not have received better care in a nursing home or in hospital"*
- *"Having a small team of nurses who know the individual patient. Accessibility any hour of the day or night if necessary. Nurses ensure necessities for care (catheter change etc) are in site. Sheer professionalism which instils confidence in patient's care. They have trusted the carer's understanding of patient"*

# Patient Safety

## Reported Complaints

Below is a summary of Health complaints received by East Dunbartonshire HSCP (Health only) between 1<sup>st</sup> January 2016 – 31<sup>st</sup> December 2016.

Number of complaints received	<b>7</b>
Number of complaints received and completed within 20 days	<b>5</b>
Number of complaints completed	<b>7</b>
<b>Upheld</b>	<b>1</b>
<b>Partially upheld</b>	<b>1</b>
<b>Not upheld</b>	<b>5</b>

Analysis of complaints for 2016 shows a total of 7 complaints with 71.42% of complaints completed within the 20 day target period.

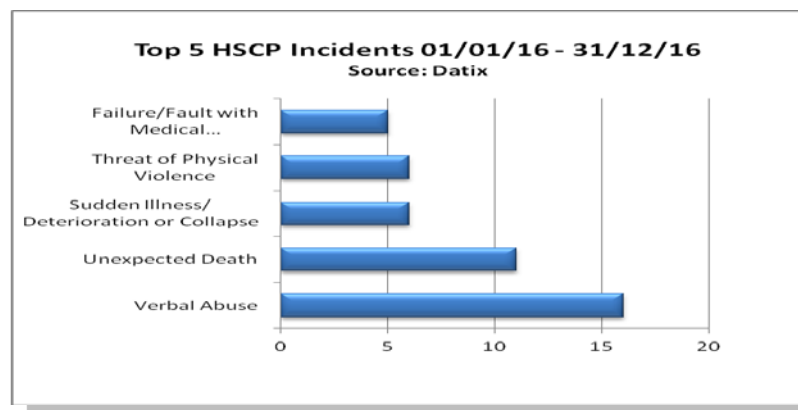
All formal complaints received by East Dunbartonshire HSCP are investigated and responded to in line with NHS Greater Glasgow & Clyde Complaints Policy.

We are working to include Social Care complaints in future reports.

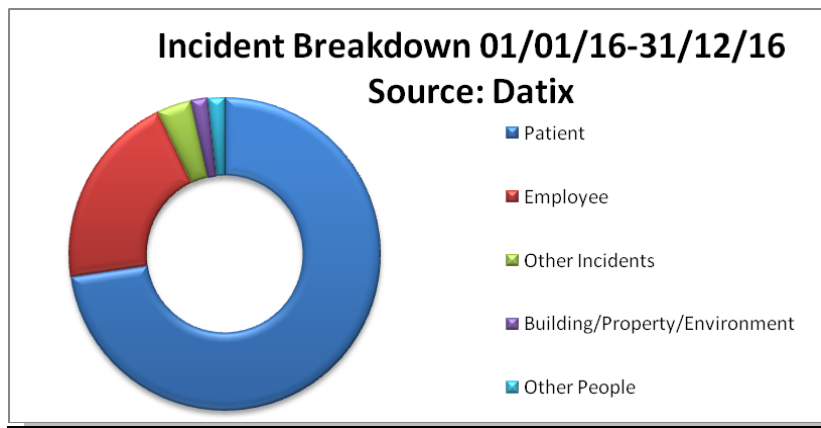
## Reported Incidents

During 2016, a total of 227 incidents were reported. Analysis of the incidents show that the most reported for 2016 was verbal abuse towards staff. Whilst the HSCP are sympathetic towards our Service Users, NHS Greater Glasgow & Clyde have a zero tolerance policy against this behaviour and on each of these occasions staff involved have escalated each incident and have been supported by their Line Manager.

The table below shows “top 5” incidents reported for 2016



The table below shows breakdown of all reported incidents during 2016



We are currently considering the possibility of including Social Care incidents within our reporting system.

## ***Clinical Effectiveness***

### **Quality Improvement Workplan**

The governance agenda is well supported by the Clinical Effectiveness Unit, who is able to support teams in developing local Plan, Do, Study, Act (PDSA) cycles, Small tests of change, or in developing and auditing bigger projects, as well as facilitating engagement in cross-boundary projects.

The Quality improvement / Clinical Effectiveness workplan is updated by all teams within the HSCP, and reviewed at each Clinical & Care Governance meeting.

An overview of recent and current activity is provided (Appendix 2).

### **Significant Clinical Incidents**

A quarterly summary of all incidents reported within the HSCP through the Datix reporting system is compiled and submitted to the Clinical and Care Governance group. This is reviewed to ascertain any outstanding incidents which have not been reported on and closed within Datix, and also to determine appropriate learning and themes which may have emerged over the year.

SCI's are reviewed to ensure appropriate learning and action takes place, and is disseminated to all relevant teams.

All reported incidents are reviewed at every Governance meeting on a bi-monthly basis to ensure they are being reported appropriately and recorded correctly.



# ***Clinical Governance Arrangements***

East Dunbartonshire HSCPs Clinical & Care Governance group meet on a bi-monthly basis. The chair of the group is the Clinical Director.

The Clinical & Care Governance Group met a total of 6 times throughout 2016 with an average attendance rate of 71%.

The group have reviewed and agreed terms of reference and reporting structures. These documents will be reviewed as appropriate as the HSCP continues to develop and ensure all aspects of Clinical & Care Governance are covered.

The group have also identified actions which have been included within the Clinical & Care Governance workplan. This workplan details areas of work required and leads for this. (Appendix 1)

# ***Exemplar Case Studies***

## **Stress & Distress**

Woodlands Resource Centre has been working with the local Care Homes using the Stress and Distress model developed by Dr Whitnall and Dr Thurlby, NES. This is based on the Newcastle model by Dr James and Lorna MacKenzie. This model is an evidenced-based model that has been shown to;

- Reduce distressed behaviors in the individual with dementia
- Reduce stress and distress in staff and caregivers
- Reduce hospital admissions
- Provide a formal assessment and intervention process
- Meets training needs in line with the Promoting Excellence Framework

A Care Home Liaison Nurse liaises and supports care home staff and patients. A training programme was developed for Care Home Managers (4). Feedback received from the attendees shows that having the Care Home Liaison Nurse in place has made a significant positive difference to staff and patients and ensures continuity of care.

This model involves creating a person specific plan for each individual. The plan details the individual's background, personality, social environment, cognitive abilities, medication, physical health, mental health and possible needs. The plan also notes recognised triggers and behaviours when the individual feels unsettled or insecure. By having this plan in place, the staff is able to ease the patient by using information contained in the plan.

Results so far are extremely positive with a reduction in referrals to the Duty Desk at Woodlands Resource centre, and probable avoidance of admission to the Acute beds at Stobhill hospital. The model has been well received within the care homes, and there are plans to roll this out to more patients in the future.

## **Reducing Pressure Ulcers in Care Homes**

The Scottish Patient Safety Programme (SPSP) – Reducing Pressure Ulcers in Care Homes Improvement Programme (RPUCH), with the support of Scottish Care and the Care Inspectorate, aims to reduce pressure ulcers in care homes. This collaboration combines the expertise of SPSP in improving safety with the expertise of Scottish Care and the Care Inspectorate in supporting and driving quality within the care home sector.

In the spring of 2016, Health Improvement Scotland (HIS) invited Partnerships across Scotland to participate in this project. East Dunbartonshire Health and Social Care Partnership (EDHSCP) were successful in being one of four Partnership teams chosen to take part. The RPUCH programme will run from May 2016 until December 2017 to develop and test different approaches to reduce pressure ulcers in care homes. This work contributes to the ambition of reducing pressure ulcers by 50% both in hospital and in care home settings.

This has been led locally by the Nurse Team Leader and Local Integration Lead (Scottish Care) with the support of Clinical Effectiveness Manager for GG&C.

Five Care Homes in East Dun were invited to take part and became willing volunteers. Following initial engagement, training and education for staff was identified as the main focus of the project. Three training sessions were provided by a GG&C Tissue Viability Nurse and focussed on diagnosis and grading of pressure ulcers. Pre and post education scores were compared and increased from an average of 30% before to an average of 80% post education.

The peer grading of pressure ulcers with the Care Home Liaison Nurses and use of the Red Day Review tool to review record keeping and provide feedback to staff was then introduced and is ongoing. Pressure ulcer data collection commenced in November 2016 with the 5 Homes submitting results monthly. A local learning set took place in March 2017 and focussed on ensuring accurate data collection and use of the Plan, Do, Study, Act (PDSA) cycle when implementing change.

The next steps are to test the Pressure Ulcer Daily Risk Assessment (PUDRA) tool on a small group of residents and to examine the data for themes and ensure results are meaningful to Care home staff.

## **FALLS Prevention**

East Dun Falls Operational Group (EDFOG) meets on a bi-monthly and is chaired by Falls Lead. The group exists to move the Partnership in direction of Falls National priorities in line with the National Framework, developing pathways for fallers and

embedding level 1 and 2 assessments are the main focus of this work across all services.

Current workstreams & progress to date are listed below;

- Podiatry services have a local champion, who has joined group to champion falls awareness and intervention in Podiatry.
- Work underway to support Day centres; commencing with Kelvinbank with any issues with falls and fallers and ensure robust falls pathways and training in place.
- Project underway to support 4 pilot care homes in East Dun. To reduce falls in their settings; with some great results so far. The care homes in the pilot are: Campsie View; Mavis Bank, Whitefield Lodge and Abbotsford.
- SAS Falls and Frailty Project underway to reduce unnecessary conveyances to hospital. This work will continue, with a completion date for initial projects of October 2017. Our initial test of change began on 10<sup>th</sup> April with Kirkintilloch Depot in hours.
- Work underway with Fire Scotland to train personnel in local stations in order to embed Level 1 conversations and referral pathway for those at risk of falling, whom they are delivering Fire safety visits to.



**East Dunbartonshire HSCP  
Clinical/Care Governance Work Plan  
2016-2018**

Appendix 2

<b>SAFE CARE/RISK MANAGEMENT</b>				
<b>Goal 1: We will minimise harm to service users in East Dunbartonshire HSCP</b>				
Ref	Objective	Service and Lead	Progress and Outcomes	Timescale
<b>Objective: Improve systems of care based on learning from clinical and care incidents</b>				
1.1	<ul style="list-style-type: none"> <li>Ensure there is an Incident Reporting mechanism in place to record all incidents in each service area.</li> </ul>	Heads of Service	Datix system in place and operating effectively for all health service provision, but no service currently exists for reporting within social care.	Established/ongoing
	<ul style="list-style-type: none"> <li>SCI policy and toolkit to be used by all Health services as appropriate</li> </ul>	Heads of Service	SCI provides a very robust system on reviews, process, action plans and lessons learned, which are subsequently reviewed at the CCGG	Established/ongoing
	<ul style="list-style-type: none"> <li>Ensure associated outcomes and actions are tracked and implemented.</li> </ul>	Clinical Governance lead	Tracking system for outcomes is in place and operating effectively.	Established/ongoing
	<ul style="list-style-type: none"> <li>Produce aggregated incident reports to be reviewed by the Clinical and Care Governance Group.</li> </ul>	Information officer	Datix report is reviewed bi-monthly at CCGG meetings.	Established/ongoing
	<ul style="list-style-type: none"> <li>Social care system to be developed and established for similar reporting mechanism within social care.</li> </ul>	Working group to be determined	There is currently no 'Datix' type system in place for incident reporting within Social Care – the logistics of introducing such a mechanism requires to be investigated. A working group requires to be tasked with reviewing the feasibility of this, and producing a realistic proposal for how such a reporting mechanism could be introduced into Social care, and how it would work, with a costing and timescale for introduction.	Working group to be formed by end October 2017  Preliminary proposal for end February 2018

Page 97

<b>Objective: Improved patient safety through participation in the Scottish Patient Safety Programme</b>				
1.2	<ul style="list-style-type: none"> <li>ED has successfully bid to be a pilot site for introduction of the pressure ulcer prevention tool within Care homes.</li> </ul>	Adult Nursing – Fraser Ross	Project started in June 2016. Updates to NHS board every 3 months by Fraser and Kathleen	2018
<b>Objective: Reduce harm from medicines</b>				
1.3	<ul style="list-style-type: none"> <li>Participation by GP practices with Medicines reconciliation and Medicines Management work and Prescribing LES</li> </ul>	GP's and PSP's	All 17 GP practices engage with medicines management work and participate in the Prescribing LES's with the support of the Prescribing Support Pharmacists	Ongoing
	<ul style="list-style-type: none"> <li>Care home prescribing – pharmacy work within care homes, medication reviews and safe prescribing.</li> </ul>	Lead pharmacist	Ongoing polypharmacy reviews for patients in Care Homes not covered the Care Home LES. Prescribing Support provided for all practices with care home patients to encourage safe prescribing and to ensure minimum medicines waste.	Ongoing
	<ul style="list-style-type: none"> <li>Antibiotic use within the HSCP – monitoring and review of trends around total antibiotic prescribing and use of 4C antibiotics, and audit where appropriate, to reduce overuse and avoid antibiotic related infections.</li> </ul>	Lead Pharmacist	Antibiotic prescribing trends for total antibiotics and use of 4C antibiotics is monitored every quarter at practice level. Any issues are discussed at the Prescribing Governance Group and where appropriate practices are asked to audit prescribing. Prescribing team facilitating education sessions with practices	Ongoing
	<ul style="list-style-type: none"> <li>District Nursing Core Audits – reviewing prescribing data and audit of safe medicines use.</li> </ul>	Adult nursing lead	Data shows that east Dunbartonshire remains one of the highest achieving HSCP's with adherence to the wound formulary, with the aim to maintain this.	Ongoing
<b>Objective: Assurance that learning from national and local child &amp; adult protection incidents is being realised</b>				
1.4	<ul style="list-style-type: none"> <li>The Child Protection Committee and Adult Protection Committee require to have clear and effective lines of communication and reporting with the Child and Adult Protection Operational Group, such that any local or national findings can be reviewed and recognised, with any local learning needs identified.</li> </ul>	Children and Families lead	HSCP governance structure flowchart to reflect reporting mechanisms and to include Children and Families within the schematic now that this has been incorporated within the integrated structure.	Established – annual review.
	<ul style="list-style-type: none"> <li>Ensure that Child or Adult protection learning needs are actioned once</li> </ul>	Adult primary care lead	Identified Child and Adult protection officers to provide input to the CCGG meetings as and when required. Update TOR and membership of CCGG to reflect the above.	Established
		CSWO	Significant local and national SCR's to be discussed at CCGG meetings, with local learning to be identified and	Established
				Ongoing process

	identified.	CG lead	appropriate changes or needs actioned. All team leads responsible for disseminating appropriate information within teams.	
<b>Objective: Infection Control</b>				
1.5	<ul style="list-style-type: none"> <li>Minutes from HAIRT meetings should be tabled at CCGG meetings – this should be a standing item on the Agenda.</li> </ul>	Professional lead nurse	Use of the new governance toolkit in place and Infection Control is now a standing item on the CCGG agenda.	Established
	<ul style="list-style-type: none"> <li>Any learning points from the HAIRT meetings which require local action to be identified and specific outcomes discussed.</li> </ul>	CCG group members		
	<ul style="list-style-type: none"> <li>Handwashing – Local core audit work to continue.</li> </ul>	Adult Nurse lead	Every 6 months as part of the core audit schedule. Results remain high	Established
	<ul style="list-style-type: none"> <li>Consider roll-out of handwashing audit to care homes within the HSCP.</li> </ul>	Adult Nurse lead	Can be discussed at the care home network group	To be confirmed

**EFFECTIVE CARE**

**Goal 2: All care delivered in East Dunbartonshire HSCP will be evidence based and effective**

Ref	Objective	Service and Lead	Progress and Outcomes	Timescale
<b>Objective : Ensuring the Sector is compliant with national standards and guidance</b>				
2.1	<ul style="list-style-type: none"> <li>The Governance framework ensures that there is a two-way flow of information with clear lines of responsibility between the Health board and the HSCP Board, such that new information regarding National Standards is disseminated in a timely fashion to all appropriate individuals within the organisation.</li> </ul>	<p>Chief officer</p> <p>CCGG members</p>	<p>The Governance arrangements should be reviewed on an annual basis as per the CCGG ToR, to ensure that they remain fit for purpose, and are able to give the HSCP Board assurance of safe and effective practice within the HSCP.</p>	<p>Review Date: January 2018</p>
<b>Objective: Assurance that clinicians have access to appropriate and up to date guidelines to inform clinical practice</b>				
2.2	<ul style="list-style-type: none"> <li>Distribution of SIGN and NICE guidelines – the Clinical Effectiveness team distribute all new and updated guidelines as they are produced.</li> <li>The CCGG require to review these at each meeting, to ensure that new processes and developments are cascaded to all practitioners.</li> <li>New developments or changes which require to be introduced should be identified by the CCGG members.</li> </ul>	<p>CG Lead</p> <p>CCGG Members</p> <p>CCGG Members</p>	<p>The list of new or updated guidelines are received by the CG Lead, and added to each CCGG agenda. Teams require to take cognisance of any learning relevant to their own working.</p> <p>Team leads will have had the chance to review any new clinical guidance relevant to their area prior to the meeting, and should discuss any potential impact or required change at the meeting.</p> <p>Changes that require strategic planning or funding to institute will be brought to the attention of the SDT.</p>	<p>Established and ongoing.</p>

Page 100



Objective: Improve quality of patient care through quality improvement				
2.3	<ul style="list-style-type: none"> <li>CE workplan details QI activity, reviewed bi-monthly at CCGG – participation in Core audit work within teams: Record keeping/ Hand Hygiene etc</li> <li>Pressure Ulcer Audit within DN teams.</li> </ul>	<p>All teams</p> <p>Andrew Millar – CGSU</p> <p>Fraser Ross</p>	<p>Bi-monthly review of Quality Improvement Workplan, each team requires to update the plan detailing the various Quality Improvement Projects currently taking place within their team.</p> <p>The projects need to ensure there remains a focus on outcomes and have the ability to detail what improvements have resulted from the actions taken, or what changes are proposed to enhance current practice and patient outcomes.</p>	<p>Update every 2 months.</p> <p>Ongoing work.</p> <p>Ongoing work</p>
Objective: Develop staff capacity in quality improvement skills and techniques				
2.4	<ul style="list-style-type: none"> <li>Encourage staff to engage with Quality Improvement activity.</li> <li>Attend training organised through the QI team.</li> </ul>	Service Managers / Team Leaders	CGSU provides regular training sessions on QI Methodology, and staff should be encouraged to attend these. Full day training in Quality Improvement work should be focused on Managers and Team leads initially: A record of attendance to be established and a note of interest to be held such that appropriate individuals can be invited to training days.	Ongoing
PERSON CENTRED CARE				
Goal 3: East Dunbartonshire HSCP will be enabled to deliver person centred care				
Ref	Objective	Service and Lead	Progress and Outcomes	Timescale
Objective: Support delivery of person centred care / overview of complaints / learning from service user feedback				
3.1	<ul style="list-style-type: none"> <li>GP Complaints reviewed quarterly</li> <li>HSCP clinical complaints – review and learning</li> </ul>	<p>CG Lead</p> <p>CG Lead</p>	<p>Quarterly report to health board and discussion at GP forum to monitor number of complaints and any emerging themes. Learning from complaints discussed at GP forum meetings.</p> <p>HSCP complains – standing item on CCGG agenda for review and discussion by the group, with learning outcomes</p>	<p>Established</p> <p>Established</p>

			to be discussed and monitored.	
3.2	<ul style="list-style-type: none"> <li>Development of universal tool for assessing service user experience.</li> </ul>	Fraser Ross	Working group to review feasibility of developing a single assessment tool to gain service user feedback, which would allow cross comparison between services and enhance learning opportunities. Due to absence, there has been a delay in moving forward with this process and the timescale is to be re-assessed	To be confirmed once Adult Nurse Lead in post
	<ul style="list-style-type: none"> <li>Stage a launching event to roll-out the assessment tool once developed.</li> </ul>	Gillian Notman	Initial tool to be scrutinised and submitted to Management team for approval.  Once approved tool to be launched via Clinical Governance event.	To be confirmed, pending above  To be confirmed, pending above

## INFRASTRUCTURE AND ASSURANCE

### Goal 4: Providing the Assurance that robust Clinical and Care Governance arrangements are in place.

Ref	Objective	Service and Lead	Progress and Outcomes	Timescale
<b>Objective: Using clinical information</b>				
4.1	<ul style="list-style-type: none"> <li>Safety action notices</li> </ul>	CG Lead	All safety notices are sent to the CG lead who determines if if these require wider dissemination and to which services. Should the CG lead be unavailable, then the notices are reviewed by the CD.	Ongoing established.
<b>Objective: The HSCP Board are assured that robust Clinical and Care Governance arrangements are in place and functioning</b>				
4.2	<ul style="list-style-type: none"> <li>There should be formal lines of reporting between the various groups within the HSCP, with provision of minutes as</li> </ul>	CG Lead	A formal schematic showing lines of reporting to be developed and sent to the health board governance lead for approval, detailing where the HSCP Board sits within the	Established

## INFRASTRUCTURE AND ASSURANCE

### Goal 4: Providing the Assurance that robust Clinical and Care Governance arrangements are in place.

Ref	Objective	Service and Lead	Progress and Outcomes	Timescale
	required, and updates delivered to the HSCP Board as required or at least bi-annually.		board structure, and indicating the further lines of reporting within the HSCP.  A schedule of papers and dates to be agreed with the lead administrator to allow timely updates to be delivered to the HSCP Board.	Established
4.3	<ul style="list-style-type: none"> <li>The Clinical Governance lead should provide an Annual report to the Chief Officer and then to the IJB.</li> </ul>	CG Lead	This will be an annual process requiring the support of the information officer and contributions as requested from all teams.	End May annually
4.4	<ul style="list-style-type: none"> <li>The Chief Social Work Officer should provide an Annual Report to the IJB.</li> </ul>	CSWO		Annually recurring
<b>Objective : External reviews/ Accreditation</b>				
4.5	<ul style="list-style-type: none"> <li>Nursing revalidation</li> </ul>	<p>Team leads</p> <p>Wilma Hepburn</p>	<p>This is a national requirement. The organisation needs to ensure that all staff are appropriately aware of the requirement, in order to reduce any impact on care and services should any staff fail to revalidate in an appropriate or timely fashion.</p> <p>Staff should be offered support and advice around the revalidation process as required.</p> <p>The senior nurse requires to have a clear knowledge of their role and duty as a confirmer.</p>	Ongoing annually
4.6	<ul style="list-style-type: none"> <li>Social work staff revalidation</li> </ul>	CSWO	This is a robust process which takes place via Scottish Social Services Council.	Ongoing annually
4.7				

## INFRASTRUCTURE AND ASSURANCE

**Goal 4: Providing the Assurance that robust Clinical and Care Governance arrangements are in place.**

Ref	Objective	Service and Lead	Progress and Outcomes	Timescale
	<ul style="list-style-type: none"><li>Allied Health Professionals revalidation</li></ul>	Lead AHP	This is a robust process that takes place via the Health Professionals Council.	Ongoing annually
4.8	<ul style="list-style-type: none"><li>Primary care support pharmacists</li></ul>	Lead Pharmacist	This is a robust process which takes place via the British Pharmaceutical Council. The lead pharmacist is able to offer support and guidance to the pharmacy team and review submissions as required. The organisation needs to ensure all staff aware of the requirement for revalidation as this would have an adverse impact on services if there was failure to comply.	Ongoing annually

**EAST DUNBARTONSHIRE HSCP  
Clinical and Care Governance Group**

**Terms of Reference**

**ROLE & REMIT**

**Purpose:**

The following Terms of Reference apply to all Adult services, Children's service and Community Justice Services as per Health & Social Care Integration arrangements.

Clinical and Care Governance is the process by which accountability for the delivery of health and social care is monitored and assured. It should create a culture in which the aim is to collectively and continuously improve the quality of care and support provided to patients and service users. Clinical and Care Governance is the responsibility of all within the organisation and successful delivery requires an emphasis on joint working and collaboration.

Clinical and Care Governance arrangements will ensure that structures and processes are in place which assure the Health and Social Care Partnership Board, the Health Board and the Council that these structures and processes are effective in providing confidence that our services are safe, effective and responsive to their needs. Our systems of Clinical and Care Governance must promote and empower clinical and care staff to contribute to care improvements, to deliver quality, and enhance the lives and health of the service users within our community.

Clinical and Care Governance is fundamentally about ensuring:

- Statutory Compliance
- Strategic Effectiveness
- Effective practice
- Accountability
- Continuous clinical and service improvement
- Audit and review
- Effective risk management
- Best use of resources
- Participation
- Positive user experience and being person centred
- Effective learning and professional development
- Joint working

An effective Clinical and Care Governance Group (CCGG) is essential to ensure the HSCP is accountable for continuously improving the quality of services delivered, safeguarding standards of care and fostering an environment where excellence can grow within an integrated service.

The Clinical and Care Governance accountabilities for the East Dunbartonshire Health and Social Care Partnership Board, Greater Glasgow and Clyde Health Board and East Dunbartonshire Council, are set out in section 8 of the Scheme of Integration for the Partnership,

as required under Regulation of the Public Bodies, (Joint Working) (Scotland) Act 2014. A copy is attached at Appendix 1.

A Schematic is attached at Appendix 2 which outlines the reporting and professional advisory relationships between the HSCP Clinical and Care Governance Group, the HSCP Board, NHS GG&C Health Board and East Dunbartonshire Council.

### **Membership:**

Clinical Director or Deputy  
Chief Officer  
CSWO or Depute  
Criminal Justice Service Manager  
Head of Adult and Primary Care services  
Head of Fieldwork Manager or Resources Manager – Children and Families Social Work  
Joint Adult Services Manager  
Consultant in Dental Public Health, Oral Health Directorate  
Professional Nurse Lead  
Adult Nursing – Lead Nurse  
Allied Health Professionals lead  
Change and Redesign Manager/Lead OT  
Children’s services – Lead Nurse  
Mental Health service lead  
Pharmacy lead  
Clinical Risk representative  
Clinical Effectiveness Coordinator  
Lead Optometry (as and when required)

The Group meetings will be chaired by the Clinical Directors, with an appropriate delegated vice chair when required.

Other representatives of the HSCP, the Council and the Health Board may be invited to attend meetings as requested and appropriate. The CCGG may also wish to invite appropriate professional representatives from third sector or independent sector providers if considering an issue or an incident that involves external providers.

**If a member is unable to attend there should be an approved deputy who should attend in their place.**

**Members should treat the agenda and papers for CCGG meetings as confidential and comply with data protection requirements in respect of identifiable personal information.**

### **Reporting Arrangements:**

The CCGG will report to the Health and Social Care Partnership Board. An organisational structure chart is attached Appendix 2.

Minutes from the CCGG will be available for the HSCP Board. Minutes will also be publicly available via the HSCP website, with appropriate data protection being taken into account.

The CCGG will provide an update report to the Primary Care & Community Governance Forum (PCCCG) when required.

The CSWO will provide the CCGG with their Annual report.

The Clinical Director will provide the CCGG with their Clinical Governance Annual Report.

The Oral Health Directorate will provide the CCGG with an Annual Oral Health Report.

All these reports will be made available to the HSCP Board each year and the Clinical Governance Annual report will also be submitted to the NHS GG&C Board Clinical Governance Forum.

The CCGG will receive appropriate updates from the locality groups of any relevant issues, which require highlighting. Updates from the Adult Support and Protection Committee, the Infection Control group, and Child Protection Committee will be provided at each meeting.

The group will also consider minutes / updates from the PCCCG, and take cognisance of other Board Governance Forums, specifically Mental Health, Oral Health Primary Care Clinical Governance Group and Learning Disability Fora and appropriately consider the impact of any recommendations made for the HSCP, and take appropriate steps to instigate any actions.

Any additional minutes or matters of concern relevant to Clinical and Care Governance from other HSCP, Health Board or Council groups should be brought to the attention of the CCGG by the relevant senior team leads.

### **Responsibilities:**

The Responsibilities of the CCGG are encapsulated by the Terms of Reference.

The Terms of Reference for the CCGG are:

- To oversee the development of the Clinical Governance Strategy.
- To ensure that clear strategic objectives for Clinical Governance are supported by an Action Plan with identified action owners.
- To ensure that appropriate linkages are established across key partner agencies in relation to the provision of care for East Dunbartonshire residents.
- To ensure mechanisms are in place for monitoring the quality of care, patient/service user safety and patient/service user experience, including mechanisms for monitoring of third and independent sector providers.
- To provide regular reports to the Health and Social Care Partnership Board, Strategic Development Group, Professional Advisory Group, Primary Care & Community Governance Group, NHS Board Clinical Governance Forum, East Dunbartonshire Council scrutiny committees and others as appropriate.
- To produce a Clinical Governance Annual Report. The CSWO is responsible under statute for producing the CSWO report each year which goes to the full Council. Under integrated arrangements the CCGG should take into account issues and recommendations from the CSWO report.
- To ensure that National Guidance is appropriately implemented.

- To establish robust arrangements for quality improvement, audit, incident investigation, review and organisational learning across the HSCP.
- To ensure the HSCP implements systems to monitor registration and compliance of professional staff.
- To consider any matters of clinical or professional practice or governance brought to the attention of the HSCP Board by the Council or the Health Board where these have implications beyond Social Care services for the Council or beyond the HSCP in respect of health.
- To consider any matters reported to the group by the Oral Health Directorate

The Clinical and Care Governance Group (CCGG) has an advisory but not an executive function. Decisions of the CCGG may require ratification by the PAG and the Health and Social Care Partnership Board.

The CCGG will work in accordance with the Clinical and Care Governance Framework as set out by the Public Bodies (Joint Working) (Scotland) Act 2014, which details the following 'Five Process Steps to Support Clinical and Care Governance':

1. Information on the safety and quality of care is received
2. Information is scrutinised to identify areas for action
3. Actions arising from scrutiny and review of information are documented
4. The impact of actions is monitored, measured and reported
5. Information on impact is reported against agreed priorities

The CCGG will ensure that clear strategic objectives for governance are agreed, delivered and reported through an annual Clinical and Care governance action plan. This will include actions to promote the seven core components of Clinical and Care Governance within East Dunbartonshire and to ensure that arrangements are in place to deliver improvement in the quality of services for the population of East Dunbartonshire. Each of these components relates to a wider and challenging range of activity and organisational development.

The seven core components of Clinical and Care Governance as set out by NHS Greater Glasgow & Clyde are:

- Client-centred services
- Developing and applying the knowledge base for professional practice
- Safe and reliable services
- Enhancing clinical effectiveness
- Quality assurance and accreditation
- Supporting and developing practitioners
- Information, communication and co-ordination

The CCGG will be empowered to form sub-groups as required to ensure completion of specific work streams.

The CCGG will also periodically review its own effectiveness to the satisfaction of the Chief Officer.

### **Procedures:**



The Terms of Reference for the CCGG will be submitted to the Chief Officer and Health & Social Care Partnership Board for agreement and approval.

The CCGG will meet every two months, with an agenda and papers being provided to members not less than one week prior to the meeting.

- All agenda items to be provided to the information officer not less than ten days prior to the meeting, for inclusion on the agenda.
- Meetings will be held in an appropriate venue which will be notified to members in advance of each meeting.
- Meetings will be scheduled for 12 months in advance, and will not be rearranged unless necessity dictates.
- In order for meetings to be deemed quorate, at least half of all members must be present or represented (i.e. 9 voting members present).
- A formal minute of each meeting will be recorded and circulated to members within 4 weeks of the meeting taking place.

Minutes of the meetings will be provided to the Health and Social Care Partnership Board in draft format, following each meeting of the CCGG. The draft minutes will be ratified at the following meeting of the CCGG.

Ratified minutes will be made available to staff and service users/patients via the HSCP website, taking due consideration of any data protection requirements.

### **Conclusion:**

The Clinical and Care Governance agenda is broad, challenging and requires a strategic, co-ordinated approach.

The CCGG should aim to operate in accordance with the purpose, role, responsibilities and terms of reference set out above.

The CCGG should review its membership, role and remit on an annual basis to ensure that these remain fit for purpose, and any recommended changes should be submitted to the Health and Social Care Partnership Board for approval.



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Clinical & Care Governance Minutes
<b>Report By</b>	Lisa Williams, Clinical Director, Tel: 0141 304 7425
<b>Contact Officer</b>	Lisa Williams, Clinical Director, Tel: 0141 304 7425

<b>Purpose of Report</b>	To provide the Board with an update of the work of the Clinical & Care Governance Sub Group.
--------------------------	--

<b>Recommendations</b>	The Integration Joint Board is asked to:  a. Note the contents of the minute of the Clinical & Care Governance Sub Group held on the 31 <sup>st</sup> May 2017.

<b>Relevance to HSCP Board Strategic Plan</b>	This group support the clinical & care delivery aspects of the Strategic Plan.
---	--

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
------------------------	------

<b>Equalities:</b>	To oversee clinical & care services provided to service users and carers of East Dunbartonshire and ensure all are treated fairly and equally.
--------------------	--

<b>Financial:</b>	None.
-------------------	-------

<b>Legal:</b>	None.
---------------	-------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Risk Implications:</b>	Group has a responsibility to review complaints received and manage any appropriate outcomes, review all incidents to ensure learning and change is taken forward to manage risk and maintain proper governance arrangements.
---------------------------	---

<b>Implications for East Dunbartonshire Council:</b>	N/A
--	-----

Implications for NHS Greater Glasgow & Clyde:	N/A
---	-----

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

## MAIN REPORT

1.1 The financial performance for the Health & Social Care Partnership is based on the period 4 reporting cycle for the period to the 31st July 2017. It is early in the financial year and the position can vary significantly between now and the year end as a result of unknown demand pressures and given the volatile nature of Social Work budgets and risks associated with the Prescribing budget.

1.2 The position as at Period 4 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Actual Out-turn Variance £000
NHS Community Budgets	21,330	6,681	6,645	36	0
ED Social Care Fund (£250m +£100m)	6,000	2,000	2,000	0	0
Oral Health	10,053	3,284	3,149	135	0
FHS & Prescribing	43,017	14,878	14,878	0	0
Adult Social Care	39,381	8,474	13,041	(4,567)	0
Children & CJ Services	11,291	3,403	3,443	(40)	0
Care of Gardens	78	20	20	0	0
Adaptations (PSHG)	450	113	113	0	0
Care and Repair	214	54	54	0	0
Fleet	452	113	113	0	0
<b>SUB-TOTAL</b>	<b>132,266</b>	<b>39,019</b>	<b>43,455</b>	<b>(4,436)</b>	<b>0</b>
Acute Set Aside	17,381	5,794	5,794	0	0
<b>TOTAL</b>	<b>149,647</b>	<b>44,812</b>	<b>49,248</b>	<b>(4,436)</b>	<b>0</b>

### HSCP Budget Outturn

1.3 The current position indicates a breakeven position for the Health & Social Care Partnership (HSCP) for the year to 31<sup>st</sup> March 2018. The year to date position is showing a £4.4m overspend, however this is due to phasing issues in relation to adult social care provider payments and delays in resource transfer from the Health Board to the Council. This is expected to be rectified in period 5.

### NHS Budget Outturn

The table below provides a detailed breakdown of the partnership NHS budgets for the 4 month period to the 31<sup>st</sup> July 2017:-

<b>NHS Expenditure (Care Group) £000</b>	<b>Annual Budget £000</b>	<b>YTD Budget £000</b>	<b>YTD Actual £000</b>	<b>Variance £000</b>
Addictions – Community	690	230	229	1
Adult Community Services	4,231	1,410	1,444	(34)
Integrated Care Fund	525	40	37	3
Child Services – Community	1,225	462	446	16
Learning Disability – Community	612	204	158	46
Mental Health – Adult Community	1,137	376	383	(7)
Mental Health – Elderly Services	570	187	213	(26)
Other Services	2,744	596	563	33
Planning & Health Improvement	557	186	182	4
Resource Transfer to Local Authority	15,039	4,990	4,990	0
<b>Total Integrated Budgets</b>	<b>27,330</b>	<b>8,681</b>	<b>8,645</b>	<b>36</b>
FHS – Prescribing	18,671	6,358	6,358	0
FHS – GMS	12,697	4,432	4,432	0
FHS – Other	11,649	4,088	4,088	0
<b>Total Ring-fenced NHS Budgets</b>	<b>43,017</b>	<b>14,878</b>	<b>14,878</b>	<b>0</b>
<b>Total Directly managed NHS Budgets</b>	<b>70,347</b>	<b>23,559</b>	<b>23,523</b>	<b>36</b>
Oral Health – Public Dental Service (Hosted)	10,053	3,284	3,149	135
Acute Set Aside	17,381	5,794	5,794	0
<b>Total IJB Health Budget</b>	<b>97,781</b>	<b>32,637</b>	<b>32,466</b>	<b>171</b>

1.5 The projected out turn for the health element of the partnership budget is that of breakeven at this point in the financial year.

1.6 The current year to date position shows an underspend of £171k which relates to the impact of savings identified to meet the initial cost pressures identified at the budget setting which included significant pressure on prescribing. As further prescribing savings have been identified as part of a wider NHSGG&C project, individual partnerships will not be required to contribute towards this area. This will provide some in year flexibility to manage the overall budget position. There are currently a number of payroll pressures, as a consequence of turnover savings factored into the in relation to Adult Community services and MH – Elderly services which will be closely monitored as the

year progresses.

- 1.7 The Oral Dental Health service is hosted by East Dunbartonshire HSCP on behalf of the other 5 NHS GG&C partnerships and is currently showing a favourable variance on budget. Work is underway to develop a mechanism whereby individual partnerships can monitor their activity and usage of services hosted by other partnerships and have an oversight of the spend on services for their local populations.
- 1.8 The budget for Acute Set Aside remains the same as 2016/17 and the spend matches the allocation of budget. Work is underway to develop a mechanism whereby activity and usage of acute services are linked to budget spending and delivery of partnership un-scheduled care plans. This will make this element of the budget more meaningful and real for partnerships. This work is expected to be concluded within financial year 2017/18.
- 1.9 GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means that only April and May expenditure is available. This was showing that prescribing expenditure, for East Dunbartonshire, was running slightly ahead of budget at that point to the tune of £13k. Work programmes are underway which will focus on maximising efficiencies in this area and deliver prescribing within budget. There remain risks in relation to drugs on short supply and price increases which will be monitored as the year progresses.
- 1.10 The overall GP prescribing expenditure position for NHS GG&C is showing pressure of £66k, however this will change as efficiency programmes are progressed and the Board is reporting a projected breakeven for the year. There continues to be a risk sharing arrangement in place for 2017/18 across the GG&C board area and this will be managed within the NHS GG&C board budgets.

**1.11 Social Work Budget Out turn**

The table below shows the partnership Social Work budgets for the 4 month period to the 30<sup>th</sup> July 2017:-

SW Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Adult SW Services	39,381	8,474	13,041	(4,567)
Children & Criminal Justice Services	11,291	3,403	3,443	(40)
Other Council Budgets	1,194	300	300	0
<b>Total IJB SW Budget</b>	<b>51,866</b>	<b>12,176</b>	<b>16,783</b>	<b>(4,607)</b>

- 1.12 The projected outturn for the Social Work element of the partnership budget is that of a breakeven at this point in the financial year. This is caveated with concerns regarding the delay in processing payments to care providers which may not accurately be reflected in the financial information system and a recognition of the volatility of SW budgets with changes in caseloads or packages having a significant impact on expenditure projections. A detailed breakdown is provided in **Appendix 1**.

- 1.13 The current year to date position shows an overspend of £4.6m which relates in the

main to phasing on Adult Service payments to care providers and delays in resource transfer payments from the Health Board to the Local Authority. This will be rectified for period 5 reporting.

**1.14** In relation to Adult Social Work services, there are a number of vacancies across the service which are offsetting pressures in relation to overtime predominantly within older people's care at home services. There are also indications of a continuing downward trend on care home placements which is having a positive impact on budget and this is offsetting pressures in relation to unidentified savings and pressures on LD budgets caused by the impact of savings proposal in this area.

**1.15** In relation to Children's SW Services, there are significant numbers of vacancies across Children's services which are offsetting pressures in relation to residential placements for Children. There was no additional funding to meet commitments at the budget setting process, therefore measures to manage this budget through vacancy management will continue until the volume of placements can be safely reduced.

**1.16** The other budgets delegated to the partnership include Care of Gardens, Adaptations to private sector housing, care & repair services and fleet. Expenditure tends to match budget albeit there is historically some pressure in relation to care of Gardens which will be monitored as the year progresses.

**1.17** 2017/18 Partnership Savings

In relation to the partnership savings approved as part of the 2017/18 budget settlement, there are a number of areas where there has been a delay in progressing initiatives. This provides a projected gap and savings shortfall of £1.2m, including £500k of unidentified savings. This is currently being met from the overall budget allocation and will continue to be monitored as the year progresses. A detailed breakdown is attached as **Appendix 2**.

**1.18** Partnership Reserves

The partnership reserves total £5.3m as at 1<sup>st</sup> April 2017. This includes £2.6m of earmarked reserves to facilitate service re-design and specific Scottish Government initiatives in furtherance of the strategic priorities of the partnership. This also includes a general reserve of £2.7m which will provide some resilience to meet future demand pressures, mitigate budget risks and mitigate the shortfall in savings initiatives not managed within overall budget during the year. A detailed breakdown is provided in **Appendix 3**.

**1.19** Financial Risks

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

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. At this stage of the year it is not possible to make an informed assessment of the in year position against budgets and to estimate the likely out-turn for 2017/18, however based on previous year experience this will require close ongoing monitoring.
- Achievement of Savings Targets – there are elements of the savings targets which have yet to be identified and where there are significant dependencies and complexities to be considered in order to effectively deliver on these.
- Demographic Pressures - Increasing numbers of older people is placing significant additional demand on a range of services including Home Care. In addition,



achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.

- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial penalties with these costs directed to partnerships in recognition of this failure to deliver.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which may impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which may have recurring cost implications.

## **2.0 Financial Planning 2017/18**

- 2.1 Following the last IJB report on the 22<sup>nd</sup> June 2017, there has been further discussion with Chief Officers, the NHS Chief Executive and NHS Director of Finance and a proposed agreement has been reached on the outstanding issue relating to the £3.6m reduction to HSCP's 2017/18 budgets for savings dating back to 2015/16 in respect of CH(C)P's. A letter outlining the final settlement from NHSGG&C is attached as **Appendix 4**.
- 2.2 The agreement reached, subject to each IJB approval, is that each IJB will fund its proportionate share of the £3.6m unallocated saving target on a one off basis during 2017/18, to promote partnership working. This is the maximum contribution by IJBs in respect of the historic £7.8m unachieved savings and will allow a short period of time to work towards a recurring solution, focusing on the development and conclusion of the mechanism for the set aside budget. This approach has been agreed with the Scottish Government and requires a rapid and focused action plan to be developed and delivered over the coming months in conjunction with Chief Officers, NHSGGC Director of Finance, Chief Finance Officers and Scottish Government.
- 2.3 This non-recurring funding to a maximum of £3.6m will be on the basis of a recharge and not a budget reduction. This ensures that the 2017/18 budget for the IJBs is compliant with the Scottish Government settlement'. The impact for East Dunbartonshire HSCP is approx.. £231k which would have to be met from the overall budget allocation to the partnership or from general reserves.
- 2.4 As part of the final settlement from the NHS Board, there is also a proposal to continue the risk sharing arrangement for prescribing for 2017/18 with discussions to be progressed with the 6 NHSGG&C partnerships on the arrangements beyond 2017/18. The proposal for 2017/18 is per previous years whereby the Board will absorb the risk of any in year overspends on the prescribing budget but in the event that the budget

delivers a surplus, this will be retained by the board.

- 2.5 The budget for prescribing will be set for each partnership based on a starting position of the final audited out turn for 2016/17, factoring in pressures and the efficiencies identified as part of the work of the Prescribing Efficiency Group. This will result in a budget of £18.9m for East Dunbartonshire and is compliant with the SG settlement.

**Chief Officer: Susan Manion**

**Clinical & Care Governance Sub Group  
31<sup>st</sup> May 2017, 2.30pm  
F33A, Kirkintilloch Health & Care Centre**

**Members Present**

<b>Name</b>	<b>Designation</b>
Lisa Williams	Clinical Director
Susan Manion	Chief Officer
Claire Carthy	Fieldwork Manager
Fraser Ross	Senior Nurse, Adults
Lorna Hood	Senior Nurse, Children & Families
Fiona Munro	Manager, Rehab & Older Peoples Services
Michael McGrady	Consultant Dental Public Health/Professional Lead
Carolyn Fitzpatrick	Lead for Clinical Pharmacy and Prescribing
Lorraine Currie	Nurse Team Leader, PCMHT / CMHT

**In Attendance**

<b>Name</b>	<b>Designation</b>
Louise Martin	Minutes

**Apologies**

<b>Name</b>	<b>Designation</b>
Andy Martin	Head of Adult & Primary Care Services
Philip O'Hare	Clinical Risk Co-ordinator
Andrew Millar	Clinical Effectiveness Co-ordinator
Lorraine Currie	Mental Health Operations Manager
Paolo Mazzoncini	Chief Social Work Officer
Gillian Notman	Change & Redesign Manager

No.	Topic	Action
1.	<b>Apologies and attendance</b>	
	Apologies and attendance are detailed on page 1	
2.	<b>Presentation - Falls</b>	
	<p>Elaine Marsh, Team Leader Community Rehab Team attended the meeting today and provided a presentation updating on current work taking place in relation to the Falls service.</p> <p>A working group has been established to support and monitor the current / proposed work. This was in response to the results of the 2015 national self assessment, where East Dunbartonshire had fallen short of national standards. Elaine advised that there has been substantial progress has been made and that the team have also felt it beneficial to benchmark the progress against original results.</p> <p>Current workstreams;</p> <ul style="list-style-type: none"> <li>• Leaflets have been produced and distributed to all independent colleagues e.g. GPs, Dental Practices and Opticians. These leaflets provide contact numbers so they are able to report any falls they may be aware of.</li> <li>• Working with Scottish Ambulance Service (SAS) to identify ways of reducing unnecessary hospital attendance for people who fall.</li> <li>• Improvement advisor working with 4 care homes in East Dunbartonshire to carry out improvement work using the agreed management tool. Preliminary results have shown that there has been a 62% reduction in falls within care homes.</li> <li>• Providing falls awareness training within day services is currently underway within Kelvinbank Resource Centre. The aim of this work is to expand the knowledge and raise awareness of the pathway for people who are at risk of falling.</li> <li>• All Podiatry teams have developed their pathway and will work with all services to ensure a coordinated approach. Podiatry teams have identified a falls champion and will carry out level one assessment.</li> <li>• Working with Fire Scotland to raise awareness of falls and introduce level one into their established home safety check. Six questions will be added to their initial check and will inform of any next steps.</li> </ul>	
3.	<b>Minutes of previous meeting – 23<sup>rd</sup> November 2016</b>	
	Item 16 – Date of next meeting was incorrect. The remainder of the previous minutes were agreed as an accurate reflection.	

<b>4.</b>	<b>Matters arising</b>	
	<p><u>Terms of Reference / Governance Structure</u> Discussion took place around the Terms of Reference. Susan Manion requested a separate meeting with Lisa Williams to discuss the Terms of Reference and membership of the group. The final draft will then be included within the next agenda for discussion and agreement by the group.</p> <p>The group agreed that the meeting should remain to take place on a bi-monthly basis.</p>	
	<p><u>Significant Clinical Incident (SCI) Sign Off</u> All members of the group were informed, and agreed that the Service Lead or head of Service should review and approve all SCIs and outcomes. This should then be feedback to all relevant staff members and managers.</p>	
	<p><u>Patient Feedback</u> Fraser Ross advised that he is currently working with Anthony Craig, Community, and Capacity Officer, to drive this work forward.</p>	
	<p><u>Case Conference Attendance</u> Single Point of Access – Dianne Rice is to meet with Claire Carthy regarding the process for Child Protection Case Conference Invites. An update will be available at the next meeting.</p>	<b>DR/CC</b>
<b>5.</b>	<b>Governance Leads Update / Reports</b>	
<b>(a)</b>	<p><u>Core Audit Reports</u> Both the District Nursing and Woodlands core audit reports were included within the agenda for discussion as they did not achieve 100%. Fraser Ross, Senior Nurse Adults and Fiona Munro, Team Manager Older Peoples Mental Health &amp; CRT both advised the group that they had no concerns in relation to these reports.</p>	
<b>(b)</b>	<p><u>Safety Cross Report</u> Fraser Ross advised that there had been an incident of an avoidable pressure ulcer. This was reported through the agreed process and is being used as a learning need which will be shared with all relevant staff.</p>	
<b>(c)</b>	<p><u>LD Governance</u> An update was unavailable for the meeting.</p>	<b>DA</b>
<b>(d)</b>	<p><u>Mental Health Governance</u> The group were advised that there is ongoing work related to the Community Mental Health Team (CMHT) in relation to physical health. A survey has been undertaken by the Primary Care Mental Health Team (PCMHT) and the results of this will be available for the next meeting.</p>	<b>LC</b>
<b>(e)</b>	<p><u>Primary Care &amp; Community Partnership Governance Group</u> The above meeting is now co-chaired by Lisa Williams and Stuart Sutton. Lisa Williams advised that there is ongoing work in relation to the Scottish Patient Safety Programme and that a meeting has been arranged for 1<sup>st</sup> June to progress.</p>	

(f)	<u>Board Clinical Governance Forum</u> Lisa Williams informed the group that the Forum is currently reflecting on how governance should be handled within the HSCPs. The Clinical Effectiveness Team, led by Frances Rodger is currently arranging to visit each HSCP and assist in the development of the local groups.	
<b>6.</b>	<b>Risk Management</b>	
(a)	<u>Care Home Update</u> The group were advised that the Care Home Governance Group is now well established and is supporting both the LES GP Practices and the Care Home Liaison Nurse.  Fraser Ross informed the group that there is an overview of this work at Board level, and that this may impact locally.	
(b)	<u>Clinical Risk Update</u> Philip O'Hare was unable to attend the meeting, however, provided a report which was circulated previously with the agenda for information. Lisa Williams highlighted that there were a number of outstanding incidents which required to be authorised and requested that all teams ensure this is actioned.	
(c)	<u>Incident Report – 10/11/16-18/01/17</u>  The group reviewed the incident report.  Two incidents were discussed (445990, 454002). The group agreed that these incidents were being correctly progressed.  It was also noted that 3 SCI investigations were outstanding. The group were informed that these incidents are ongoing and the agreed process will be followed.	
<b>7.</b>	<b>Public Health Reports / Prescribing Updates</b>	
	A public health report had been received and discussed at the meeting. Carolyn Fitzpatrick advised that the incident was unavoidable and had no concerns in relation to the incident.  Carolyn informed the group that there is work being carried out within the Community Pharmacies in relation to ordering and that the Central Pharmacy Team is assisting with this.	
<b>8.</b>	<b>Quality Improvement Work plan</b>	
	The workplan was circulated prior to the meeting.	
<b>9.</b>	<b>Scottish Patient Safety Programme</b>	
(a)	An update was unavailable for the meeting.	
(b)	<u>Clinical Governance Related Guidance Newsletter</u> The newsletter was circulated previously with the agenda for information. Lisa Williams requested that members should send her any workstreams that could feature in future newsletters.	
(c)	<u>SPSO Update – April 2017</u> The December update was circulated previously with the agenda for information.	

(d)	<u>SPSO Report</u> The SPSO was circulated previously with the agenda. There were no concerns to note.	
<b>10.</b>	<b>Enabled to Deliver Person Centered Care</b>	
(a)	<u>Complaints report – 19/01/17 – 06/04/17</u> There were no Health complaints to note. Louise Martin advised that there is ongoing work to harmonise the complaints process for the HSCP.  There were no Social Care complaints to note. All Social Care complaints will be processed in line with all other Local Authority complaints. Louise Martin will provide the appropriate letter templates for these.	
(b)	<u>GP Complaints Report</u> Lisa Williams reported that there were no new complaints.	
(c)	<u>Pharmacy Report</u> Carolyn Fitzpatrick reported there had been 5 complaints. All complaints followed process.	
(d)	<u>Optometry Report</u> The report was not available for the meeting.	
(e)	<u>Safety and Protection of Patients, Staff and Volunteers in NHS Scotland</u> This report was circulated previously with the agenda for information. Recommendations for NHS Boards were included.	
<b>11.</b>	<b>Vulnerable Children &amp; Adults</b>	
(a)	<u>Child Protection</u> There was no update available for the meeting.	
(b)	<u>Child Protection Case Conference Attendance – Q3 (01/10/16-31/12/16)</u> The attendance report was circulated previously with the agenda for information. As previously mentioned under item 4 Dianne Rice will working with Claire Carthy to create a Single Point of Access for invites. This is hoped to give accurate data of attendance at case conferences.  GP attendance remains low, however, submitted verbal / written reports remain at a satisfactory level.	<b>DR/CC</b>
(c)	<u>Looked After and Accommodated Children</u> It was agreed that a bi-monthly report will feature at meetings in relation to data. Claire noted that there are currently 50 children on the Children's Risk Register, 37 looked after children at home, with 130 children being accommodated.	<b>CC</b>
(d)	<u>Child Protection Forum Minutes – 10/01/17</u> The minutes were circulated previously with the agenda for information.	
(e)	<u>Child Sexual Exploitation – Practitioner Guidance for noting</u> The report was circulated previously with the agenda. All members should be aware of this report and circulate to all relevant staff.	<b>All</b>

(f)	<u>Adult Protection</u> Fraser Ross advised that he is involved in the annual case note audit. He reported that there has been a lot of good communication between agencies and the overall result of the audit was very positive.	
(g)	<u>SCI Report</u> The report was reviewed and Lisa Williams requested that all members should review the report with particular attention to pages 15 & 21. Lisa will follow up related actions with relevant teams.	
(h)	<u>SCI Policy 2017 – for noting</u> The updated SCI policy was circulated previously with the agenda for noting. Local procedures will need to be put in place to support the new policy. The Clinical Effectiveness unit have offered assistance to local teams. Lisa Williams suggested that the next meeting will focus on complaints / SCI outcomes to ensure robust systems are in place to ensure all actions are complete.  All members should circulate and discuss the new policy with their staff.	<b>DR</b>  <b>All</b>
<b>12.</b>	<b>Infection Control Minutes</b>	
	The minutes were circulated previously with the agenda for information.	
<b>13.</b>	<b>Adverse Events – Letter from National Clinical Director, Chief Medical and Chief Nursing Officer</b>	
	This document was circulated previously with the agenda for noting.	
<b>14.</b>	<b>AOCB</b>	
	Susan Manion enquired how the group links with Dental Services. Michael McGrady advised that Frances McLinden, General Manager, OHD has nominated him as OHD representative. This will ensure any learning and relevant information is taken forward.  Lisa Williams to arrange for input for the Terms of Reference from services, including hosted services.  Lisa Williams advised that the Clinical & Care Governance agenda needs to be carefully managed to ensure it reflects inclusion of both Health and Social Care issues. Louise Martin to send Lisa the schedule of topics for the HSCP Board to determine if this may help to shape the agenda for future meetings. Lisa asked that any suggestions for inclusion onto the agenda would be welcomed.	<b>LW</b>
<b>16.</b>	<b>Date and time of next meeting</b> <b>Wednesday 26<sup>th</sup> July 2017, 2.30pm, Room F33A, KHCC</b>	



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Joint Staff Partnership Minutes
<b>Report By</b>	Tom Quinn, Head of People & Change <a href="mailto:Tom.quinn@ggc.scot.nhs.uk">Tom.quinn@ggc.scot.nhs.uk</a>
<b>Contact Officer</b>	Tom Quinn, Head of People & Change

<b>Purpose of Report</b>	To provide the Board with an update of the work of Staff Partnership Forum.
--------------------------	---

<b>Recommendations</b>	The Integration Joint Board is asked to:  a. Note the contents of the minute of the Staff Partnership Forum held on the 22 <sup>nd</sup> May 2017.
------------------------	--

<b>Relevance to HSCP Board Strategic Plan</b>	This group support the workforce planning and delivery aspects of the Strategic Plan.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	This group will progress the workforce planning which support service re-design to deliver on the strategic priorities set out in the Strategic Plan.
------------------------	---

<b>Equalities:</b>	N/A
--------------------	-----

<b>Financial:</b>	None.
-------------------	-------

<b>Legal:</b>	None.
---------------	-------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Risk Implications:</b>	N/A
---------------------------	-----

<b>Implications for East Dunbartonshire Council:</b>	N/A
--	-----

<b>Implications for NHS</b>	N/A
-----------------------------	-----

<b>Greater Glasgow &amp; Clyde:</b>	
-------------------------------------	--

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>X</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

## MAIN REPORT

1.1 The financial performance for the Health & Social Care Partnership is based on the period 4 reporting cycle for the period to the 31st July 2017. It is early in the financial year and the position can vary significantly between now and the year end as a result of unknown demand pressures and given the volatile nature of Social Work budgets and risks associated with the Prescribing budget.

1.2 The position as at Period 4 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Actual Out-turn Variance £000
NHS Community Budgets	21,330	6,681	6,645	36	0
ED Social Care Fund (£250m +£100m)	6,000	2,000	2,000	0	0
Oral Health	10,053	3,284	3,149	135	0
FHS & Prescribing	43,017	14,878	14,878	0	0
Adult Social Care	39,381	8,474	13,041	(4,567)	0
Children & CJ Services	11,291	3,403	3,443	(40)	0
Care of Gardens	78	20	20	0	0
Adaptations (PSHG)	450	113	113	0	0
Care and Repair	214	54	54	0	0
Fleet	452	113	113	0	0
<b>SUB-TOTAL</b>	<b>132,266</b>	<b>39,019</b>	<b>43,455</b>	<b>(4,436)</b>	<b>0</b>
Acute Set Aside	17,381	5,794	5,794	0	0
<b>TOTAL</b>	<b>149,647</b>	<b>44,812</b>	<b>49,248</b>	<b>(4,436)</b>	<b>0</b>

### HSCP Budget Outturn

1.3 The current position indicates a breakeven position for the Health & Social Care Partnership (HSCP) for the year to 31<sup>st</sup> March 2018. The year to date position is showing a £4.4m overspend, however this is due to phasing issues in relation to adult social care provider payments and delays in resource transfer from the Health Board to the Council. This is expected to be rectified in period 5.

### NHS Budget Outturn

The table below provides a detailed breakdown of the partnership NHS budgets for the 4 month period to the 31<sup>st</sup> July 2017:-

<b>NHS Expenditure (Care Group) £000</b>	<b>Annual Budget £000</b>	<b>YTD Budget £000</b>	<b>YTD Actual £000</b>	<b>Variance £000</b>
Addictions – Community	690	230	229	1
Adult Community Services	4,231	1,410	1,444	(34)
Integrated Care Fund	525	40	37	3
Child Services – Community	1,225	462	446	16
Learning Disability – Community	612	204	158	46
Mental Health – Adult Community	1,137	376	383	(7)
Mental Health – Elderly Services	570	187	213	(26)
Other Services	2,744	596	563	33
Planning & Health Improvement	557	186	182	4
Resource Transfer to Local Authority	15,039	4,990	4,990	0
<b>Total Integrated Budgets</b>	<b>27,330</b>	<b>8,681</b>	<b>8,645</b>	<b>36</b>
FHS – Prescribing	18,671	6,358	6,358	0
FHS – GMS	12,697	4,432	4,432	0
FHS – Other	11,649	4,088	4,088	0
<b>Total Ring-fenced NHS Budgets</b>	<b>43,017</b>	<b>14,878</b>	<b>14,878</b>	<b>0</b>
<b>Total Directly managed NHS Budgets</b>	<b>70,347</b>	<b>23,559</b>	<b>23,523</b>	<b>36</b>
Oral Health – Public Dental Service (Hosted)	10,053	3,284	3,149	135
Acute Set Aside	17,381	5,794	5,794	0
<b>Total IJB Health Budget</b>	<b>97,781</b>	<b>32,637</b>	<b>32,466</b>	<b>171</b>

1.5 The projected out turn for the health element of the partnership budget is that of breakeven at this point in the financial year.

1.6 The current year to date position shows an underspend of £171k which relates to the impact of savings identified to meet the initial cost pressures identified at the budget setting which included significant pressure on prescribing. As further prescribing savings have been identified as part of a wider NHSGG&C project, individual partnerships will not be required to contribute towards this area. This will provide some in year flexibility to manage the overall budget position. There are currently a number of payroll pressures, as a consequence of turnover savings factored into the in relation to Adult Community services and MH – Elderly services which will be closely monitored as the

year progresses.

- 1.7 The Oral Dental Health service is hosted by East Dunbartonshire HSCP on behalf of the other 5 NHS GG&C partnerships and is currently showing a favourable variance on budget. Work is underway to develop a mechanism whereby individual partnerships can monitor their activity and usage of services hosted by other partnerships and have an oversight of the spend on services for their local populations.
- 1.8 The budget for Acute Set Aside remains the same as 2016/17 and the spend matches the allocation of budget. Work is underway to develop a mechanism whereby activity and usage of acute services are linked to budget spending and delivery of partnership un-scheduled care plans. This will make this element of the budget more meaningful and real for partnerships. This work is expected to be concluded within financial year 2017/18.
- 1.9 GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means that only April and May expenditure is available. This was showing that prescribing expenditure, for East Dunbartonshire, was running slightly ahead of budget at that point to the tune of £13k. Work programmes are underway which will focus on maximising efficiencies in this area and deliver prescribing within budget. There remain risks in relation to drugs on short supply and price increases which will be monitored as the year progresses.
- 1.10 The overall GP prescribing expenditure position for NHS GG&C is showing pressure of £66k, however this will change as efficiency programmes are progressed and the Board is reporting a projected breakeven for the year. There continues to be a risk sharing arrangement in place for 2017/18 across the GG&C board area and this will be managed within the NHS GG&C board budgets.

**1.11 Social Work Budget Out turn**

The table below shows the partnership Social Work budgets for the 4 month period to the 30<sup>th</sup> July 2017:-

SW Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Adult SW Services	39,381	8,474	13,041	(4,567)
Children & Criminal Justice Services	11,291	3,403	3,443	(40)
Other Council Budgets	1,194	300	300	0
<b>Total IJB SW Budget</b>	<b>51,866</b>	<b>12,176</b>	<b>16,783</b>	<b>(4,607)</b>

- 1.12 The projected outturn for the Social Work element of the partnership budget is that of a breakeven at this point in the financial year. This is caveated with concerns regarding the delay in processing payments to care providers which may not accurately be reflected in the financial information system and a recognition of the volatility of SW budgets with changes in caseloads or packages having a significant impact on expenditure projections. A detailed breakdown is provided in **Appendix 1**.

- 1.13 The current year to date position shows an overspend of £4.6m which relates in the

main to phasing on Adult Service payments to care providers and delays in resource transfer payments from the Health Board to the Local Authority. This will be rectified for period 5 reporting.

**1.14** In relation to Adult Social Work services, there are a number of vacancies across the service which are offsetting pressures in relation to overtime predominantly within older people's care at home services. There are also indications of a continuing downward trend on care home placements which is having a positive impact on budget and this is offsetting pressures in relation to unidentified savings and pressures on LD budgets caused by the impact of savings proposal in this area.

**1.15** In relation to Children's SW Services, there are significant numbers of vacancies across Children's services which are offsetting pressures in relation to residential placements for Children. There was no additional funding to meet commitments at the budget setting process, therefore measures to manage this budget through vacancy management will continue until the volume of placements can be safely reduced.

**1.16** The other budgets delegated to the partnership include Care of Gardens, Adaptations to private sector housing, care & repair services and fleet. Expenditure tends to match budget albeit there is historically some pressure in relation to care of Gardens which will be monitored as the year progresses.

**1.17** 2017/18 Partnership Savings

In relation to the partnership savings approved as part of the 2017/18 budget settlement, there are a number of areas where there has been a delay in progressing initiatives. This provides a projected gap and savings shortfall of £1.2m, including £500k of unidentified savings. This is currently being met from the overall budget allocation and will continue to be monitored as the year progresses. A detailed breakdown is attached as **Appendix 2**.

**1.18** Partnership Reserves

The partnership reserves total £5.3m as at 1<sup>st</sup> April 2017. This includes £2.6m of earmarked reserves to facilitate service re-design and specific Scottish Government initiatives in furtherance of the strategic priorities of the partnership. This also includes a general reserve of £2.7m which will provide some resilience to meet future demand pressures, mitigate budget risks and mitigate the shortfall in savings initiatives not managed within overall budget during the year. A detailed breakdown is provided in **Appendix 3**.

**1.19** Financial Risks

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

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. At this stage of the year it is not possible to make an informed assessment of the in year position against budgets and to estimate the likely out-turn for 2017/18, however based on previous year experience this will require close ongoing monitoring.
- Achievement of Savings Targets – there are elements of the savings targets which have yet to be identified and where there are significant dependencies and complexities to be considered in order to effectively deliver on these.
- Demographic Pressures - Increasing numbers of older people is placing significant additional demand on a range of services including Home Care. In addition,

achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.

- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial penalties with these costs directed to partnerships in recognition of this failure to deliver.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which may impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which may have recurring cost implications.

## **2.0 Financial Planning 2017/18**

- 2.1 Following the last IJB report on the 22<sup>nd</sup> June 2017, there has been further discussion with Chief Officers, the NHS Chief Executive and NHS Director of Finance and a proposed agreement has been reached on the outstanding issue relating to the £3.6m reduction to HSCP's 2017/18 budgets for savings dating back to 2015/16 in respect of CH(C)P's. A letter outlining the final settlement from NHSGG&C is attached as **Appendix 4**.
- 2.2 The agreement reached, subject to each IJB approval, is that each IJB will fund its proportionate share of the £3.6m unallocated saving target on a one off basis during 2017/18, to promote partnership working. This is the maximum contribution by IJBs in respect of the historic £7.8m unachieved savings and will allow a short period of time to work towards a recurring solution, focusing on the development and conclusion of the mechanism for the set aside budget. This approach has been agreed with the Scottish Government and requires a rapid and focused action plan to be developed and delivered over the coming months in conjunction with Chief Officers, NHSGGC Director of Finance, Chief Finance Officers and Scottish Government.
- 2.3 This non-recurring funding to a maximum of £3.6m will be on the basis of a recharge and not a budget reduction. This ensures that the 2017/18 budget for the IJBs is compliant with the Scottish Government settlement'. The impact for East Dunbartonshire HSCP is approx.. £231k which would have to be met from the overall budget allocation to the partnership or from general reserves.
- 2.4 As part of the final settlement from the NHS Board, there is also a proposal to continue the risk sharing arrangement for prescribing for 2017/18 with discussions to be progressed with the 6 NHSGG&C partnerships on the arrangements beyond 2017/18. The proposal for 2017/18 is per previous years whereby the Board will absorb the risk of any in year overspends on the prescribing budget but in the event that the budget

delivers a surplus, this will be retained by the board.

- 2.5 The budget for prescribing will be set for each partnership based on a starting position of the final audited out turn for 2016/17, factoring in pressures and the efficiencies identified as part of the work of the Prescribing Efficiency Group. This will result in a budget of £18.9m for East Dunbartonshire and is compliant with the SG settlement.



Item 11

**East Dunbartonshire  
Health and Social Care Partnership**

**Minutes of East Dunbartonshire Staff Forum Meeting  
Monday 22 May 2017 at 2pm in F33A&B, Kirkintilloch Health & Care Centre**

**PRESENT**

<b>Andrew McCready (AMC)</b>	<b>Unite Oral Health (Co Chair) Chairing</b>
<b>Jamie Carrick (JC)</b>	<b>Unison Co-Chair</b>
<b>Margaret Hopkirk (MH)</b>	<b>People &amp; Change Manager</b>
<b>Rosemary Workman(RW)</b>	<b>HR Strategy Lead</b>
<b>Robert McIlreary (RMc)</b>	<b>Senior Learning &amp; Education Advisor</b>
<b>Frances McAlinden (FMc)</b>	<b>Lead Officer and General Manager Oral Health</b>
<b>Stephen McDonald (SMc)</b>	<b>Joint Service Manager Older People</b>
<b>Jean Campbell (JC)</b>	<b>Chief Finance &amp; Resource Officer</b>
<b>Wilma Hepburn (WH)</b>	<b>Professional Nurse Advisor</b>
<b>Tom Quinn (TQ)</b>	<b>Head of People &amp; Change</b>
<b>Linda Tindall (LT)</b>	<b>Senior Organisational Development Advisor</b>
<b>Diana McCrone (DMc)</b>	<b>British Association of Occupational Therapists Representative</b>
<b>Marie Lowe (ML)</b>	<b>RCN Representative</b>
<b>Anne McDaid (AMc)</b>	<b>RCN SPF Joint Secretary</b>
<b>Duncan Babrbour (DB)</b>	<b>GMB Convenor</b>
<b>Thomas Robertson (TR)</b>	<b>Unison Representative</b>
<b>Simon McFarlane(SMc)</b>	<b>Unison Regional Organiser</b>
<b>Billy McLeod (BMc)</b>	<b>Unison Representative</b>
<b>Margaret McCarthy (MMc)</b>	<b>Unison Representative</b>
<b>Lyndsay Ovenstone (LO)</b>	<b>British Dental Association Area Representative</b>
<b>Gillian Cameron (GC)</b>	<b>Unite Representative</b>
<b>Sandra Cairney (SC)</b>	<b>Head of Strategy Planning and HI</b>
<b>Caroline Smith (CS)</b>	<b>HR Business Partner</b>
<b>Karen Gillespie (KG)</b>	<b>HSCP Administrator – Minute Taker</b>

ITEM	SUBJECT	ACTION
1.	<b>WELCOME AND APOLOGIES</b>  Apologies were submitted on behalf of Susan Manion, Paolo Mazzoncini, Andy Martin, David Aitken and George Frew.	
2.	<b>MINUTES OF PREVIOUS MEETING</b>  Minutes of previous meeting held on 27 March 2017 were agreed as an accurate reflection of discussions.	
3.	<b>MATTERS ARISING</b>  <u>Partnership agreement</u> - currently sitting Susan Manion for her perusal and will be circulated to group for approval.	

	<p><u>Home Care</u>: 4 visits CM2000 – SMC advised initial meeting had taken place with further meeting planned to scope monitoring systems.</p> <p><u>Unison Charter</u> – DMC spoke to Unison Ethical Care Charter and asked that this be jointly reviewed by Unison and Homecare Service Manager before being brought to future meeting. Those present agreed to this proposal.</p> <p><u>3<sup>rd</sup> Party Providers</u> - TR spoke about unfairness within 3<sup>rd</sup> party provider services. Staff are expected to work 12 hour shifts but are only getting paid for 7.5 hours as neither travelling time or training are included in their working day. TR requested that EDC provide a benchmark for 3<sup>rd</sup> party providers to adhere to. JC advised that this should have been covered in the tender and monitoring process and requested details of the issues and names of contractors to enable further investigation.</p>	
<p><b>4.</b></p>	<p><b>KHCC REFURBISHMENT</b></p> <p>TQ advised that Gillian Notman had held a meeting with those staff who are currently decanted from the building and those intended to be moving to the 2<sup>nd</sup> floor. The focus of the meeting was to look at issues that staff may experience prior to moving back in and getting these resolved. There was an opportunity to visit the 2<sup>nd</sup> floor once the meeting had finished and everyone agreed it was a nice working environment but had concerns around the heating levels</p> <p>Further meeting to look IT issues for individual team needs took place this morning and discussions are still ongoing about how best to resolve these.</p>	
<p><b>5.</b></p>	<p><b>STAFF GOVERNANCE</b></p> <p>TQ spoke about the two separate framework documents; one focussing on Oral Health and other on HSCP. The framework shows that both Oral Health and the HSCP are working towards being an example of good practice in people management. Both East Dunbartonshire HSCP and Oral Health have established Staff Governance Groups which in turn will report back to the Senior Management Team and the Staff Forum at the meetings and to staff via the Our News/Team Brief process.</p> <p>TR asked for the HSCP guidance on ensuring EDC staff and NHS staff are not being expected to do duties/tasks that may overlap the two services such as SW staff within the EDADS team being asked to undertake clinical duties. TR advised that agreement was in place when teams (EDADS) were brought together but roles have changed without consultation with staff. MMc asked group to be established to look at this specific issue. TQ advised the workforce planning group would be split and would cover each team, he will circulate Terms of Reference for group. Nominations were asked for and conveners will confirm names to TQ - JC agreed to cover for EDADS, GC for Learning Disability, BMC will cover Care of the Elderly/Homecare.</p>	

6.	<p><b>FINANCE</b></p> <p>JC advised on the report submitted to the March meeting of the IJB, which informed the level of funding available to the partnership on which to deliver its strategic priorities for 2017/2018. Report had previously been circulated to Forum members and JC advised that she would continue to bring updated finance reports to future meetings.</p>	JC
7.	<p><b>OPMHT</b></p> <p>TQ spoke to the staff briefing paper prepared by West Dunbartonshire HSCP regarding the Older Peoples Mental Health Team currently based within the Glenkirk Centre who provide a service to the East Dunbartonshire population. The focus of the paper is to bring this staffing group under East Dunbartonshire HSCP; however the only change at present would be the line management structure for the staff.</p> <p>MMc asked for names of staff affected by this process as staff side need to be on board and ensure that staff are consulted with and supported. TQ advised it would be a minimal change as the day to day running of the service would not be affected and the staff would continue with the current arrangements for seeing patients and obtaining medical support from within the Glenkirk Centre.</p>	TQ
8.	<p><b>iMATTER</b></p> <p>LT advised that all Team leads/Managers within the HSCP had received their iMatters report and she had held awareness raising sessions to support them with the action planning process.</p> <p>Oral Health are about to commence their first anniversary run and seven out of the planned twenty best practice sessions have taken place.</p> <p>The SMT are due to discuss the HSCP iMatter report at their next meeting and will agree on the key themes to take forward in the coming year. LT will update at the next meeting</p>	LT
9.	<p><b>PLANNING CONSTRUCT</b></p> <p>SC spoke to the flow chart that was circulated to group with agenda. Chart details the groups/committees that are in place to support the Community Planning Partnership to work with local agencies in the spirit of joint working such as Police Scotland and Fire &amp; Rescue Service. SC gave lengthy overview of the chart and advised this is a positive experience for these involved. East Dunbartonshire HSCP are directly responsible for local outcomes of each of these groups/committees and they submit regular updates to the IJB.</p> <p>East Dunbartonshire HSCP are required by law to have two locality planning groups; 1 for the east locality of the catchment area and the other for the west locality. The role of the groups is to look at areas where joining resources could deliver a streamlined service to the community.</p>	

	<p>SC will ensure that the membership of the Strategic Planning Group includes a representative from the Staff Forum and advised that action notes are submitted to the IJB should anyone wish to look at them.</p> <p>SF asked if the meetings are open SC advised it's a flexible meeting but not open in general.</p>	<b>SC</b>
<b>10.</b>	<p><b>HR UPDATE</b></p> <p>Oral Health and HSCP report had been previously circulated. These reports look at patterns and trends and are not the actual absence figures. EDC figures have been reported separately as days absent are counted differently and would not fit with overall report.</p> <p>Discussions are ongoing to agree on how to produce a report that fits all services.</p>	<b>TQ</b>
<b>11.</b>	<p><b>LUNCHTIME SEMINARS</b></p> <p>Dates had previously been circulated to the team lead/managers with venues and topics and asking them to come along and contribute to the discussions. TQ asked for staff side representation at June and July sessions; reps will e-mail TQ with nominations. AMc agreed to attend the Oral health sessions.</p>	<b>Reps &amp; TQ</b>
<b>12.</b>	<p><b>WORKFORCE PLANNING UPDATE</b></p> <p>TR spoke about recruitment protocol for joint posts within the HSCP, it was agreed that a draft process will be brought to the next meeting and will identify any posts involved.</p> <p>SMc spoke about the national paper that will be published in July – TQ advised the HSCP had made comments on the draft paper and although it makes sense to wait until paper is published TQ advised if there was a vacancy it would not be feasible to wait until July.</p>	<b>TQ</b>
<b>13.</b>	<p><b>OUR NEWS</b></p> <p>Team Brief will now be known as our News – process is now in place to ensure staff have the opportunity to submit articles across Health and Social Care Partnership.</p> <p>Oral Health will continue to produce the Team Brief model for the service.</p> <p>Both Our News and Team Brief will be presented at Staff Forum meetings.</p> <p>Website being hosted and maintained by EDC is now live although it will continue to be developed over the coming months.</p>	

14.	<p><b>ORAL HEALTH WORKFORCE PLANNING</b></p> <p>Since the implementation of The Oral Health plan for 2014-2016 there has been a number of changes within the structure and the way in which it delivers services. FMc advised that the plan needs to be reviewed and specific areas of development looked at. AMc agreed to be part of the group looking at the plans with representative from BDA being interchangeable on the group due to commitments. FMc confirmed that regular updates would be brought to the Forum.</p>	
15.	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>Monday 24<sup>th</sup> July 2017 @ 2pm Room F33A&amp;B, Kirkintilloch Health &amp; Care Centre</p>	



Agenda Item Number: 12

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Professional Advisory Group Minutes
<b>Report By</b>	Paolo Mazzoncini, Chief Social Work Officer, Tel: 0141 232 8266
<b>Contact Officer</b>	Paolo Mazzoncini, Chief Social Work Officer, Tel: 0141 232 8266

<b>Purpose of Report</b>	To provide the Board with an update of the work of the Professional Advisory Group.
--------------------------	---

<b>Recommendations</b>	The Integration Joint Board is asked to:  a. Note the contents of the minute of the Professional Advisory Group held on the 7 <sup>th</sup> June 2017

<b>Relevance to HSCP Board Strategic Plan</b>	This group support the professional delivery aspects of the Strategic Plan.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	N/A
------------------------	-----

<b>Equalities:</b>	N/A
--------------------	-----

<b>Financial:</b>	None.
-------------------	-------

<b>Legal:</b>	None.
---------------	-------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Risk Implications:</b>	N/A
---------------------------	-----

<b>Implications for East Dunbartonshire Council:</b>	N/A
--	-----

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	N/A
--	-----

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>X</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	



## MAIN REPORT

1.1 The financial performance for the Health & Social Care Partnership is based on the period 4 reporting cycle for the period to the 31st July 2017. It is early in the financial year and the position can vary significantly between now and the year end as a result of unknown demand pressures and given the volatile nature of Social Work budgets and risks associated with the Prescribing budget.

1.2 The position as at Period 4 is outlined in the table below:-

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Actual Out-turn Variance £000
NHS Community Budgets	21,330	6,681	6,645	36	0
ED Social Care Fund (£250m +£100m)	6,000	2,000	2,000	0	0
Oral Health	10,053	3,284	3,149	135	0
FHS & Prescribing	43,017	14,878	14,878	0	0
Adult Social Care	39,381	8,474	13,041	(4,567)	0
Children & CJ Services	11,291	3,403	3,443	(40)	0
Care of Gardens	78	20	20	0	0
Adaptations (PSHG)	450	113	113	0	0
Care and Repair	214	54	54	0	0
Fleet	452	113	113	0	0
<b>SUB-TOTAL</b>	<b>132,266</b>	<b>39,019</b>	<b>43,455</b>	<b>(4,436)</b>	<b>0</b>
Acute Set Aside	17,381	5,794	5,794	0	0
<b>TOTAL</b>	<b>149,647</b>	<b>44,812</b>	<b>49,248</b>	<b>(4,436)</b>	<b>0</b>

### HSCP Budget Outturn

1.3 The current position indicates a breakeven position for the Health & Social Care Partnership (HSCP) for the year to 31<sup>st</sup> March 2018. The year to date position is showing a £4.4m overspend, however this is due to phasing issues in relation to adult social care provider payments and delays in resource transfer from the Health Board to the Council. This is expected to be rectified in period 5.

### 1.4 NHS Budget Outturn

The table below provides a detailed breakdown of the partnership NHS budgets for the 4 month period to the 31<sup>st</sup> July 2017:-

<b>NHS Expenditure (Care Group) £000</b>	<b>Annual Budget £000</b>	<b>YTD Budget £000</b>	<b>YTD Actual £000</b>	<b>Variance £000</b>
Addictions – Community	690	230	229	1
Adult Community Services	4,231	1,410	1,444	(34)
Integrated Care Fund	525	40	37	3
Child Services – Community	1,225	462	446	16
Learning Disability – Community	612	204	158	46
Mental Health – Adult Community	1,137	376	383	(7)
Mental Health – Elderly Services	570	187	213	(26)
Other Services	2,744	596	563	33
Planning & Health Improvement	557	186	182	4
Resource Transfer to Local Authority	15,039	4,990	4,990	0
<b>Total Integrated Budgets</b>	<b>27,330</b>	<b>8,681</b>	<b>8,645</b>	<b>36</b>
FHS – Prescribing	18,671	6,358	6,358	0
FHS – GMS	12,697	4,432	4,432	0
FHS – Other	11,649	4,088	4,088	0
<b>Total Ring-fenced NHS Budgets</b>	<b>43,017</b>	<b>14,878</b>	<b>14,878</b>	<b>0</b>
<b>Total Directly managed NHS Budgets</b>	<b>70,347</b>	<b>23,559</b>	<b>23,523</b>	<b>36</b>
Oral Health – Public Dental Service (Hosted)	10,053	3,284	3,149	135
Acute Set Aside	17,381	5,794	5,794	0
<b>Total IJB Health Budget</b>	<b>97,781</b>	<b>32,637</b>	<b>32,466</b>	<b>171</b>

1.5 The projected out turn for the health element of the partnership budget is that of breakeven at this point in the financial year.

1.6 The current year to date position shows an underspend of £171k which relates to the impact of savings identified to meet the initial cost pressures identified at the budget setting which included significant pressure on prescribing. As further prescribing savings have been identified as part of a wider NHSGG&C project, individual partnerships will not be required to contribute towards this area. This will provide some in year flexibility to manage the overall budget position. There are currently a number of payroll pressures, as a consequence of turnover savings factored into the in relation to Adult Community services and MH – Elderly services which will be closely monitored as the

year progresses.

- 1.7 The Oral Dental Health service is hosted by East Dunbartonshire HSCP on behalf of the other 5 NHS GG&C partnerships and is currently showing a favourable variance on budget. Work is underway to develop a mechanism whereby individual partnerships can monitor their activity and usage of services hosted by other partnerships and have an oversight of the spend on services for their local populations.
- 1.8 The budget for Acute Set Aside remains the same as 2016/17 and the spend matches the allocation of budget. Work is underway to develop a mechanism whereby activity and usage of acute services are linked to budget spending and delivery of partnership un-scheduled care plans. This will make this element of the budget more meaningful and real for partnerships. This work is expected to be concluded within financial year 2017/18.
- 1.9 GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means that only April and May expenditure is available. This was showing that prescribing expenditure, for East Dunbartonshire, was running slightly ahead of budget at that point to the tune of £13k. Work programmes are underway which will focus on maximising efficiencies in this area and deliver prescribing within budget. There remain risks in relation to drugs on short supply and price increases which will be monitored as the year progresses.
- 1.10 The overall GP prescribing expenditure position for NHS GG&C is showing pressure of £66k, however this will change as efficiency programmes are progressed and the Board is reporting a projected breakeven for the year. There continues to be a risk sharing arrangement in place for 2017/18 across the GG&C board area and this will be managed within the NHS GG&C board budgets.

**1.11 Social Work Budget Out turn**

The table below shows the partnership Social Work budgets for the 4 month period to the 30<sup>th</sup> July 2017:-

SW Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Adult SW Services	39,381	8,474	13,041	(4,567)
Children & Criminal Justice Services	11,291	3,403	3,443	(40)
Other Council Budgets	1,194	300	300	0
<b>Total IJB SW Budget</b>	<b>51,866</b>	<b>12,176</b>	<b>16,783</b>	<b>(4,607)</b>

- 1.12 The projected outturn for the Social Work element of the partnership budget is that of a breakeven at this point in the financial year. This is caveated with concerns regarding the delay in processing payments to care providers which may not accurately be reflected in the financial information system and a recognition of the volatility of SW budgets with changes in caseloads or packages having a significant impact on expenditure projections. A detailed breakdown is provided in **Appendix 1**.

- 1.13 The current year to date position shows an overspend of £4.6m which relates in the

main to phasing on Adult Service payments to care providers and delays in resource transfer payments from the Health Board to the Local Authority. This will be rectified for period 5 reporting.

**1.14** In relation to Adult Social Work services, there are a number of vacancies across the service which are offsetting pressures in relation to overtime predominantly within older people's care at home services. There are also indications of a continuing downward trend on care home placements which is having a positive impact on budget and this is offsetting pressures in relation to unidentified savings and pressures on LD budgets caused by the impact of savings proposal in this area.

**1.15** In relation to Children's SW Services, there are significant numbers of vacancies across Children's services which are offsetting pressures in relation to residential placements for Children. There was no additional funding to meet commitments at the budget setting process, therefore measures to manage this budget through vacancy management will continue until the volume of placements can be safely reduced.

**1.16** The other budgets delegated to the partnership include Care of Gardens, Adaptations to private sector housing, care & repair services and fleet. Expenditure tends to match budget albeit there is historically some pressure in relation to care of Gardens which will be monitored as the year progresses.

**1.17** 2017/18 Partnership Savings

In relation to the partnership savings approved as part of the 2017/18 budget settlement, there are a number of areas where there has been a delay in progressing initiatives. This provides a projected gap and savings shortfall of £1.2m, including £500k of unidentified savings. This is currently being met from the overall budget allocation and will continue to be monitored as the year progresses. A detailed breakdown is attached as **Appendix 2**.

**1.18** Partnership Reserves

The partnership reserves total £5.3m as at 1<sup>st</sup> April 2017. This includes £2.6m of earmarked reserves to facilitate service re-design and specific Scottish Government initiatives in furtherance of the strategic priorities of the partnership. This also includes a general reserve of £2.7m which will provide some resilience to meet future demand pressures, mitigate budget risks and mitigate the shortfall in savings initiatives not managed within overall budget during the year. A detailed breakdown is provided in **Appendix 3**.

**1.19** Financial Risks

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

- Prescribing Expenditure - Prescribing cost volatility represents the most significant risk within the NHS element of the partnership's budget. At this stage of the year it is not possible to make an informed assessment of the in year position against budgets and to estimate the likely out-turn for 2017/18, however based on previous year experience this will require close ongoing monitoring.
- Achievement of Savings Targets – there are elements of the savings targets which have yet to be identified and where there are significant dependencies and complexities to be considered in order to effectively deliver on these.
- Demographic Pressures - Increasing numbers of older people is placing significant additional demand on a range of services including Home Care. In addition,

achieving the required reductions in delayed discharges and hospital bed usage is creating increased demand on older people services and resulting in increased levels of self-directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.

- Un Scheduled Care - The pressures on Acute budgets remains significant with a large element of this relating to pressure from un-scheduled care. If there is no improvement in partnership performance in this area (targeted reductions in occupied bed days) then there may be financial penalties with these costs directed to partnerships in recognition of this failure to deliver.
- Children's Services - managing risk and vulnerability within Children's Services is placing significant demand pressures on residential placements which will increase the risk of overspend which may impact on achieving a balanced year end position.
- Financial Systems – the ability to effectively monitor and manage the budgets for the partnership are based on information contained within the financial systems of both partner agencies. This information needs to be robust and current as reliance is placed on these systems for reporting budget performance to the Board and decisions on allocation of resources throughout the financial year.
- Living Wage – the costs associated with implementing the living wage are subject to ongoing negotiation with care providers and there are elements around sustainability and future sleepover arrangements which may have recurring cost implications.

## **2.0 Financial Planning 2017/18**

- 2.1 Following the last IJB report on the 22<sup>nd</sup> June 2017, there has been further discussion with Chief Officers, the NHS Chief Executive and NHS Director of Finance and a proposed agreement has been reached on the outstanding issue relating to the £3.6m reduction to HSCP's 2017/18 budgets for savings dating back to 2015/16 in respect of CH(C)P's. A letter outlining the final settlement from NHSGG&C is attached as **Appendix 4**.
- 2.2 The agreement reached, subject to each IJB approval, is that each IJB will fund its proportionate share of the £3.6m unallocated saving target on a one off basis during 2017/18, to promote partnership working. This is the maximum contribution by IJBs in respect of the historic £7.8m unachieved savings and will allow a short period of time to work towards a recurring solution, focusing on the development and conclusion of the mechanism for the set aside budget. This approach has been agreed with the Scottish Government and requires a rapid and focused action plan to be developed and delivered over the coming months in conjunction with Chief Officers, NHSGGC Director of Finance, Chief Finance Officers and Scottish Government.
- 2.3 This non-recurring funding to a maximum of £3.6m will be on the basis of a recharge and not a budget reduction. This ensures that the 2017/18 budget for the IJBs is compliant with the Scottish Government settlement'. The impact for East Dunbartonshire HSCP is approx.. £231k which would have to be met from the overall budget allocation to the partnership or from general reserves.
- 2.4 As part of the final settlement from the NHS Board, there is also a proposal to continue the risk sharing arrangement for prescribing for 2017/18 with discussions to be progressed with the 6 NHSGG&C partnerships on the arrangements beyond 2017/18. The proposal for 2017/18 is per previous years whereby the Board will absorb the risk of any in year overspends on the prescribing budget but in the event that the budget

delivers a surplus, this will be retained by the board.

- 2.5 The budget for prescribing will be set for each partnership based on a starting position of the final audited out turn for 2016/17, factoring in pressures and the efficiencies identified as part of the work of the Prescribing Efficiency Group. This will result in a budget of £18.9m for East Dunbartonshire and is compliant with the SG settlement.

Chief Officer: Susan Manion

**HSCP PROFESSIONAL ADVISORY GROUP MEETING  
WEDNESDAY 7<sup>th</sup> June 2017, ROOM F33A, KHCC**

**Present:**

Susan Manion	<b>(SM)</b>	Chief Officer
Carolyn Fitzpatrick	<b>(CF)</b>	Lead Prescriber
Wilma Hepburn	<b>(WH)</b>	Professional Nurse Advisor
Lisa Williams	<b>(LW)</b>	Clinical Director
Morven Campbell	<b>(MC)</b>	Lead Optometrist
Andy Martin	<b>(AM)</b>	Head of Primary and Adult Care

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

No	Topic/Subject	ACTION
1.	<b>Welcome &amp; Apologies</b>	
	Apologies received on behalf Paolo Mazzoncini and Adam Bowman.	
2.	<b>Previous Minutes</b>	
	Minutes approved as an accurate record.	
3.	<b>Matters Arising</b>	
	Matters arising from the previous minute are highlighted as individual items within the agenda.	
4.	<b>Health &amp; Social Care Delivery Plans and impacts of change</b>	
	AM suggested that the reason for the inclusion of this item on the agenda may have been to address potential priorities within the document that the group may have needed to focus on.	
5.	<b>PAG Terms of Reference Discussion</b>	
	LW provided the background to the PAG, and the Terms of Reference (ToR) and what the purpose and the membership of the group should be.  She informed the meeting that there was a need for the ToR now to be reviewed and as such a significant and detailed discussion with those present followed. SM commented that the group was a real opportunity for the correct membership to consider professional, clinical and operational issues. AM also stated that it was the perfect environment to bring together professional members and contractor services where matters of importance and potential proposals can be discussed openly. LW felt that there was a degree of uncertainty surrounding the purpose of the group and what discussions the group should be holding.	

	<p>Discussion followed, where SM also questioned whether it was useful to base the direction and set up of the PAG moving forward on the format of the Area Clinical Forum, and also whether to include, or invite to attend, a representative from Community Dental services.</p> <p>LW determined that the priority was to agree the membership and set an agenda for the next meeting and make it more fit for purpose. <b>ACTION:</b> LW, AM and WH to work on and review ToR and circulate to members for comment and approval.</p> <p>Suggested membership was briefly discussed as below:</p> <p><b>Core Group</b>  <b>Clinical Director</b> (or Associate Clinical Director as depute in absence of CD) (Lisa Williams)  <b>Chief Social Work Officer</b> (or Depute Chief Social Work Officer in the absence of the CSWO) (Paolo Mazzoncini or David Aitken)  <b>Chief Officer, ED HSCP</b> (Susan Manion)  <b>Head of Adult Service and Primary Care</b> (Andy Martin)  <b>Professional Nurse Advisor</b> (Wilma Hepburn)  <b>Community Pharmacy Lead</b> (Aminah Haq)  <b>Prescribing Lead for HSCP</b> (Carolyn Fitzpatrick)  <b>Lead Optometrist</b> (Morven Campbell)  <b>Acute Professional Lead from Secondary Care</b> (Adam Bowman)  <b>Allied Health Professional</b> (Gillian Notman, or Fiona Munro in her absence)  <b>Children and Families Service Leads</b> (tbc)</p>	
6.	<b>Clinical Care Governance</b>	
	Not formally discussed – it was felt that the purpose of the PAG was not to oversee the Clinical and Care Governance Group, and that by doing so this was duplicating work.	
7.	<b>HSCP Board Issues</b>	
	It was agreed that Board issues should only be raised as felt to be relevant and appropriate.	
8.	<b>GP Cluster Groups – update</b>	
	The group agreed that the PAG did not have a specific role or remit for review of the GP Cluster groups, and would only be involved if there was a specific Professional or Development requiring their input.	
9.	<b>Community Justice – update</b>	
	No update	
10.	<b>AOCB</b>	
	<p>In relation to agenda setting for the next meeting, LW stated that it was important that the agenda correctly reflected discussion that takes place at each meeting. Therefore, agenda items were suggested at this point for inclusion on the next agenda for the meeting on 27<sup>th</sup> September. Detailed below are proposed items for discussion at the next meeting.</p> <ul style="list-style-type: none"> <li>• Matters Arising – ToR to be agreed; Membership for PAG to be agreed</li> <li>• Duty of Candour</li> <li>• Review of updated SCI Policy</li> </ul>	



	<ul style="list-style-type: none"> <li>• <b>(ACTION:</b> LA to email link to SCI toolkit from Staffnet to MC)</li> <li>• Optometry Services &amp; Prescribing Services</li> <li>• Prescribing pressures and proposals for savings</li> <li>• Unscheduled Care <ul style="list-style-type: none"> <li>○ Update from Primary/Secondary Care Interface</li> </ul> </li> <li>• Unaccompanied Asylum Seeking Children and Families update</li> </ul> <p>In relation to the above LW provide a brief update with regard to the recent arrival of the two unaccompanied asylum seeking families that were expected, one family has now been based in the Kirkintilloch area and one located in the Bearsden area, both have since been allocated GP practises within their respective localities and no apparent issues or concerns have come to light.</p>	
	<b>Date of next meeting:</b>	
	27 <sup>th</sup> September 2017, Room F33A, Kirkintilloch Health & Care Centre	



## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	Thursday, 31 <sup>st</sup> August 2017
<b>Subject Title</b>	Public, Service User & Carer Representative Support Group
<b>Report By</b>	Martin Brickley Public, Service User & Carers Representative
<b>Contact Officer</b>	David Radford Health Improvement & Inequalities Manager <a href="mailto:David.radford@ggc.scot.nhs.uk">David.radford@ggc.scot.nhs.uk</a> 0141 355 2391

<b>Purpose of Report</b>	The report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG)
--------------------------	--

<b>Recommendations</b>	It is recommended that the HSCP Board note the progress of the Public, Service User & Carer Representatives Support Group.
------------------------	--

<b>Relevance to HSCP Board Strategic Plan</b>	The report supports the ongoing commitment to engage with the Service Users and Carers in shaping the delivery of the HSCP priorities as detailed within the Strategic Plan
---	---

### Implications for Health & Social Care Partnership

<b>Human Resources</b>	None
------------------------	------

<b>Equalities:</b>	None
--------------------	------

<b>Financial:</b>	None
-------------------	------

<b>Legal:</b>	None
---------------	------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Risk Implications:</b>	None
---------------------------	------

<b>Implications for East Dunbartonshire Council:</b>	None
--	------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
--	------

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 PURPOSE OF REPORT</b>
1.1 The attached report describes the processes and actions undertaken in the development of the Public, Service User & Carer Representatives Support Group (PSUCRSG). To monitor their progress a RAG process is detailed in <b>Appendix 1</b> .
<b>2.0 SUMMARY</b>
2.1 In total 7 meetings have taken place, the most recent was on the 7 <sup>th</sup> Aug 2017.
2.2 The PSUCRSG Chair delivered a presentation to the Carers Link Service Users meeting in June, to generate awareness and participation of and within the group. Subsequently, a local carer has identified interest in joining the group and participating within the HSCP East Locality Group.
2.3 Members continue to become familiar with the role and function of the HSCP, to date, members have received presentations from the HSCP Planning Manager, Change and Redesign Manager and the Chief Social Work Officer. Members have invited the Chief Finance Officer and the Clinical Director to attend future meetings
2.4 Following the presentation from the Chief Social Work Officer, members agreed to discuss hospital discharge procedures, as experienced by service users, with their representative groups.
2.5 The PSUCRSG discussed future representation of Carers within the Partnership Board meetings. Dr. J. Proctor was nominated and accepted the role as Carers Representative, Mrs A. Jamieson was nominated and accepted the role as Carers Representative substitute, at future HSCP Board meetings
2.6 Members received a briefing seeking their support to disseminate and encourage

attendance at the community engagement events, the events are designed to help shape the new HSCP Strategic Plan.

**2.7** Members participated within the Scottish Health Councils programme; 'Having Your Say in Health & Social Care, held in the KHCC on the 20<sup>th</sup> July.



Public Service User and Carer Support Group / 7<sup>th</sup> August 2017 – Room G34, KHCC.

Attending: Gordon Cox, David Bain, Martin Brickley, Avril Jamieson, Marion Menzies and Jenny Proctor.

Apologies: Isobel Twaddle, Sandra Docherty and Claire Taylor.

HSCP Staff present; David Radford, Paolo Mazzoncini, Anthony Craig

Action points agreed at meeting;

Action	By who	When	G	A	R
Induction pack to be distributed to group, by 5 <sup>th</sup> October	AC	Before next meeting.			
Carers financial support options paper, feedback to PSUC group by 5 <sup>th</sup> October	DR	Before next meeting.			
Strategic Plan events (22/08 and 01/09) Information to be shared to their networks. Each member to bring 5 participants. List to be sent to AC by Friday before 1 <sup>st</sup> event and Wednesday for the Bearsden Event.	PSUC members	1 <sup>st</sup> event 18/08. 2 <sup>nd</sup> event 30/08			
Strategic Plan; Intro and paragraph descriptor - the background and content to be completed and sent to PSUC members.	AC	11/08/17			
3rd Sector awareness Letter – Draft - options to be sent to PSUC for feedback.	DR, AC and PSUC	11/08/17			
Clinical Director to be invited to a meeting - Update on Localities and clusters.	DR	11/08/17			
AC to confirm date and time for HIS consultation on SHC, and Invite new prospective PSUC member to meet member(s).	AC	11/08/17			

PSUC group will collate hospital discharge case studies/stories.	PSUC members	Next meeting		
--	--------------	--------------	--	--



Agenda Item Number: 14

**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Process for Preparing the HSCP Strategic Plan 2018-21
<b>Report By</b>	Fiona McCulloch, Planning, Performance & Quality Manager
<b>Contact Officer</b>	Sandra Cairney, Head of Strategy, Planning & Health Improvement Tel: 0141- 232 8224

<b>Purpose of Report</b>	The purpose of this report is to inform the Board of the process and timescales for the development, engagement and writing of the HSCP Strategic Plan 2018-21.
--------------------------	---

<b>Recommendations</b>	The Partnership Board is asked to: <ul style="list-style-type: none"> <li>a) Note the content of this paper</li> <li>b) Approve the process of and timescales for preparing the Strategic Plan</li> </ul>
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	The first HSCP Strategic Plan covers the period 2015-18, therefore a second plan for the period 2018-21 requires to be prepared. This updated plan will include Children's services and Criminal Justice services as well as Adult Health and Social Care services, and will set out the HSCP priorities for the three year lifespan of the Plan.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None.
------------------------	-------

<b>Equalities:</b>	None.
--------------------	-------

<b>Financial:</b>	An external consultant has been identified to prepare, facilitate and provide written reports on the engagement events.
-------------------	---

<b>Legal:</b>	It is prescribed in the Public Bodies (Joint Working) (Scotland) Act 2014, hereafter referred to as the Act, that integration authorities are required to prepare a Strategic Plan, taking account of the views of persons who are considered to have an interest. In finalising the Plan, the HSCP must take account of any views expressed.
---------------	---

<b>Economic Impact:</b>	None.
-------------------------	-------

<b>Sustainability:</b>	None.
------------------------	-------

<b>Risk Implications:</b>	None
---------------------------	------

<b>Implications for East Dunbartonshire Council:</b>	The HSCP will send a second draft copy of the Strategic Plan to East Dunbartonshire and invite the local authority to express views on the draft (in accordance with section 33(4)(b) of the Act)
--	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The HSCP will send a second draft copy of the Strategic Plan to NHSGG&C and invite the Health Board to express views on the draft (in accordance with section 33(4)(b) of the Act)
--	--

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<p><b>1.0 MAIN REPORT</b></p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 set out the required process for the preparation of the Strategic Plan. The Act stipulates that the views of the Strategic Planning Group are sought regarding the content, and the subsequent drafts of the Plan, and that the second draft takes account of the views of each constituent authority and other persons considered appropriate. This paper describes the proposed timescales, engagement and consultation processes that will support the development of the HSCP's Strategic Plan 2018-21 prior to the final Plan being submitted to the HSCP Board for approval in March 2018. The timescales and components of the are provided in appendix 1.</p> <p><b>1.1 Engagement Process</b></p> <p>East Dunbartonshire has developed robust engagement with its staff, stakeholders and residents, and will emulate these established processes in its engagement on the Strategic Plan.</p>
--

### **(a) Public Engagement**

An external consultant will facilitate two community events in both the east and west of East Dunbartonshire which will be open to the general public, staff and stakeholders. These events will seek views as to what the focus of the three year Strategic Plan should be in order to assist the HSCP in shaping the priorities to be taken forward. A report for each event will be provided and made available to all participants.

### **(b) Staff Engagement**

Four engagement events with staff are planned across the HSCP to gather their views regarding what they consider to be the priorities, based on their experience of organising and delivering services, and the views expressed by their clients. These events will be facilitated by the senior operational managers for Adult, Older People and Children Services.

### **(c) Statutory Groups Engagement**

The Strategic Planning Group and two Locality Planning Groups are being brought together with the Public, Service User and Carer Group for the final engagement event, which will be facilitated by the external consultant. The reports from the Public and Staff events will be shared with this group to inform their discussions. As well as seeking the views of these groups on the priorities for Strategic Plan, the event will include a locality based priority focus to inform the Locality Plans.

Following the engagement process, the HSCP Senior Management Team will receive a report from all the events. Taking account of all views expressed, and of data collated to further inform the Plan, the SMT will agree the priorities for inclusion in the second draft of the plan.

## **1.2 Consultation Process**

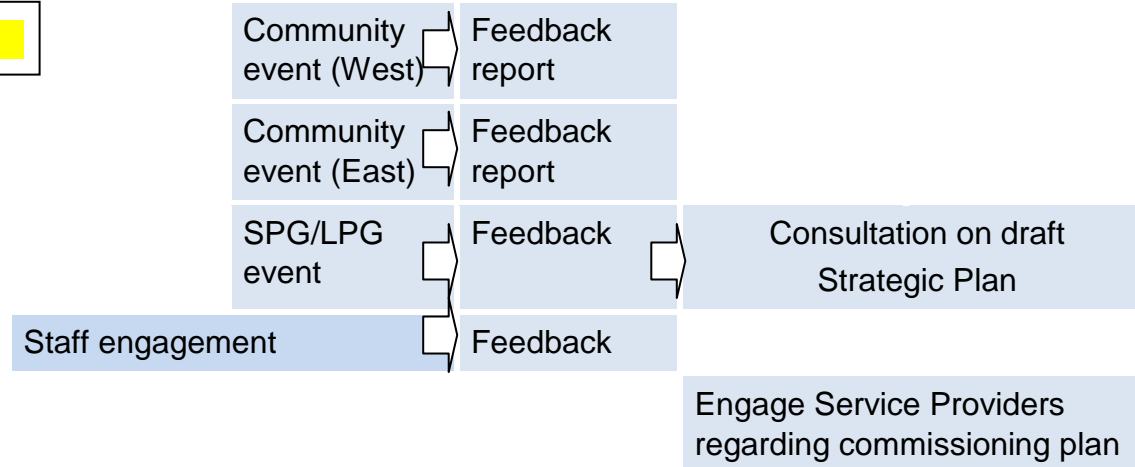
In accordance with the Act, the second draft Strategic Plan will be widely disseminated and placed on the HSCP website for consultation to enable the following groups to express their views on the draft:

- East Dunbartonshire HSCP Board
- Strategic Planning Group
- East Dunbartonshire Council
- NHS Greater Glasgow & Clyde
- Locality Planning Groups
- Public, Service Users & Carers Group
- HSCP Staff

Following the consultation period, responses will be considered by the SMT and the final draft of the Strategic Plan will be prepared and presented to the HSCP Board for approval at in March 2018.

## Appendix 1 STRATEGIC PLAN DRAFT TIMELINE

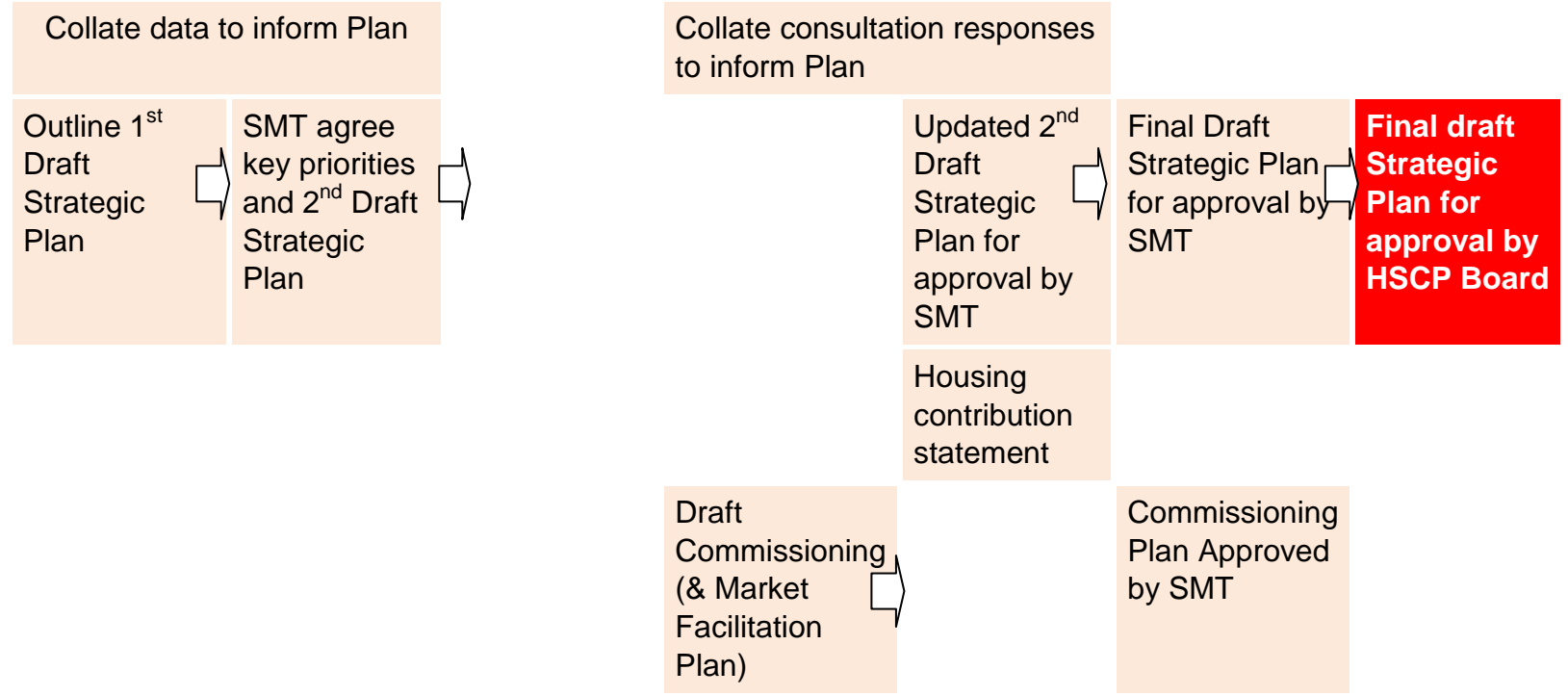
ENGAGEMENT



JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
------	--------	-----------	---------	----------	----------	---------	----------	-------

Page 160

PLAN DEVELOPMENT



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Communications Framework
<b>Report By</b>	Sandra Cairney – Head of Strategy, Planning & Health improvement
<b>Contact Officer</b>	Sandra Cairney – Head of Strategy, Planning & Health improvement

<b>Purpose of Report</b>	To provide the HSCP Board with a draft of the HSCP Communication Framework
--------------------------	--

<b>Recommendations</b>	The HSCP Board is requested to approve the HSCP Communication Framework
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	The attached document forms part of the governance arrangement for the HSCP Board, ensuring robust internal and external communication arrangements are in place to support strategic and operational oversight accountabilities and responsibilities.
---	--

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	All health and social care staff are required to comply with the Communication Framework and the EDC and NHSGGC communication policies/protocols.
------------------------	---

<b>Equalities:</b>	Nil
--------------------	-----

<b>Financial:</b>	Nil
-------------------	-----

<b>Legal:</b>	Nil
---------------	-----

<b>Economic Impact:</b>	Nil
-------------------------	-----

<b>Sustainability:</b>	Nil
------------------------	-----

<b>Risk Implications:</b>	Non compliance resulting in poor communication with risk to organisational reputation
---------------------------	---

<b>Implications for East Dunbartonshire Council:</b>	EDC continues to provide support via their Comms team
--	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHS GGC continues to provide support via their Comms team
--	---

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>No Direction Required</b>	<b>X</b>
	<b>East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<p><b>1.1</b> The East Dunbartonshire HSCP Communication Framework (attached) aims to proactively communicate timely, relevant information about current HSCP issues and services. This involves maintaining a strong and consistent identity; explaining and justifying the organisations policies, decisions and procedures where appropriate; engaging and motivating the workforce; and building trust with residents and partners</p> <p><b>1.2</b> The Framework outlines the main stakeholder groups and which communication channels will best meet their needs. This document provides the overarching framework for a range of supporting policies and protocols.</p>



East Dunbartonshire  
Health & Social Care  
Partnership

---

# COMMUNICATIONS FRAMEWORK

---



**DRAFT July 2017**

# CONTENTS

1.	INTRODUCTION	1
2.	CONTEXT	1
3.	COMMUNICATION PRINCIPLES	2
4.	AUDIENCES	2
5.	COMMUNICATION CHANNELS	2
6.	KEY MESSAGES	5
	6a. About the Health & Social Care Partnership	5
	6b. Organisational Vision & Values	5
	6c. Strategic Service Planning	6
	6d. Delivering Services	7
	6e. Performance & Improvement	7
	6f. Involving the Public, Service Users and Carers	8
	6g. Involving HSCP Staff	19
	6h. Working with Partners	10
7.	ROLES & RESPONSIBILITIES	11
8.	EVALUATING COMMUNICATIONS	11
9.	USEFUL CONTACTS	12
10.	APPENDIX 1. Communication Framework at a Glance	13
11.	APPENDIX 2. Communication Plan 2017/18	14



## 1. INTRODUCTION

When well-designed and strategically aligned to guide relationships with stakeholders, communication can help build support and drive the change. A communication framework sets out how an organisation will communicate with stakeholders, the channels it will use, and the audience it will speak to/engage with. Effective communication management anticipates what information needs to be communicated to specific audiences and identifies who has the authority to communicate confidential or sensitive information and how information should be disseminated (email, web sites, printed reports, and/or presentations). Finally, a communication framework also defines what methods stakeholders can use to provide feedback.

An organisational communication framework has many benefits including:-

- Increasing awareness about the organisation;
- assisting in building a positive reputation;
- strengthening relationships with stakeholders;
- generating community support and involvement;
- improving customer satisfaction levels; and
- improving staff morale and job satisfaction.

In any community a number of different stakeholder exist, all of whom will have different communication needs and expectations. Whilst it may not be possible to meet all of these, it is important to ensure a communication framework has a good balance and understanding of who the groups are.

The East Dunbartonshire HSCP Communication Framework aims to proactively communicate timely, relevant information about current issues and services. This involves maintaining a strong and consistent identity; explaining and justifying the organisation's policies, decisions and procedures where appropriate; engaging and motivating the workforce; and building trust with residents and partners. The Framework outlines some of the main stakeholder groups and which communication mediums will best meet their needs. This document provides the overarching framework for a range of supporting policies and protocols.

## 2. CONTEXT

Between 2015 and 2016 East Dunbartonshire Health and Social Care Partnership (HSCP) was formally established in accordance with the provisions of the Public Bodies (Joint Working) (Scotland) Act (2014) and corresponding Regulations in relation to a range of health and social care services.

The HSCP is a corporate entity with its own name, branding, service profile separate from that of East Dunbartonshire Council and NHS Greater Glasgow &



Clyde Health Board. This corporate identity is a key factor in determining how our stakeholders perceive the organisation as a whole. The HSCP has developed a logo, a set of letter/report headers and staff ID cards.

The Council and Health Board continue to support the HSCP in delivering consistent messages albeit the HSCP retains the right and responsibility to determine whether such messages match its own priorities. All three organisations work together to generate greater understanding of and support for HSCP activities; increase community awareness of HSCP responsibilities; and increase community interest in HSCP activities.

### 3. COMMUNICATION PRINCIPLES

The HSCP is committed to communicating a range of messages to different audiences. Communication is undertaken through a variety of channels and formats and there are key principles that guide communications activity including:-

- honest, open and accurate;
- clear, simple and user-friendly;
- accessible to stakeholders and two-way;
- timely and current and relevant;
- cost-effective;
- in accordance with relevant legislation, codes of practice policies and guidelines; and
- have regard to equality and diversity



### 4. AUDIENCES

The following list details the main stakeholders who the HSCP will communicate and engage with. It is extensive, but not exhaustive, and the audience should be reviewed on an issue by issue basis. It is important to ensure that the content of messages and information provision to each of these stakeholders is tailored and targeted accordingly.

- HSCP board members, NHS Greater Glasgow & Clyde health Board (NHSGGC), East Dunbartonshire Council, elected members (councillors), neighbouring HSCP Boards;
- Service users, carers, members of the public;
- The media;
- Staff and employees;
- East Dunbartonshire Community Planning Partnership, East Dunbartonshire Strategic Planning Group, Scottish Government;
- Locality Planning Groups (east and west);
- The voluntary sector;
- The independent sector;
- Primary care providers; and
- hosted health services.



### 5. COMMUNICATION CHANNELS

The HSCP utilises a range of channels with which to communicate messages utilising varied methods to meet the needs of different target audiences.

#### Website

Having a web presence means that stakeholders, such as the public, can access the information that they need quickly and at any time or day of the week. The HSCP website contains information regarding the HSCP Board, its decisions; reports and governance arrangements. It also includes information relating to the range of health and social care services delegated to the HSCP.



The HSCP website is hosted on the East Dunbartonshire Council website and maintained by the Council Web Team and each service area is responsible for ensuring the information is accurate and as up to date as possible.

## Surveys & Consultations

The HSCP undertakes population surveys and consultations on a regular basis to obtain views/feedback on issues that will inform strategy, plans and/or service developments. These surveys and consultations are usually designed to receive either online and/or hard copy responses. Where appropriate, support is provided to optimise responses, particularly taking account of those with protected characteristic under the Equality Act.



## General Enquiries



The HSCP welcomes enquiries which come from a variety of sources including the public, private businesses, voluntary sector organisations, elected representatives and the media. These can take the form of an email, telephone, letters and web-based and can be directed to any member of staff. The

way in which responses to these enquiries are handled is important for reputational reasons and is an opportunity to promote positive impression of the HSCP.

Enquirers may choose to use the formal Freedom of Information Request (FOI) when seeking information about service users, services and staff. Council and Health Board FOI officers can support frontline staff and managers in determining the appropriateness of the request and preparing a response. In either case, health and social care staff must comply with Council and Health Board policy and procedures and the HSCP has developed a FOI Protocol to support staff.

## Media Articles

Proactive press releases about the HSCP Board, service information, achievements and news of particular events that seek public involvement are routinely issued to the local press with the support of both EDC and NHS GGC Communications Teams.

This provides journalists with a ready-made article, and creates the opportunity to communicate key messages about a wide range of HSCP business. NHSGGC and EDC Communication Teams also support the HSCP in preparing and responding to reactive media requests from journalists for comments and/or information. This is an essential part of communication, as responding timely and effectively is essential for reputational management.



## Internal Staff Information



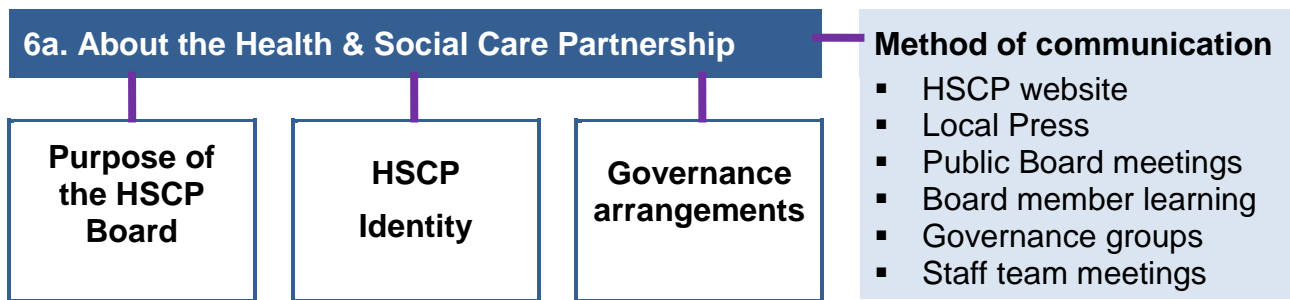
Health and social care staff across all services contribute articles within the HSCP newsletter 'Our News' which is produced on the first day of each month. As staff are employees of either EDC or NHSGGC they are able to access news; information; briefings; and policies from their respective organisation's intranet sites/Hubs. In addition, organisational corporate briefing/technical notes are disseminated to staff by emails. The Senior Management Team

meets on a regular basis with operational managers and all service areas hold regular team meetings to share and disseminate service activity and practice issues.





## 6. KEY MESSAGES

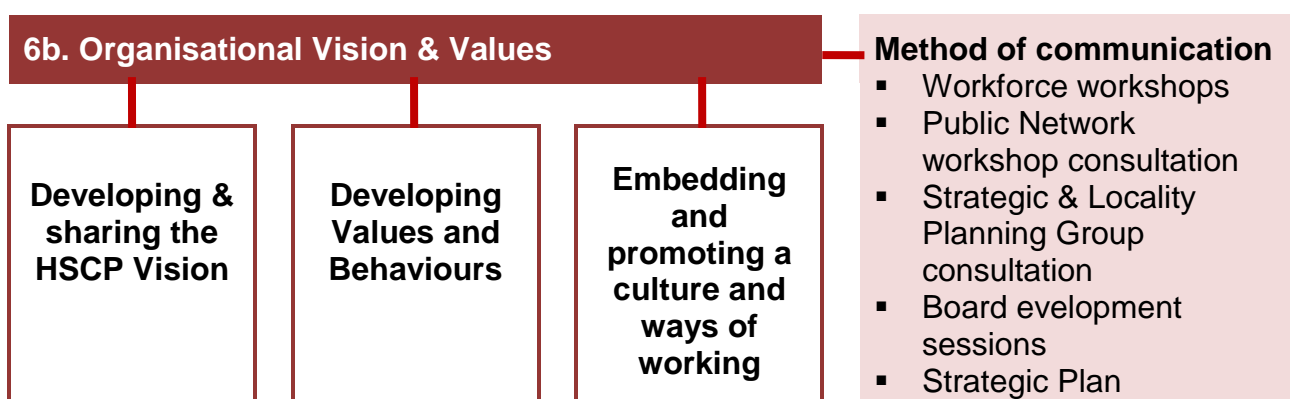


Communicating key messages about the HSCP relates not only to Board members but also to a wide range of stakeholders who may have an interest in the legislative context through which health and social care services are planned, delivered and monitored. This includes how the Board is constituted, how it makes decisions and the required governance arrangements.

The HSCP Board convenes meetings in public whereby any member of the public [all stakeholders] can attend to observe proceeding. Board meeting dates and times are available on the HSCP website and papers including decisions taken by the Board are published following each Board meeting. Board members are expected to participate in learning and development opportunities to increase their knowledge and understanding of the planning, delivery and performance of health and social care services and the context in which these are operating.

Alongside developing the organisational vision, values and behaviours, the HSCP is creating a consistent visual corporate brand as one aspect of communicating both internally and externally the purpose of the HSCP. Service users, carers, staff and Board members were involved in determining the HSCP logo which can be the simplest way to define to stakeholders the associated quality and accessibility of the services provided through the Partnership. This logo with its distinct design and colours will be visible on all reports, service information, correspondence, press articles and other communication channels.

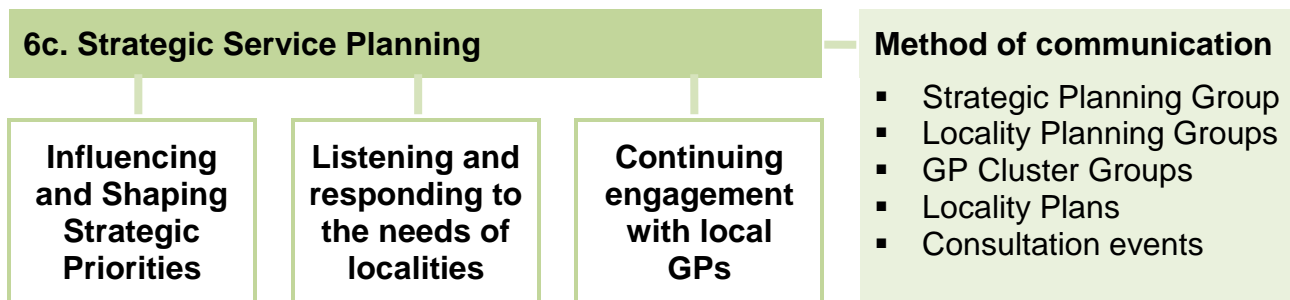
A range of staff, service and financial governance groups engage a wide range of practitioners and professional advisors. These groups provide rigorous and transparent controls and assurance mechanisms relating to stewardship of public funds, service quality standards and risk managements arrangements. The outputs from these meetings are recording and are publically available through the HSCP Board papers. Key messages are communicated to staff through a system of team meetings.



The first Strategic Plan to be produced by the HSCP provided a three year vision for integrated health and social care services. This vision was developed through a range of workshops and survey processes involving staff, service users, carers and the wider public. This process is currently underway for the next 3 year Strategic Plan 2018/21)

The HSCP is in the process of developing a set of behaviours and values to underpin its vision of *'Working with people to build strong communities, promote wellbeing and provide access to care & support'*. An initial 'draft' set of values and behaviours was generated through the involvement of staff on the Professional Advisory Group and with service users and Carer representatives on the HSCP Board and other planning groups. The process now involves engaging with as many staff as possible and the outcome of which will inform a final set of values and behaviours which will be formally adopted by the HSCP.

The next stage is to incorporate these values into everyday practice which will hopefully result in changes in a consistent and fair culture through the organisation which will be reflected throughout our internal and external communications.



The HSCP embraces the opportunity for robust dialogue regarding strategic planning with a wide range of stakeholders.

The Strategic Planning Group (SPG) provides the Chief Officer with the opportunity to communicate on a regular basis with HSCP managers and wider stakeholders, including Primary Care, housing, third sector, independent sector share, service users and carers. The purpose of this group is to influence and shape the Strategic Plan, providing views on proposed strategic priorities and the approach to progressing these.

Locality Planning Groups are partnerships between statutory, voluntary and community organisations. They were established to enable regular communication between the HSCP and stakeholders to develop co-productive approaches to shaping services, taking account of the different needs of people within each of the two localities in East Dunbartonshire. This arrangement means the HSCP can listen and take action to address the needs of people through regular dialogue with the locality planning groups.

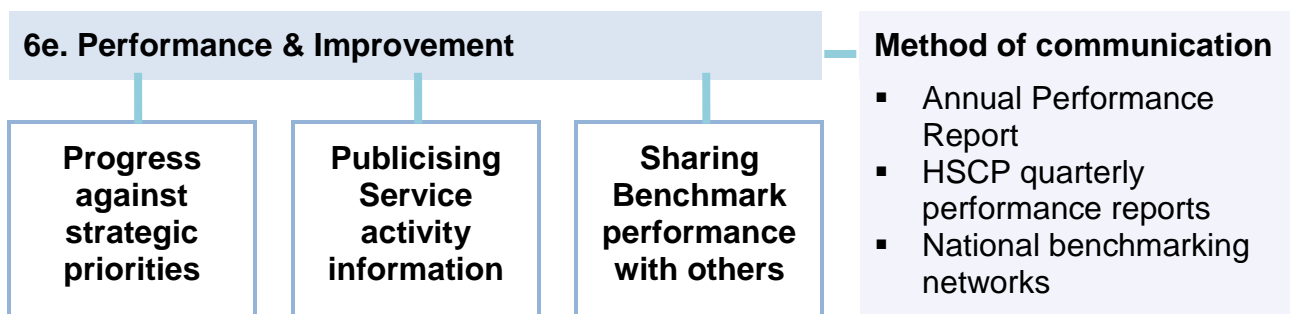
Effective communication and dialogue with Primary Care contractors is essential to the effective development and delivery of the priorities within the Strategic Plan. GP Cluster groups and the GP forum provide the opportunity for discussion and the sharing of ideas to inform service improvement.



Managers and staff have opportunities to share evidence about best practice, new policy and research through internal, regional and national professional practice networks. For example, the Council's IBM Connections system provides a platform for staff to join local "communities of interest", for example about alcohol and drugs, and self-directed support. The Knowledge Network and Knowledge Hub host similar virtual practice networks on a national basis. Staff can also share information through topic-specific groups such as the local Mental Health Officers' forum, Social Work Scotland networks and the national Adult Support & Protection learning and development network.

Our relationships with regulatory bodies such as the SSSC, NMC and Care Inspectorate provide us with opportunities for ongoing dialogue about practice and service standards. The external scrutiny provided by the Care Inspectorate and Healthcare Improvement Scotland enables further avenues to convey and publicise learning from practice.

Independent sector partners are supported to exchange information about practice and service delivery challenges and solutions through local learning and practice networks. For example Care Home managers attend a forum facilitated by Scottish Care's local integration lead, and have developed strong links with liaison nurses and the older people's community mental health team.



Measuring performance plays a very important part in translating the HSCP strategy into results and, when internally and externally reported, provides accountability to service users, stakeholders, staff and Board members.

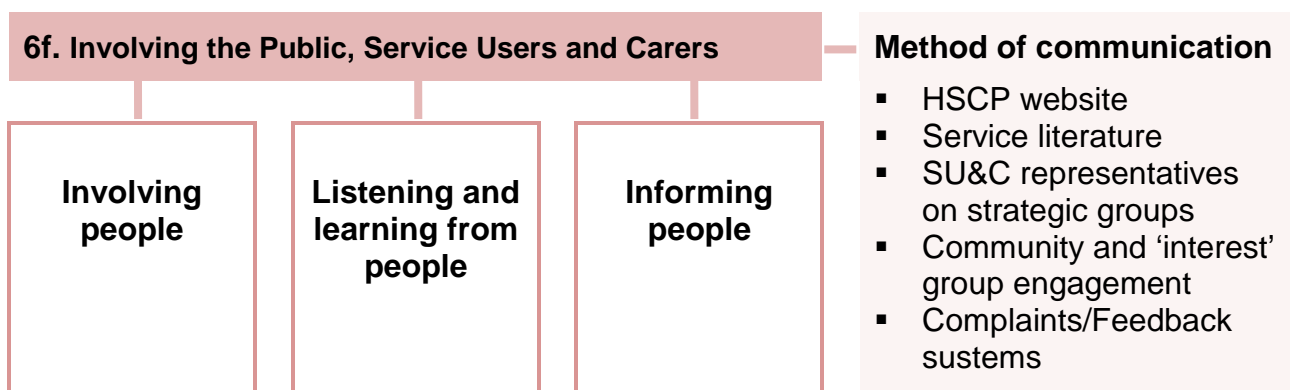
The HSCP has established mechanisms to effectively communicate performance in a timely manner to those who can help shape priorities, to the relevant decision-makers and to those impacted by health and social care services. The HSCP Performance Framework described the performance monitoring function of the HSCP and how this is communicated both externally to stakeholders and internally to the HSCP Board.

The HSCP reports performance relating to the delivery of the functions and strategic priorities for which it is responsible. The report describes progress against the National Health and Wellbeing Outcomes as well as sharing information relating to Best Value and

finance. This report is presented to the HSCP Board members at meetings, which are open to the public, as well as being available on the HSCP website.

Performance feedback is designed into practice whereby, individuals, teams and managers understand how their specific service is performing against service targets and what action is required to improve performance. Service indicators and targets are reported to the HSCP Board through the Quarterly Performance Reports. These reports assist the Board in understanding and interpreting the data to enable robust scrutiny of performance. The data focus on national and local key performance indicators for health and social care which, in turn, inform service planning and improvement. These performance reports are available through the Board papers on the HSCP website.

The HSCP benefits for learning, sharing and exchanging ideas with a range of organisations across Scotland through the National Benchmarking Network. The Network allows the HSCP to better understand its current performance levels; build an understanding of where and why performance varies; and identifies and share good practice with colleagues across Scotland.



The HSCP Board approved coherent and manageable arrangements for public, service users and carer engagement which were considered to be proportionate and meaningful. In so doing, the HSCP ensures that service planning and development takes account of the particular needs of different service-users in different parts of the authority and the participation by service users in the community in which they live.

The HSCP proposes to strengthen engagement through representation of service users and carers within the Board, Strategic Planning Group and the locality planning groups. These representatives directly influence the shaping of services and outcomes and ensure the HSCP has planned and adopted robust engagement processes. These representatives also link to their wider networks to communicate and receive views relating to health and social care services. The HSCP also facilitates consultation and engagement with the wider public through organised community workshops and where service developments and redesigns are proposed, mechanisms are put in place to effectively engage people who are impacted by any service change such as audits, surveys and/or direct involvement.

The HSCP has embedded a formal and systematic approach to responding to and learning from feedback from service users, carers the public and other stakeholders. This information is generated through compliments; complaints; service feedback; general enquiries; and media interest.



The HSCP adopts a range of methods to inform the general public, service users and other stakeholders usually but not exclusively about service provision. Individual health and social care services provide a range of tailored condition specific information leaflets to meet the needs of particular service users. This information is widely available within clinics, community venues and on the HSCP website. The HSCP also makes use of the local press to inform the public about a wide range of service issues. The website contains details on how to contact the HSCP.



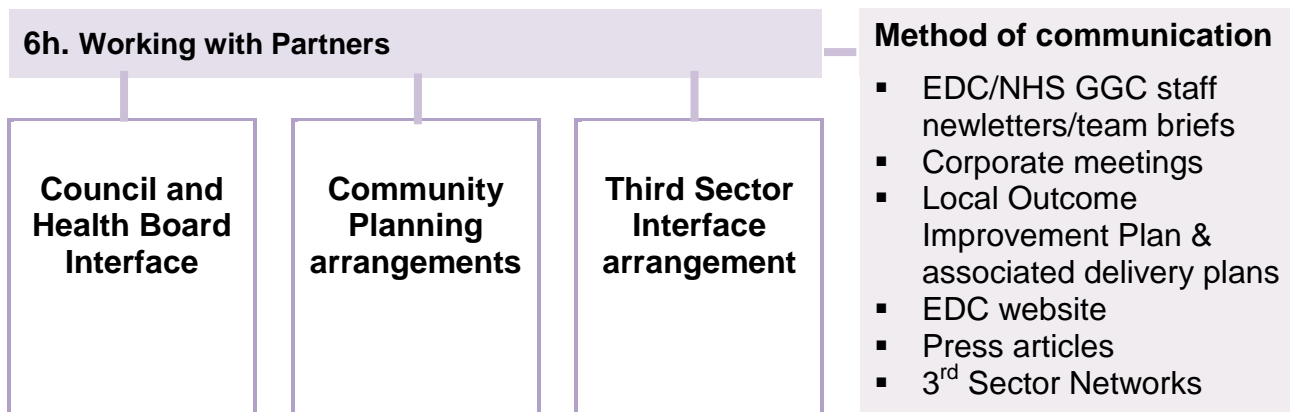
Staff/employees are vital parts of the communication process, both in terms of keeping them informed and seeking their views. Involving them in decisions, listening to their opinions and providing timely information will help them to feel like a valued and important part of any organisation. Communication to, with and between staff takes a number of different forms including team meetings; extended management meetings; staff briefings; and working groups to progress service development.

It is recognised that staff, through their recognised trade unions and professional organisations, and management are major stakeholders within East Dunbartonshire Health and Social Care Partnership. The Staff Partnership Agreement provides a framework for partnership working between the HSCP, the trade unions and professional organisations recognised within the Health Board, and the Council. The purpose is to secure the best possible co-operation and agreement on matters of mutual concern, and which will promote the best interests of the HSCP and its staff. The minutes of the Staff Partnership Forum are publically available within HSCP Board papers published on the HSCP website.

For the first time both health and social care staff within East Dunbartonshire have participated in IMATTERS. This is a new tool designed with staff in NHS Scotland to help individuals, teams and initially health Boards understand and improve staff experience. This is a term used to describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity. Each health and social care team received the data that shows how their individual team works and what it means to be in their team and each team is currently identifying, prioritising improvement actions.

Staff are encouraged and supported to share their individual and team's views, stories, challenges and successes. This is primarily but not exclusively shared through 'Our News' which incorporates the contributions from all teams and is published on a monthly basis. In addition, staff are supported to showcase their work, presenting posters or delivering workshops at regional and national events. The HSCP recognises and thanks staff through a local annual Staff Awards celebration. This acknowledges where staff make an exceptional contribution over and beyond what is ordinarily expected of their role. Through this process, the HSCP also nominates staff for the annual NHS GGC Chairman's Awards.

These celebrations are communicated through the HSCP website, 'Our News' and articles to the local press.



Effective communications with East Dunbartonshire Council and Greater NHS Greater Glasgow & Clyde is essential as under the direction of the HSCP Board, these public bodies remain responsible for the operational delivery of health and social care and for employing health and social care staff. The HSCP Chief Officer is a corporate director of and is accountable to the chief executives of both organisations for these functions. There is also a duty placed on Chief Officers to communicate and work together across Acute services and HSCPs. Examples of communication channels include:

- EDC and NHS GGC Director level meetings.
- Health Board-wide system planning groups
- GGC and EDC corporate newsletter/team briefs
- Shared Communication team support

Communication relating to joint strategic planning is located within Community Planning arrangements. The HSCP is a statutory partner on the Community Planning Board and contributes to the development and delivery of the Local Outcome Improvement Plan (LOIP). The HSCP is one of a range of partners who approve this Plan and participates in associated internal and external communication and dissemination of this and associated local plans. These are made available on the Council website and submitted to the Scottish Government.

In relation to partnership working, communication channels with the voluntary sector are managed primarily but not exclusively through the Third Sector Interface, East Dunbartonshire Voluntary Action (EDVA) and their Third Sector Engagement Network. EDVA manages the process to support the HSCP in securing voluntary sector representation on planning groups and works with the HSCP in organising and facilitating community engagement events/consultations relating to health and social care priorities. EDVA also disseminates health and social care information, provided by the HSCP, via their comprehensive online membership database. The HSCP recognises and engages a number of other key voluntary sector partners including Carers Link, EDAMH, Ceartas and CAB with the purpose of influencing complementing and enhancing public sector services.

---

## 7. ROLES & RESPONSIBILITIES

---

### **HSCP Board Members**

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

### **Senior Management Team**

The HSCP Senior Management Team is responsible for driving the Communication Framework and Communication Plan by clearly communicating their decisions (and the decisions of the HSCP Board) and the strategic thinking behind them. It is the role of Senior Management Team to identify potential communication opportunities for services and potential issues which the communications teams within EDC and NHS GGC can proactively promote and address.

### **Corporate Communication Teams**

EDC and NHS GGC Communications Teams will support the HSCP in implementing and driving forward the Communications Plan and the delivery of the outputs of the plan as well as supporting day-to-day functions. These teams are the first port of call for journalist, elected representatives and other queries and for staff in relation to advice on communications issues. The team are responsible for ensuring the methods of communication adopted are appropriate and relevant.

### **Health & Social Care Staff**

All staff have a responsibility to understand and promote the priorities of the HSCP through the work they undertake and to comply with the various internal communications channels and processes outlined in the staff Communication Protocol.

---

## 8. EVALUATING COMMUNICATIONS

---

### **Media Monitoring**

The HSCP will operate a media monitoring system which records all press releases, media enquiries and media coverage. The Senior Management team will review both the quantity and quality of media coverage, for example considering the number of articles, the tone and whether it aligned to the strategic priorities.

### **Public and Workforce Surveys**

The SMT will use the results of surveys to review feedback regarding staff and stakeholder behaviour and aspirations so that we can adapt the organisation's communications accordingly.

### **Complaints, Comments and Compliments**

Feedback generated through the 3Cs process from residents, service user, carers and others is reviewed and used to improve services.

---

## 9. USEFUL CONTACTS

---

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

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

Advice and support should be sought from the following contacts.

- **NHSGGC Communication Service:**

Tel: 0141 201 4429, [press.office@ggc.scot.nhs.uk](mailto:press.office@ggc.scot.nhs.uk)

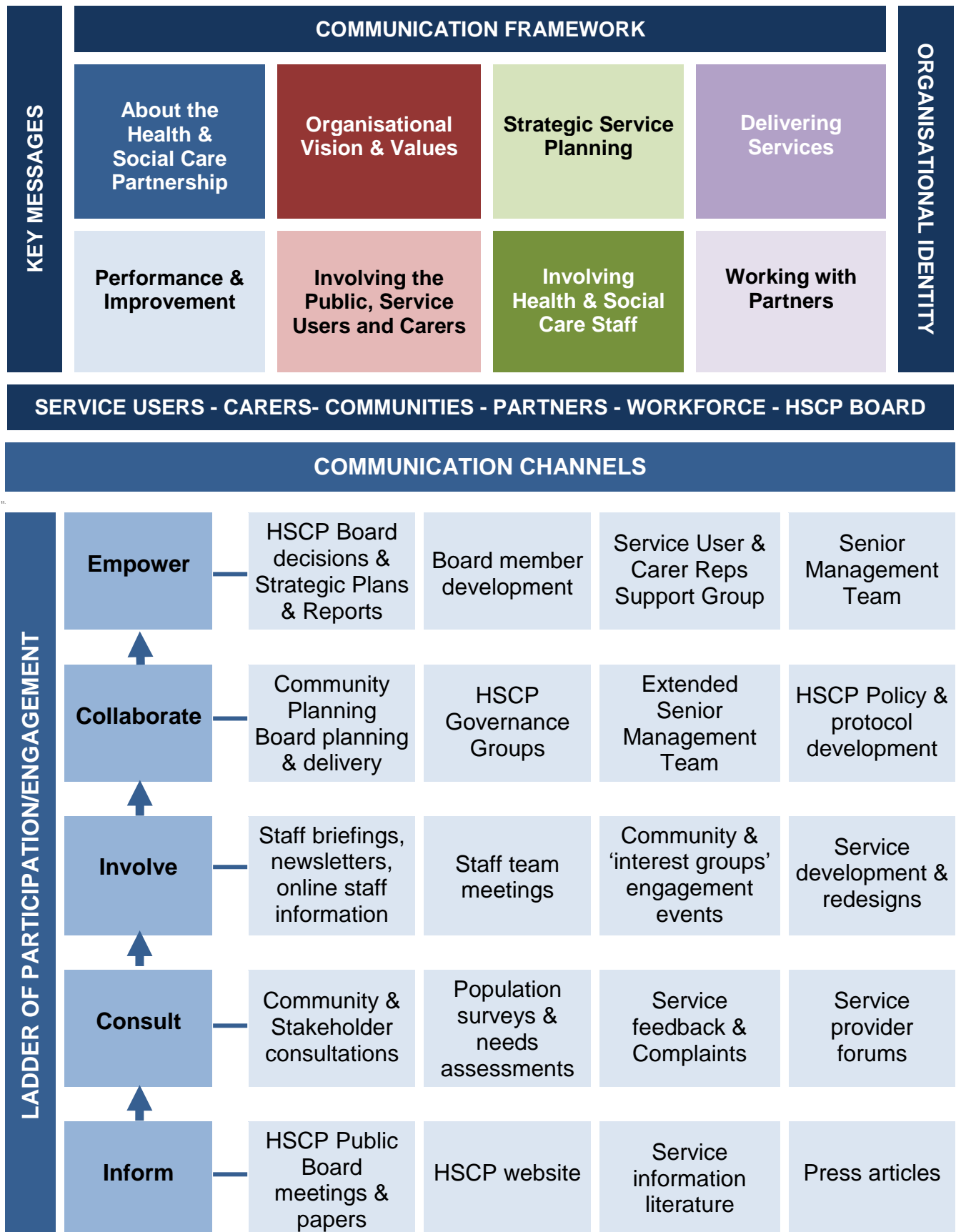
- **EDC Communication Service:**

Tel: 0300 123 4510, [corpcommunications@eastdunbarton.gov.uk](mailto:corpcommunications@eastdunbarton.gov.uk)

- **HSCP Head of Administration:**

Tel: 0141 201 3351, [Louise.Martin2@ggc.scot.nhs.uk](mailto:Louise.Martin2@ggc.scot.nhs.uk)

## 10. APPENDIX 1. Communication Framework at a Glance



## 11. APPENDIX 2. Communication Plan 2017/18

	KEY MESSAGES	ACTIVITY	TIMEFRAME	LEAD	AUDIENCE	CHANNEL
1.	<b>About the Health &amp; Social Care Partnership</b>	<ul style="list-style-type: none"> <li>Communication Framework approved by HSCP Board</li> </ul>	31 <sup>st</sup> Aug	Head of Strategy Planning & Health Improvement	Board members	Board meeting
		<ul style="list-style-type: none"> <li>Design and purchase branding resources</li> </ul>	August	Comms Officer	SMT, Staff, Board members	
		<ul style="list-style-type: none"> <li>Further develop the HSCP website</li> </ul>	December	Comms Officer	Public, staff, Board members	website
		<ul style="list-style-type: none"> <li>Board Meetings</li> </ul>	31 <sup>st</sup> Aug 17 9 <sup>th</sup> Nov 17 12 <sup>th</sup> Jan 18 15 <sup>th</sup> Mar18	Chief officer	Board members Public	Board meeting Website
2.	<b>Organisational Vision &amp; Values</b>	<ul style="list-style-type: none"> <li>Launch the 'Values &amp; Behaviours' at the staff awards</li> </ul>	18 <sup>th</sup> Aug	Chief Officer & SMT Board Chair OD Officer	Board members Staff Public	Press Our News Website
		Review current vision and secure views on new vision	October	Chief Officer & SMT	Board members Staff Public	Our News Website

3. <b>Strategic Service Planning</b>	<ul style="list-style-type: none"> <li>Staff engagement on Strategic Plan</li> </ul>	Aug/Sept	Opps Managers Planning & Performance Manager	Staff	Staff engagement sessions
	<ul style="list-style-type: none"> <li>Community and partners engagement events re Strategic Plan</li> </ul>	September	Health Improvement Manager	Public, Staff, Partners	Community engagement events Press
	<ul style="list-style-type: none"> <li>Strategic Plan consultation</li> </ul>	Nov/Dec	Head of Strategy, Planning & HI	Public	Website Press Our News
4. <b>Delivering Services</b>	<ul style="list-style-type: none"> <li>Showcasing team activity</li> </ul>	1 <sup>st</sup> every month	Opps Managers	Staff	Our News
	<ul style="list-style-type: none"> <li>Fostering campaign</li> </ul>	August	EDC Comms team	Public and staff	Press Our News
	<ul style="list-style-type: none"> <li>Comic-Com – Autism campaign</li> </ul>	19 <sup>-20<sup>th</sup></sup> Aug	Planning & Development officer	Public Partners Staff	Press & Social media, Our News, Website Posters in local Premises Autism Network website
	<ul style="list-style-type: none"> <li>Smokefree Clean Air Event</li> </ul>	20 <sup>th</sup> August	HI Lead	Public and schools	Press and Social Media

					EDC website	
	<ul style="list-style-type: none"> <li>East Dunbartonshire Recovery Week</li> </ul>	25 <sup>th</sup> September	EDC Comms team	Public and staff	Press Our News Website	
	<ul style="list-style-type: none"> <li>Campaign - Smoking Stop &amp; Save</li> </ul>	November	HI Lead	Public and staff	Press, Our News	
	<ul style="list-style-type: none"> <li>Cancer – Smear Test Amnesty pilot</li> </ul>	January 2018	HI Lead	public	Press, Our News	
	National No Smoking Day	14 <sup>th</sup> March 2018	HI Lead	Public, partners and staff	Press and Social Media Website	
	<ul style="list-style-type: none"> <li>World Autism Awareness Week</li> </ul>	26 <sup>th</sup> Mar – 2 <sup>nd</sup> Apr 2018	Opps Manager Adult services EDC Comms	Public Teachers, parents, Pupils Staff	EDC website Press Our News & Social Media	
5.	<b>Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>Quarterly Performance Report</li> </ul>	9 <sup>th</sup> Nov	Head of Strategy, Planning & HI	Board members Public	Board meeting
6.	<b>Involving the Public, Service Users and Carers</b>	<ul style="list-style-type: none"> <li>Community Engagement event re Strategic Plan</li> </ul>	22 <sup>nd</sup> Aug	Health Improvement Manager	Public Voluntary Organisations HSCP staff	Press and social media Direct invites
	<ul style="list-style-type: none"> <li>Community Engagement event re Strategic Plan</li> </ul>	1 <sup>st</sup> Sept	Health Improvement Manager	Public Voluntary Organisations HSCP staff	Press and social media Direct invites	



		<ul style="list-style-type: none"> <li>Service User &amp; Carer Representatives Support Group</li> </ul>	<p>7<sup>th</sup> August 2<sup>nd</sup> Oct 4<sup>th</sup> Dec XX 2018</p>	<p>Health Improvement Manager</p>	<p>Service User &amp; Carer Reps</p>	<p>Meetings</p>
7.	Involving Health & Social Care Staff	<ul style="list-style-type: none"> <li>Establish a mechanism for SMT meeting with service teams</li> </ul>	<p>To be determined</p>	<p>SMT</p>	<p>Staff SMT</p>	<p>Team meetings</p>
		<ul style="list-style-type: none"> <li>Establish a 'meet the Chief Officer' approach</li> </ul>	<p>To be determined</p>	<p>Chief Officer</p>	<p>Staff Chief Officer</p>	<p>Staff sessions</p>
		<ul style="list-style-type: none"> <li>Host the HSCP staff awards ceremony</li> </ul>	<p>18<sup>th</sup> Aug</p>	<p>Chief Officer and HSCP Chair</p>	<p>Staff, Board members, Public</p>	<p>Staff event Our News &amp; Press</p>
8.	Working with Partners	<ul style="list-style-type: none"> <li>Jointly publicise LOIP</li> </ul>	<p>To be agreed</p>	<p>EDC Comms team Chief Officer Head of Strategy Planning &amp; Health Improvement</p>	<p>Public Community Planning Partners</p>	<p>EDC website Our News Press</p>



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Draft HSCP Winter Plan 2017-18
<b>Report By</b>	Sandra Cairney Head of Planning, Strategy & Health Improvement East Dunbartonshire HSCP
<b>Contact Officer</b>	Fiona McCulloch, Planning, Performance & Quality Manager East Dunbartonshire Health & Social Care Partnership Fiona.mcculloch@ggc.scot.nhs.uk

<b>Purpose of Report</b>	The purpose of this report is to present the HSCP Draft Winter Plan 2017-18. In accordance with <i>Preparing for Winter</i> (DL(2017) 4 <sup>th</sup> August), this will be submitted as a first draft to the Scottish Government by the end of August, with the final Winter Plan being submitted to the Scottish Government by 31 <sup>st</sup> October and published online. The Plan will have senior joint sign-off reflecting local governance arrangements.
--------------------------	--

<b>Recommendations</b>	It is recommended that the Health & Social Care Partnership Board:  Notes the content of the Draft Winter Plan 2017-18.
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	A key priority in the Strategic Plan is to prevent emergency admissions to hospital, as far as reasonably practicable. The HSCP Winter Plan describes our actions in response to potential additional pressures which may affect the delivery of services to those who are vulnerable and at risk of admission.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None
------------------------	------

<b>Equalities:</b>	None
--------------------	------

<b>Financial:</b>	None
-------------------	------

<b>Legal:</b>	None
---------------	------

<b>Economic Impact:</b>	None
-------------------------	------

<b>Sustainability:</b>	None
------------------------	------

<b>Risk Implications:</b>	None
---------------------------	------

<b>Implications for East Dunbartonshire Council:</b>	The Winter Plan is prepared annually in partnership with East Dunbartonshire Council colleagues including Roads, and Civil Contingencies.
--	---

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Winter Plan describes local measures to relieve winter pressures on acute hospital services.
--	--

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input checked="" type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

**East Dunbartonshire  
Health & Social Care Partnership**

**Draft Winter Plan**

**2017/18**

## 1 Introduction

Health and Social Care Partnerships have a critical role in the wider service system which enables the delivery of effective unscheduled care. It has been agreed through the NHSGG&C whole system planning group that each HSCP will produce an operational unscheduled care plan with a particular focus on the winter period. These plans will cover:

- The community service aspects of the 6 essential actions
- Delayed discharge
- Measures to reduce admissions and attendances
- Delivery of key service features including single point of access, Care Home support and Anticipatory Care
- Continuity and resilience
- Developing an agreed set of indicators to monitor performance
- Planning with GPs for the two long bank holidays

This Winter Plan identifies and addresses the local issues across the primary care and community services for which East Dunbartonshire Health and Social Care Partnership is responsible, to support the NHSGG&C whole system planning as detailed above.

## 2 Winter Planning Arrangements

Winter Planning arrangements have been established through the fortnightly Operational Managers' Group, with Winter Planning being a standing agenda item throughout the winter period. This ensures that all HSCP service leads are represented in discussing the delivery of the Winter Plan and identifying any issues that require to be addressed, or escalated, to enable appropriate actions to be put in place and ensure that service users receive safe, person centred, effective care to minimise unscheduled hospital admissions and reduce delays in discharges throughout the winter, and in particular, the festive period.

## 3 Key Themes

Scottish Government guidance *Preparing for Winter* (DL(2017) 4<sup>th</sup> August), has identified 12 critical areas, outcomes and indicators which are considered key to effective winter planning and are the bedrock on which winter plans are built. The indicators underpin the processes to achieving the outcomes described, and will be reported through the relevant management processes to achieve the outcomes described.

The HSCP local planning arrangements are set out under the headings of the critical areas identified. In addition, the planning arrangements described have integrated the relevant essential actions as outlined in the Scottish Government *6 Essential Actions to Improving Unscheduled Care Performance*

### ***i. Business continuity plans tested with partners.***

Business Continuity Plans (BCP) for both Health and Social Care Services have been harmonised into a single BCP and was tested in January 2017. Each service has completed a Departmental Service Plan and service leads are asked to update and review their individual Departmental BCP service plans annually in November to ensure that they remain up to date.

Links have been established with East Dunbartonshire Council's winter planning arrangements to support the continuity of all partnership services throughout the winter period.

GP Practices and Pharmacies have BCPs in place that include a 'buddy system' should there be any failure in their ability to deliver essential services. The 'buddy' groups essentially mirror the GP Cluster. The HSCP Planning Manager met with Practice Managers in September 2016 and asked that they reaffirm their arrangements.

**ii. Escalation plans tested with partners.**

Escalation plans will be prepared and shared across services to ensure a whole system approach to implementing actions that minimise potential issues.

The Hospital Discharge team will provide a reduced staff rota during the week between the public holidays, with a minimum of two staff on duty. Additional capacity to respond to particular increases in service demand can be resourced from other social work teams if required.

Commissioned services have emergency arrangements in place and the Independent Sector Lead has agreed to act as a link between the HSCP and Care Homes to share information and identify any issues that require to be escalated.

**iii. Safe & effective admission / discharge continue in the lead-up to and over the festive period and also in to January.**

**(a) Admission Avoidance**

Teams have systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes:

- The Community Nursing teams have a *Patient Status at a Glance* Boards that are updated daily. The board displays details of vulnerable patients as well as patients with changing needs. The nursing teams have daily meetings to identify vulnerable patients and those at risk of admission. The nurses will link with GPs to identify patients who may potentially be vulnerable during the long bank holidays.
- The Social Work team maintain a register of vulnerable people known to them living in the community. The Social work out of hours Standby Services have a copy of the information regarding these individuals to ensure appropriate supports can be provided if required outwith office hours, including weekends and Public Holidays.
- The Community Rehabilitation team and Older Adults Mental Health team maintain a list of patients at risk of admission to assist in daily scheduling of visits during adverse weather periods.
- The Rapid Assessment Link within the rehabilitation team offer same day access to service for patients referred by the GP before 4pm who are at risk of admission.
- Community and Acute Services will be asked to predict service users who will be discharged and require Homecare services during the two long weekends as Homecare will stop accepting referrals 48 hours prior to each Public Holiday.

- The Older Adults Mental Health Team has an in-hours duty system in place to provide urgent advice and input as appropriate. Out of hours referrals are directed to the Crisis Team
- Social Work Occupational Therapy is staffed daily and can respond to prevent escalation leading to potential admission. This provision is maintained across the holiday period with the exception of the public holidays.
- Contacts with private providers of Homecare services include monitoring their capacity for delivering services as commissioned.
- The HSCP Older People's Programme Board will continue to work in partnership, with GPs, Acute services, Independent Sector including links with Care Homes, and Third Sector organisations including Older People's Access Line, Carers Link, Ceartas, Marie Curie, Befriending Plus and the Red Cross, to help people remain in their own homes, or homely setting, when it is safe to do so.

### **(b) Anticipatory Planning and Care**

There are a number of anticipatory actions established across all health and social care teams. In particular,

- DN staff identify suitable patients on their caseloads to have an Anticipatory Care Plan (ACP), and offer them an assessment and support. Completed ACPs are sent to GP practices for information, review, and to be upload onto their electronic information system. GP colleagues may also identify patients on the DN caseload who they consider suitable for an ACP.
- Anticipatory structures within Social Work Older People's services seek to identify those considered to be potentially most at risk across this time and information provided to Social Work Standby Services is regularly updated by social work staff.
- All patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS which is shared with acute and the Scottish Ambulance Service.
- Community teams will ensure that people are reminded to order and collect their repeat prescriptions in advance of the festive period.
- A predictive stock order of essential equipment from EQUIPU, wound dressings, pharmacy, and syringe drivers will be submitted early December to ensure availability of supplies for the Community Nursing and Rehabilitation teams during the holiday period.
- Homecare services have access to 4x4 vehicles in the event of severe weather to ensure that they can reach vulnerable service users.
- The East Dunbartonshire Council Roads Department has agreed that an HSCP service manager can inform them of remote vulnerable service users who cannot be reached by car or foot during severe weather and actions will be taken to clear the road and enable access, thereby preventing a potential avoidable hospital admission.



- Public information will be made available to direct people to appropriate services through website links on the HSCP, East Dunbartonshire Council, and relevant Third Sector websites. This will include “Know who to turn to” and NHSGG&C winter website link.

### **(c) Expediting Discharge from Hospital**

An established weekly operational discharge meeting reviews all individual hospital delayed discharge cases and ensures that the collective resources are appropriately directed to create improved joined up working that will minimise and reduce future delays.

There are a number of activities that the group explore and enact including:

- Promotion of legal powers in relation to adults with incapacity;
- Further exploration of the use of 13ZA under ‘deprivation and liberty’ Mental Health (Scotland) Act;
- Weekly discussions regarding those people currently in hospital and the issues that require to be resolved;
- Access to Trakcare to assist early identification of admissions known to social care services;
- Anticipatory AWI meetings;
- A dedicated process for allied health professionals and home care organisers to identify and highlight issues to the Team Manager, Older People’s Team, regarding individuals, living in the community, who lack capacity and legal powers.
- The use of delayed discharge monies to employ a Resource Worker role that will support the Joint Delayed Discharges group by arranging meetings; gathering and comparing information across various systems (Trakcare, Carefirst etc); analysing case notes and highlighting issues that could prevent discharge;
- Utilise the 8 Intermediate Care beds in Westerton Care Home to allow for the further assessment of an individual’s needs, including resolution of financial barriers, following a hospital admission and also provide rehabilitative support in a controlled environment which will facilitate recovery to enable people to return to their own home.

### **iv. Strategies for additional surge capacity across Health & Social Care services**

The HSCP will respond where possible to support Acute services in managing surge capacity. The GP practices will be informed of any acute pressures to assist in considering possible alternatives to admission, where appropriate. This will be supported by the Rapid Assessment Link Team, and the Hospital Assessment Team will provide a reduced staff rota the week between the public holidays with a minimum of two staff on duty to support surge activity. Additional capacity to respond to particular increases in service demand can be resourced from the wider local social work teams if required.

**v. Whole system activity plans for winter: post-festive surge / respiratory pathway**

The HSCP will continue to contribute to the whole system activity planning and ensure representation at winter planning groups.

Links will be maintained with Acute and Partnership Chief Officers to maintain a collective perspective on performance issues and escalation arrangements which require action.

An Unscheduled Care Group has been established to develop, implement and review models of care that support the reduction of avoidable admissions. Membership includes HSCP senior managers, Clinical Director and Acute Planning.

Situation reports (SITREPs) will be shared between the Community and Acute services to inform escalation pressures.

**vi. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance**

The actions set out in this Winter Plan will be monitored and analysed to identify and potential improvements to inform future predictive modelling and planning.

Particular measures that will be monitored include;

- Bed days lost to delayed discharge
- Unscheduled admissions
- Percentage uptake of flu vaccinations by health staff
- Percentage uptake of flu vaccinations by GP population
- Referrals to Rapid Response and Rapid Assessment Link team
- Referrals to Hospital Assessment Team
- Demand and capacity (including GP practices)

**vii. Workforce capacity plans & rotas for winter / festive period agreed by October.**

Service leads will be responsible for determining that planned leave and duty rotas are effectively managed to ensure an adequate workforce capacity during the festive period, and immediately following the four day holiday periods. This will be confirmed through the Winter Planning Group during October, and reported to the SMT.

**viii. Discharges at weekend & bank holidays.**

The Community Nursing service and Homecare service are the only HSCP community teams that provide a service 24 hours, 365 days per year, inclusive of bank public holidays. These teams, in partnership with Acute and Out of Hours services, will support safe and effective hospital discharges during weekends and holidays.

**ix. The risk of patients being delayed on their pathway is minimised.**

Anticipatory structures have been supported to ensure that potential areas of need, particularly in respect of the adults with incapacity (AWI) are best met and delays minimised. There is ongoing work at the primary/secondary care interface within rehabilitation services to improve the sharing of information and reduce need for reassessment at points of transition that could lead to a delay in the patient's pathway.

#### **x. Communication Plans**

To ensure that staff, Primary Care colleagues, partner agencies and the general public are kept informed, the HSCP will:

- ensure information and key messages are available to staff through communication briefs, team meetings and electronic links;
- circulate information to GP practices regarding available community services and clinics during the festive period, including pharmacy open times;
- collate a range of information regarding staff rotas, service operating hours and lead contact details, and make available to staff throughout HSCP, Primary Care colleagues and NHSGG&C Board;
- in partnership with East Dunbartonshire Council, Police and Fire & Rescue, the HSCP will provide public information and awareness events across East Dunbartonshire.

#### **xi. Preparing effectively for norovirus.**

Information distributed to Care Homes will be shared by the Independent Sector Integration Lead

#### **xii. Delivering Seasonal Flu Vaccination to Public and Staff**

All health and Homecare staff will be reminded to encourage elderly and vulnerable groups to attend their GP flu vaccination sessions. The Community Nursing service will vaccinate those who the GPs identify as being housebound and that consent to receiving the flu vaccination

All HSCP staff are actively encouraged to be vaccinated and Occupational Health or local peer vaccination sessions.

### **4 Governance**

A detailed rolling action log will be maintained and updated monthly by the Winter Planning Group. This will be reported through the SMT. A report analysing the activity, performance and pressures will be provided at the end of the winter planning period.



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Child Protection Committee Update
<b>Report By</b>	Paolo Mazzoncini, Chief Social Work Officer, East Dunbartonshire Health & Social Care Partnership
<b>Contact Officer</b>	Deborah Blackhurst, Child Protection Lead Officer 0141 777 3000 Ext: 3586 <a href="mailto:Deborah.blackhurst@eastdunbarton.gov.uk">Deborah.blackhurst@eastdunbarton.gov.uk</a>

<b>Purpose of Report</b>	<ul style="list-style-type: none"> <li>To update the Board on the progress being made by East Dunbartonshire Council's Child Protection Committee (CPC) in driving forward key policy, legislative and service developments, and professional practice.</li> <li>To highlight important national developments around child protection, which will influence the direction of future work.</li> </ul>
--------------------------	--

<b>Recommendations</b>	<ul style="list-style-type: none"> <li>To note the contents of the Report.</li> <li>To continue to support the interagency work of the Child Protection Committee.</li> </ul>
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	The interagency work of the Child Protection Committee helps ensure that people who use health and social care services are safe from harm.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	There may be human resource implications as a consequence of implementing the recommendations and action points from the recently published Scottish Government reports on child protection. At this stage, these are unquantifiable but will be kept under review.
------------------------	---

<b>Equalities:</b>	None.
--------------------	-------

<b>Financial:</b>	There may be financial implications as a consequence of implementing the recommendations and action points from the recently published Scottish Government reports on child protection. At this stage, these are unquantifiable but will be kept under review.
-------------------	--

<b>Legal:</b>	None.
---------------	-------

<b>Economic Impact:</b>	None.
-------------------------	-------

<b>Sustainability:</b>	None.
------------------------	-------

<b>Risk Implications:</b>	There are a number of risks associated with not taking forward the recommended improvement actions including, for example, practice that lags behind the best in class; reputational damage; and increased scrutiny.
---------------------------	--

<b>Implications for East Dunbartonshire Council:</b>	East Dunbartonshire Council will wish to support these developments. This paper will be presented to the Chief Officers Group for their consideration.
--	--

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHS Greater Glasgow and Clyde will wish to support these developments. This paper will be presented to the Chief Officers Group for their consideration.
--	--

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>x</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

## 1.0 MAIN REPORT

### The Work of the CPC, its Sub-groups and Working Group

**1.1** The CPC meets every two months and has three standing sub-groups to carry out key functions, and two short life working group. The group are:

- Learning and Development Sub-group
- Management Information and Self-evaluation Sub-group
- Public Information and Communication Sub-group and
- Child Sexual Exploitation (CSE) short life working group
- Bailey Gwynne Review Recommendations - Anti-weapon and knife guidance.

**1.2** All groups, with the exception of the Bailey Gwynne Recommendation Group, continue to work towards agreed action plans. All the action plans had a proposed completion date of June 2017. Progress has been made in all areas with some minor delays. Areas requiring further work will be carried forward into the new business plan for the CPC. Details of progress toward the CPC Business Plan is noted at **Appendix 1**.

### Key Achievements

We have:

- provided monthly multi-agency briefing sessions for staff which are topic based and promote professional discourse and sharing of good practice around child protection.
- considered the multi-agency training requirements for staff for the coming period
- identified a broad range of management information and self-evaluation focus areas to

build the multi-agency quality assurance system. This will provide a clearer understanding of the impact of services and interventions.

- reviewed and updated the draft CSE Awareness and Training Strategy. It will be presented to the next CPC meeting on 15 August 2017.
- developed draft Anti-weapon and knife guidance which is currently being considered by the CPC with a view to implementation in the new academic year.
- begun planning a multi-agency case file audit to examine practice in more depth, to look at the outcomes we are achieving and to learn lessons for the future. The Care Inspectorate has agreed to support us in this audit and we will utilise their procedures and processes.
- considered the learning from the Significant Case Reviews (SCRs) from Glasgow and Fife with CPC partners. We have also discussed improvements to our arrangements for identifying and managing SCRs locally, alongside the requirement to engage with the Care Inspectorate in the newly developed process.
- reviewed the accessibility and usefulness of the information contained on our website and agreed to make improvements to it.

## **National Developments**

### **2.0 Child Protection Improvement Programme**

The Child Protection Improvement Programme (CPIP) was established by the Scottish Government in February 2016 with a vision to “*keep children safer from abuse and neglect by placing the wellbeing of Scotland’s children at the heart of everything it does...*”. The programme has been delivered in partnership with stakeholders through a range of strategic and working groups. Two reports from the Scottish Government were published in March 2017: *Child Protection Improvement Programme Report* and *Protecting Scotland’s Children and Young People: It is Still Everyone’s Job (Systems Review)*. The reports set out the progress on child protection nationally to date and identify actions that will be taken forward in the forthcoming period.

The reports are lengthy and comprehensive. They can be found on the Scottish Government’s website at <http://www.gov.scot/Topics/People/Young-People/protecting/child-protection> (A number of hard copies will be available at the Board meeting). A summary of the key points from each report is presented here.

### **2.1 Systems Review**

The Scottish Government accepted all twelve recommendations made by the Systems Review Group. More detailed information is provided below at section 2.10 which reflects the separate nature of the report produced by this group.

### **2.2 Neglect**

Neglect is the primary maltreatment issue faced by Scotland’s children. Work is underway nationally to update research on the state of neglect in Scotland and what works well in tackling it. This includes specific work in pilot areas supported by The Centre for Excellence for Looked After Children in Scotland (CELCIS) as well as the work of the national Neglect Group.

### **2.3 Child Sexual Exploitation**

The Scottish Government’s Action Plan to Tackle Child Sexual Exploitation, has been overseen and implemented by a Ministerial Group, supported by a National Working Group. Key messages from the group include the importance of a coordinated multi-agency response and the need to raise awareness of the issue. It is recognised that CSE is a national problem which is complex and under-reported.

## **2.4 Child Trafficking**

*The Human Trafficking and Exploitation (Scotland) Act 2015* has led to the drafting of a national Trafficking Strategy. According to the National Referral Mechanism, 145 victims of trafficking were recovered in Scotland in 2015, 42 were children under the age of 18. The key issues are the presumption of age, the efficacy of the National Referral Mechanism, understanding trafficking routes into Scotland and providing appropriate care and support.

## **2.5 Child Internet Safety**

As part of Police Scotland's Operation LATTISE in 2015, 523 children were identified as victims, or potential victims, of online child sexual abuse or other related abuse. Online sexual abuse is a national threat; the reality is that it is happening now to children of all ages and backgrounds. The Scottish Government published an action plan on internet safety in April 2017. There will also be work with social media providers and industry to explore improvements that can be made to internet safety.

## **2.6 Children's Hearings**

The multi-agency Children's Hearing Improvement Partnership has scrutinised the impact of recent legislation and practice changes to the children's hearing system following the implementation of the *Children's Hearing (Scotland) Act 2011*. Some of the key areas considered included the role of solicitors in the children's hearing system; advocacy for children and young people; and recognition that 16 and 17 year olds are children first regardless of whether the presenting issue is offending or care and protection.

## **2.7 Inspections**

The independent inspection and scrutiny of children's services is an essential and valuable part of a robust quality assurance system. It helps deliver learning and improvement across agencies. The Care Inspectorate has been tasked to chair a working group to devise and recommend a new framework for inspections. This is likely to focus more specifically on child protection as the report refers to the need to focus on the 'most vulnerable'.

## **2.8 Leadership and Workforce Development**

The complex landscape of child protection leadership and governance was recognised during the work of CPIP. As a result a National Child Protection Leadership Group will be established; this will be a small group chaired by the Minister. The purpose will be to network, share good practice and 'horizon scan' for new risks.

## **2.9 Data and Evidence**

This work stream reviewed the data and evidence currently gathered around child protection. Areas of improvement were identified and included the need to collect evidence of the immediate impact of child abuse, data on the prevention of child abuse and reducing the risk of harm for key vulnerable groups. As a result of the CPIP, a Child Development Data Improvement Programme will be developed as will a Child Protection Data and Evidence Hub

## **2.10 Systems Review. Protection Scotland's Children and Young People: It is Still Everyone's Job**

The Child Protection System Review Group was established to look at the operation of the formal child protection system including Child Protection Committees, Child



Protection Registers and Case Conferences, and Initial and Significant Case Reviews. They identified three overarching and cross-cutting themes:

- Leadership, Governance and Accountability
- Developing a Learning Culture and
- Shared Values

Within these three themes, the Review Group made twelve recommendations, all of which have been accepted by the Scottish Government. The recommendations are explained in detail in the report. Some of the key recommendations that may have the most immediate local impact are provided below.

## **2.11 Recommendations on Leadership, Governance and Accountability**

### **Recommendation 2**

Chief Officers should be supported by the National Child Protection Leadership Group and Child Protection Committees Scotland to strengthen delivery of their responsibilities, as set out in the *National Guidance for Child Protection in Scotland* (2014), and to identify areas where further work may be required, such as:

- Clarity of reporting mechanisms between Child Protection Committees and Chief Officers' Groups
- Descriptions of the roles and responsibilities of Child Protection Committees (including that of Chairs of Child Protection Committees) and Chief Officers' Groups
- Supporting Child Protection Committees to carry out their roles and functions in line with the requirements set out in national guidance.

Chief Officers should pro-actively engage with and report to elected members and other local scrutiny bodies as the local representatives of their communities and provide opportunities to listen to community concerns and hold learning events at a local level.

### **Recommendation 3**

It is critical that the Chief Executive of each local authority, working with the Chief Officers' Group, ensures that Chief Social Work Officers have sufficient support to provide professional leadership, advice and scrutiny across all public protection matters (including child protection), given their key statutory responsibilities within the local authority.

### **Recommendation 5**

When a Child Protection Case Conference is held, whether or not a child is placed on the Child Protection Register and at any subsequent points when the child protection plan is reviewed, a referral to the Reporter should be considered and the decision on referral should be clearly recorded.

### **Recommendation 6**

The development of a National Child Protection Register that can be securely accessed by all appropriate professionals should be explored.

## **2.12 Recommendations on Developing a Learning Culture**

### **Recommendation 7**

The Care Inspectorate should become the central repository for all Initial and Significant Case Reviews and should explore the development of a 'Community of Practice' portal

on the Care Inspectorate website to enable secure access to all Reviews by child protection professionals in all relevant organisations.

**Recommendation 9**

A set of National Standards should be developed setting out the skills and competences required of those reviewers undertaking Initial Case Reviews and Significant Case Reviews. Appropriate involvement of the child or young person and their family should be a key component of training for reviewers.

**Recommendation 10**

The National Child Protection Leadership Group and Child Protection Committees Scotland should support local areas to deliver robust continuous improvement programmes. The Scottish Government should develop a national resource for advice on using child protection data for local planning and service development.

**2.13 Recommendations on Shared Values**

**Recommendation 11**

The Children and Young People's Commissioner Scotland should be invited to work with partners to develop a programme of work to understand children's experiences of formal child protection systems in Scotland. This work should include the further development of accessible tools and information directly for children to support their participation in decision-making and events held to support front-line practitioners working with children. This work should include the development of a Good Practice Advocacy Guide for child protection.

**Recommendation 12**

Child Protection Committees should ensure children, parents and wider families are part of the decision-making processes and explore a range of strengths-based participatory approaches to Child Protection Case Conferences to achieve this. Chief Officers, Heads of Service and senior management should support front-line professionals to participate in all stages of Case Conferences, Core Group meetings and Children's Hearings.

## Interim Business Plan November 2016 - June 2017

## SECTION 1 – CONTINUOUS IMPROVEMENT

## POLICIES, PROCEDURES AND PROTOCOLS

	What do we want to do?	What are we going to do?	When will we do it by?	What are our outcomes / outputs?	Progress	Carry forward?	Responsible Group/Person
1	<p>Develop and deliver strategy to further address meeting the needs of vulnerable and high risk young people, particularly where risks can extend beyond the home environment.</p> <p>This will include relevant guidance and training for staff.</p> <p>Improve systems to support data collection and monitoring arrangements.</p>	<p>Further develop our multi-agency guidance procedures for the risk management of vulnerable and high risk young people in key priority areas of need, stage one:</p> <p>Develop local CSE guidance and tools. Update and develop related guidance and protocols (including trafficking, missing YP and Self-harm)</p> <p>Develop our multi-agency operational systems and processes to align as appropriate with FRAME implementation and the whole systems strategy group</p> <p>Develop a vulnerable young person's data base and associated reporting and monitoring systems.</p>	<p>December 2016</p> <p>March 2017</p> <p>June 2017</p>	<p>Local guidance and training in place and improved knowledge base for staff</p> <p>Improved clarity regarding our numbers and nature of vulnerable young person population</p>	<p>Barnardo's West of Scotland Procedure in use.</p> <p>Self harm guidance in place. Risk assessment tools to be completed by September 2017</p> <p>VYP Procedure outstanding</p>	<p>VYP Procedures required.</p>	<p>J McGinty to lead with MISE Group</p>
2	<p>Improve systems for the review and monitoring of new multi-agency guidance and protocols.</p>	<p>Agree data recording systems</p> <p>Develop a framework of quality assurance activities to review implementation</p>	<p>April 2017</p>	<p>Development of protocols</p> <p>Work with staff to increase knowledge and practice</p>	<p>Policy/Procedure/guidance required have been identified identified. All documents to be stored on CPC website and have front covers with details of version control and review timescale. MISE Group will be responsible for monitoring reviews.</p>	<p>Review and development of all policies needed over 2017-2018.</p>	<p>Management Information &amp; Self Evaluation subgroup</p>
3	<p>Continue to ensure Child protection dimension integrated within the broader GIRFEC developments</p>	<p>Ensure relevant links and integration with other broader children's services policy and procedure developments</p>	<p>June 2017</p>	<p>Policy development occurs in a strategic framework</p>	<p>Policy &amp; Guidance development is progressing using multi-agency groups.</p>	<p>As 2 above</p>	

**Appendix 1**

	<b>What do we want to do?</b>	<b>What are we going to do?</b>	<b>When will we do it by?</b>	<b>What are our outcomes / outputs?</b>	<b>Progress</b>	<b>Carry forward?</b>	<b>Responsible Group/Person</b>
4	Make policies and procedures easily accessible to all staff	Update website to ensure all multi-agency procedures are easily identifiable and accessible to all relevant staff	Timescale dependant on available budget.	Appropriate child protection documents and guidance are available on the CPC Website.	CPC Webpage is currently hosted within the HSCP Website. The needs of the CPC have been identified. The Communication's Manager is currently seeking costings for options presented at CPC Meeting in May 2017	No.	Angela Fegan/ Deborah Blackhurst
5	Develop policy, procedure and practice to reflect the recommendations of the National Child Protection Improvement Programme.	Review policy, procedure and practice in light of the recommendations of the National Child Protection Improvement Programme.	June 2017	Policy, procedure and practice are reflective of national recommendations.	To be addressed within the next business plan.	Yes	CPC and allocated subgroups
	<b>What do we want to do?</b>	<b>What are we going to do?</b>	<b>When will we do it by?</b>	<b>What are our outcomes / outputs?</b>	<b>Progress</b>		
6	Develop and implement an agreed Multi-Agency Quality Assurance framework.	Consider existing single-agency and multi-agency quality assurance and self-evaluation activity within children's services.  Develop a calendar of multi-agency quality assurance activities which compliment these and avoid duplication.  Create facilitative tools for use in quality assurance activities, including the provision of feedback.	March 2017	Implementation of Multi-agency Quality Assurance Framework.	Multi-agency quality assurance calendar has been agreed and will be implemented from August 2017.  The group decided to develop facilitative tools prior to quality assurance activity as necessary,  Multi-agency case file audits will be a feature of the calendar, the first of which will take place in November 2017. Planning has started and is being supported by our link Care Inspector.	No	
7	Actively listen to the views of all stakeholders in quality assurance processes and practice development.				Consultation framework will be completed by September 2017. Social Work's Community Support Group will support the implementation of this consultation.	No	

## PROMOTION OF GOOD PRACTICE

	What do we want to do?	What are we going to do?	When will we do it by?	What are our outcomes / outputs?	Progress	Carry forward?	Responsible Group/Person
8	<p>Establish a local protocol to reflect national guidance for Initial and Significant Case Reviews.</p> <p>Develop a framework to respond to published SCR's and disseminate learning.</p>	<p>Consider recommendations from the National Child Protection Improvement Programme.</p> <p>Form agreements in relation to thresholds for initiating ICRs and SCR.</p> <p>Consider and agree methodology to be used by EDCPC in carrying out I/SCRs.</p> <p>Provide training/briefing sessions to disseminate learning from case reviews.</p>	June 2017	<p>Local protocols reflect national guidance.</p> <p>All agencies have a clear understanding of thresholds and methodology in relation to I/SCRs.</p> <p>Published SCR's are systematically reviewed and information disseminated effectively.</p>	This aspect of the plan was postponed due to the work of the Child Protection Improvement Plan which has ICRs and SCRs as a key focus.	Yes	CPC and allocated subgroups

## TRAINING AND STAFF DEVELOPMENT

	What do we want to do?	What are we going to do?	When will we do it by?	What are our outcomes / outputs?	Progress	Carry forward?	Responsible Group/Person
9	<p>Ensure training opportunities are available and reflect national and local priorities, and the professional needs of the workforce. In line with the National Child Protection Learning and Development Guidance 2012.</p>	<p>Scope multi-agency training needs.</p> <p>Consider the capacity to meet multi-agency training needs within existing services, and possibilities of procuring additional resources if necessary.</p> <p>Improve links between relevant subgroups to ensure they directly inform the Multi-agency Learning and Development Sub-group.</p>	<p>Some aspect dependant on budget.</p> <p>June 2017</p>	<p>Develop and implement a range of training opportunities for staff</p>	<p>Training needs identified- Training required to reflect the L&amp;D Framework.</p> <p>Universities invited to submit proposals to design training and support initial implementation: Stirling- withdrew UWS- submitted Caledonian- withdrew Strathclyde- no response.</p> <p>CPC L&amp;D group has replaced the MALD group. A range of briefing sessions were facilitated from Feb- Jun by different agencies.</p>	Decision is required regarding proposal received.	

## SECTION 2- PUBLIC INFORMATION AND COMMUNICATION

PUBLIC INFORMATION							
What do we want to do?		What are we going to do?	When will we do it by?	What are our outcomes / outputs?	Progress	Carry forward?	Responsible Group/Person
10	Raise public awareness of child protection issues, stakeholder responsibilities and processes in place to support children	Re-establish Public Information & Communication Sub-group.  Review, update and disseminate /Child protection information and advice on line	Timescale dependant on available budget.	A range of information is available to key stakeholders including the public.	PIC Group is now firmly established.  The focus of the group has been on the review and development of a CPC website. The group have agreed of formats and content of information to be promoted; however this will be delayed until arrangements for the website are finalised.	Yes  More work is required on publicising the new website when it is operational. Other formats re information sharing need to be developed.	Public Information and Communications Group
11	Raise public awareness around internet safety, specifically for children and young people	Focused multi-agency promotion period up to, during and after 'Safer Internet Day' 7 <sup>th</sup> February 2017.  Review advice and information available on the CPC website/new platform  Increase CEOP and related internet safety inputs for all relevant agencies	February 2017.  Timescale dependant on available budget.	Increased public awareness of internet safety issues	The group promoted Safer Internet Day on 7 <sup>th</sup> Feb in several ways including- <ul style="list-style-type: none"> <li>Encouraging events in schools,</li> <li>Visit to Lairdsland Primary School.</li> </ul> Police and Schools have been working together to facilitate internet safety sessions for children and to increase confidence of school staff to promote CEOP materials.  Questionnaire to gauge the awareness of children were used in 4 school prior to 7 Feb and again at the end of the summer term. These are being analysed by Education staff.	No; however this will become an annual feature of the PIC Group's work.	Public Information & Communication Subgroup

<b>LISTENING TO CHILDREN AND YOUNG PEOPLE</b>							
<b>What do we want to do?</b>	<b>What are we going to do?</b>	<b>When will we do it by?</b>	<b>What are our outcomes / outputs?</b>	<b>Progress</b>	<b>Carry forward?</b>	<b>Responsible Group/Person</b>	
12	Utilise the views of children, young people and families to inform and develop our services.	<p>Ensure children's views are reflected in child protection processes and services through all self-evaluation and quality assurance processes.</p> <p>Explore methods of consultation to obtain the views of children, young people and parents involved in Child Protection Procedures.</p> <p>Review of Child Protection dimension of current Participation Strategy</p>	On-going	Service developments are impacted by the views of children, young people and families.	Consultation framework will be completed by September 2017. Social Work's Community Support Group will support the implementation of this consultation.	No	
<b>SECTION 3- STRATEGIC PLANNING</b>							
<b>COMMUNICATION AND COOPERATION</b>							
<b>What do we want to do?</b>	<b>What are we going to do?</b>	<b>When will we do it by?</b>	<b>What are our outcomes / outputs?</b>	<b>Progress</b>	<b>Carry forward?</b>	<b>Responsible Group/Person</b>	
13	Promote effective communication, collaboration and co-operation across relevant strategic planning groups to embed child protection elements of GIRFEC and Children and Young People's (Scotland) Act (2014).	Ensure CPC representation and links with GIRFEC strategic groups	On-going	The GIRFEC agenda remains a key focus of Children's Services work.	Regular meetings of the GIRFEC Strategic Group take place with members of the CPC in attendance. Progress will be ongoing over 2017 - 2018	No	

MANAGEMENT INFORMATION							
What do we want to do?	What are we going to do?	When will we do it by?	What are our outcomes / outputs?	Progress	Carry forward?	Responsible Group/Person	
14	<p>Further develop and implement an agreed multi-agency management information framework</p> <p>Improve processes for reporting to CPC and scope for discussion and decision making at CPC</p> <p>Interpret findings from engagement and QA activities in a meaningful way to inform improvement and service planning</p>	<p>Agree format, information required and reporting cycles. Review the current self-evaluation calendar</p> <p>Agree terms of reference for CPC.</p>	<p>November 2016</p>	<p>CPC is aware of key trends and issues</p> <p>Dissemination to take place across relevant subgroups for information/action</p>	<p>A comprehensive Multi-agency Quality Assurance Calendar has been developed to include:</p> <ul style="list-style-type: none"> <li>• Management Information</li> <li>• Case file audits</li> <li>• Self-evaluation activities</li> </ul>	<p>No</p>	



Agenda Item Number: 18

## EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

<b>Date of Meeting</b>	31st August 2017
<b>Subject Title</b>	Unscheduled Care Commissioning
<b>Report By</b>	Andy Martin, Head of Adult & Primary Care Services
<b>Contact Officer</b>	Stephen McDonald, Joint Services Manager - Older People 0141 624 2259

<b>Purpose of Report</b>	To update the HSCP Board on progress in putting in place service changes and additions to improve unscheduled care performance as per commitments made in report of 22 June 2017.
--------------------------	---

<b>Recommendations</b>	HSCP Board to: <ul style="list-style-type: none"> <li>• Approve progression of the priorities outlined</li> <li>• Approve the use of reserves in areas identified</li> </ul>
------------------------	--

<b>Relevance to HSCP Board Strategic Plan</b>	Reduction of unscheduled use of acute care services and resources is a key commitment within East Dunbartonshire's Strategic Plan.
---	--

### Implications for Health & Social Care Partnership

- Approve the funding arrangements for intermediate care provision

<b>Human Resources</b>	Creation of posts as outlined.
------------------------	--------------------------------

<b>Equalities:</b>	The service developments outlined will predominantly affect older people and people with a physical disability. The Local Area Coordinator posts proposed will be active within designated 'Place' communities.
--------------------	---

<b>Financial:</b>	Partnership reserves and currently existing budgets will be utilized to resource the proposed service developments. Further detail with regard to actions, intended impact and financial framework to support will be brought to a future Board meeting.
-------------------	--

<b>Legal:</b>	None.
---------------	-------

<b>Economic Impact:</b>	None.
-------------------------	-------

<b>Sustainability:</b>	None.
------------------------	-------

<b>Risk Implications:</b>	None at this point. Emerging risks will be managed via the Older Peoples Planning Group, and the Unscheduled Care workstream.
---------------------------	---

<b>Implications for East Dunbartonshire Council:</b>	As Noted.
--	-----------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	As Noted.
--	-----------

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	1. No Direction Required	<input type="checkbox"/>
	2. East Dunbartonshire Council	<input checked="" type="checkbox"/>
	3. NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>
	4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde	<input type="checkbox"/>

## 1.0 MAIN REPORT

**1.1** This report sets out commissioning actions to progress the Partnership's commitment to reduce the unscheduled use of acute resources as agreed at the HSCP Board at the meeting of 22<sup>nd</sup> June 2017.

**1.2** The principle areas of activity and service development affected are:

- Single Point of Access
- Intermediate Care
- Day Care
- Support for Care Homes
- Telecare
- Pharmacy

**1.3** These commissioning actions are intended to support

- People to live independently with support at home or in a homely setting
- Reduce the number of unscheduled hospital admissions by providing clinical decision-makers with a range of readily accessible alternatives to admission both in hours and out of hours.
- Enhanced coordinated palliative and end of life care for those living at home or in a care home.
- A system of preventative and anticipatory intervention that maximises the deployment of assistive technology.
- Increased pharmacy support to GP practices and to care homes to reduce waste in the prescribing, storage and dispensing of medicines and to ensure safer medication and patient care particularly at transitions.

## **2.0 BACKGROUND**

**2.1** A report entitled *Unscheduled Care Commissioning Plan (2016/17\_3)* was considered and approved at the Health & Social Care Partnership Board meeting of 23rd March 2017. This report set out the context for East Dunbartonshire HSCP's intentions for the commissioning of unscheduled care. It was an interim statement. It had been agreed that the 6 Health & Social Care Partnerships within NHS Greater Glasgow & Clyde, which share a common Acute sector, would develop a coordinated joint statement of commissioning intentions.

**2.2** An initial suite of actions were framed and agreed by the six HSCPs within NHS GG&C on the basis that there is a shared acknowledgement of the joint responsibilities across Acute Services, Primary Care and HSCP's to effect change. These actions were focused in the following 7 areas:

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

**2.3** A key focus of East Dunbartonshire Health and Social Care Partnership is to develop models of care that support the redirection of avoidable admissions in order to reduce acute bed usage and delayed discharges. This is being realised through the development of models, in partnership with Primary Care and Acute services, which provide alternatives to admission, including assistive technology, homecare, carers support plans, day care and intermediate care provision. All of this activity is now being coordinated through an *Unscheduled Care Action Plan* which was an appendix to report mentioned above.

**2.4** The *Unscheduled Care Action Plan* identifies discrete and measurable actions with responsible leads, outline resources and timescales which will enable the Health & Social Care Partnership's commitments and priorities for *Unscheduled Care Commissioning* to be taken forward in a framework of clear governance and accountability.

**2.5** The delivery of the *Unscheduled Care Action Plan* is being overseen by the Older Peoples Planning Group. The key actions set out will be delivered in the context of a number of sub-work streams identified within the Older People's Planning Framework.

## **3.0 SUMMARY**

### **3.1 Single Point of Access**

A Short Life Working Group has been established to develop an initial Single Point of Access model. This model will encompass all internal referrals for older people's services and support and will cover Homecare, Telecare, Community Nursing, Community Rehab, Aids & Equipment and Older Peoples Mental Health. Its particular source of referral will be targeted on GP practices. It will build on existing developments linking Homecare, District Nursing and Rehab Out of Hours provision. A currently existing post of Personal Care Nurse Lead located within Homecare will be reconfigured

to provide a triage and clinical liaison function working alongside Homecare Organisers

### **3.2 Intermediate Care**

No requirement for further **step-down** places is currently identified. This situation will be closely monitored going forward. An amount of £312k recurring has been identified to resource ongoing intermediate care developments, as patterns of need and agreement on a preferred model emerge. Work is underway to gauge the need for and the most effective model of **step-up** provision. Visits are being undertaken to neighbouring partnerships to explore the experience and impact of such developments

The current provision of **step-down** beds comprises:

*8 x Intermediate Care places targeted on rehab at Westerton*

*10x Discharge to Assess and Palliative Care places at Fourhills*

*3x Discharge to Assess and Palliative Care places at Greenfield Park*

The Westerton facility, initially funded via the partnership's Delayed Discharges allocation, has now been absorbed into mainline Care Home budgets. The middle term financial intention is similarly to accommodate the costs of Fourhills and Greenfield Park provision within the mainline care home budget.

### **3.3 Day Care**

2 x Local Area Coordinator posts are in the process of being established. The postholders will develop individual and collective day support packages based in localities. They will identify opportunities and enable and assist the development of co-produced, community-oriented activity which can support frail vulnerable and isolated older people – connecting them with formal services as required. An important function will be to link with Single Point of Access mechanisms and with the Intermediate Care facilities to ensure that patients and service users passing through these provisions are effectively matched and supported to access community supports.

### **3.4 Telecare**

A workstream has been established to develop a revised Telecare/Telehealth Strategy. This will involve further exploration of the potential demonstrated in the joint of CM2000/Napier University eFrailty project. This has used informatics provided by body-worn technology to inform anticipatory care planning and patient self-management. Assessment for assistive technology, its installation and operation, and service responses will form part of the menu of interventions that will, in the fullness of time, be made available via the Single Point of Access.

### **3.5 Care Home Support**

2 x Care Home Liaison Nurse posts are being created. These post holders will provide professional nursing advice and support to care homes across the Partnership assisting homes to reduce admissions to hospital, and unnecessary and unscheduled demands upon primary care services, including GP practices. It is intended that one of the posts will be a qualified Mental Health Nurse who will be linked to the Bearsden & Milngavie Older Peoples Mental Health team. A particular focus of support will be in the area of Palliative Care to ensure that wherever possible care homes residents are assisted to die peacefully in a homely setting without the need for hospital admission.

### **3.6 Pharmacy**

1 X Community Pharmacist post to be created. As well as Primary Care support, specific care home functions will be prioritized within this role. The post holder will work

with care home leads to ensure that all homes have Medicines Management systems in place to ensure safe and systematic storage and dispensing of medicines and that prescribing for care home residents conforms to agreed standards.



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	Thursday 31 <sup>st</sup> August 2017
<b>Subject Title</b>	Minor Injuries Services in West Glasgow
<b>Report By</b>	Andy Martin, Head of Adult & Primary Care Services
<b>Contact Officer</b>	Carolyn Fitzpatrick, Lead for Clinical Pharmacy and Prescribing 0141 304 7433

<b>Purpose of Report</b>	To allow the Health and Social Care Partnership Board the opportunity to consider proposals for a joint NHS Board and HSCP process to review options for minor injuries in West Glasgow.
--------------------------	--

<b>Recommendations</b>	The Health and Social Care Partnership Board is asked to note a joint review of minor injuries services in West Glasgow to be undertaken with the NHS Board to cover the areas outlined below.
------------------------	--

<b>Relevance to HSCP Board Strategic Plan</b>	The Health and Social Care Partnership Board has strategic planning responsibility for unscheduled care services as described both within the Integration Scheme and the Partnership's Strategic Plan. The proposals in this report are consistent with the strategic direction set by the Board.
---	---

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None at this stage
------------------------	--------------------

<b>Equalities:</b>	As assessment of the equalities dimensions will be undertaken as part of the review.
--------------------	--

<b>Financial:</b>	The Partnership's budget for 2017/18 includes a "set aside" component for unscheduled care an element of which is accident and emergency services that includes minor injuries services.
-------------------	--

<b>Legal:</b>	The integration scheme includes specific responsibilities for the strategic planning of certain acute hospital services.
---------------	--

<b>Economic Impact:</b>	None at this stage
-------------------------	--------------------

<b>Sustainability:</b>	None at this stage
------------------------	--------------------

<b>Risk Implications:</b>	Risk implications will need to be assessed as part of the review.
---------------------------	---

<b>Implications for East Dunbartonshire Council:</b>	None
--	------

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The proposals if agreed by the Glasgow City Integration Joint Board in September 2017 will have implications for the planning and delivery of minor injuries services in West Glasgow and the Board will be requested to direct the NHS Board accordingly.
--	--

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<input type="checkbox"/>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<b>x</b>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

<b>1.0 MAIN REPORT</b>
<b>1.0 Introduction</b>
<b>1.1</b> Minor injury services at Yorkhill serving West Glasgow were closed on a temporary basis last year. There is a need therefore to consider options for the future of minor injuries services for West Glasgow, those options to include re opening the service at Yorkhill and potential provision at Gartnavel.
<b>1.2</b> Integration Joint Boards have strategic planning responsibility for unscheduled care that includes minor injury services. The NHS Board has responsibility for the delivery of acute services, and so reviews of this kind need to be considered jointly, with the final decision resting with the Integration Joint Board.
<b>2.0 Glasgow City Integration Joint Board and NHS Board Joint Review</b>
<b>2.1</b> Glasgow City Integration Joint Board have established a formal joint planning and engagement group with the NHS Board to make recommendations to the Integration



Joint Board on the future of these services at its meeting in September 2017. That joint review group should finalise a process to:

- Analyse the service delivery, financial and access issues outlined below;
- Establish an option appraisal process to set out potential options and criteria to consider those options;
- Develop a proportionate approach to gather patient and public views, including a means of ensuring there is a patient perspective in the option appraisal process;
- Establish the views of other key stakeholders including local GPs; and,
- Report on the conclusions and recommendations from the review to enable early decision making on the future of the service.

### 3.0 Review Content

3.1 There are a number of areas that the review will cover including those outlined below:

- **Access:** a full appraisal of access issues and relative access for the population including comparing access to these services for different areas in Greater Glasgow and Clyde;
- **Demand:** linked to the above, NHS GG&C use a disproportionately higher volume of acute services and all HSCPs have indicated in their commissioning plans an intention to reduce demand for acute care. NHS Board analysis indicates that the temporary closure of the Unit has reduced demand;
- **Financial appraisal:** an assessment of the financial consequences of the options, in capital and revenue terms and in the context of the Acute Division's financial position;
- **Patient engagement:** a joint process established with the NHS Board for appropriate and proportionate patient engagement.

### 4.0 East Dunbartonshire HSCP Patient Engagement

4.1 Actions are planned to:

- Place a briefing on the East Dunbartonshire HSCP website
- Distribute an information poster electronically to 3<sup>rd</sup> sector and community groups
- Make a similar distribution to commissioned providers
- Communicate dates/times of community engagement sessions
- Communicate proposals to GPs, pharmacists, dentists and opticians



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>ST</sup> August 2017
<b>Subject Title</b>	Planning and delivering care and treatment across the West of Scotland
<b>Report By</b>	Susan Manion, Chief Officer Susan.Manion@ggc.scot.nhs.uk
<b>Contact Officer</b>	Susan Manion

<b>Purpose of Report</b>	<p>To update the HSCP Board on the work across Scotland to develop Regional Plans for the delivery of Health and Social Care.</p> <p>The Report was drafted by John Burns the lead Health Board Chief Executive for this process in the West of Scotland. It outlines the requirement to produce the first Regional Delivery Plan by March 2018 and seeks the support of Health Boards and Integrated Joint Boards to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West.</p>
--------------------------	---

<b>Recommendations</b>	The HSCP Board is asked to note the work in hand and the active involvement of the Chief Officer in this process
------------------------	--

<b>Relevance to HSCP Board Strategic Plan</b>	Our Strategic Plan will help to inform the Regional Plans.
---	--

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	Nil
------------------------	-----

<b>Equalities:</b>	Nil
--------------------	-----

<b>Financial:</b>	Nil
-------------------	-----

<b>Legal:</b>	Nil
---------------	-----

<b>Economic Impact:</b>	Nil
-------------------------	-----

<b>Sustainability:</b>	Nil
------------------------	-----

<b>Risk Implications:</b>	There will be a risk if we are not involved and help to shape the Regional Plan
---------------------------	---

<b>Implications for East Dunbartonshire Council:</b>	Nil
--	-----

<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHS GGC Board Chief Executive is involved in the Regional Planning Programme
--	--

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>X</b>
	<b>2. East Dunbartonshire Council</b>	<input type="checkbox"/>
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	<input type="checkbox"/>
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	<input type="checkbox"/>

## 1.0 MAIN REPORT

### **Background**

The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering;

- Better care
- Better health
- Better value

The Health and Social Care Plan signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focussed. We can provide better patient outcomes and more efficient, consistent and sustainable services for citizens through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for each of the 3 regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by 5 NHS Boards and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focused, including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

To take forward the national and regional approach, 5 Chief Executives have been appointed to the role of National or Regional Implementation leads.

### **Developing a Regional Plan**

To progress a Regional Delivery Plan it is essential to link this to national planning for specialist services, local planning within Health Boards and locality planning within Integrated Joint Boards to ensure we plan effectively for the wider population.

It is recognised and understood that the existing Boards retain their governance responsibilities, however, to achieve this ambition:

- it is essential that Health Boards and Integrated Joint Boards across the West of Scotland support a collaborative approach
- we need to recognise that boundaries cannot be barriers to delivering evidence based outcomes
- there needs to be transparency in our discussions
- we need to accept a collective accountability for the wider population, evidenced through our decisions and actions.

In taking forward this work, it is important that we are guided by some key principles, namely;

- Maximising health gain
- Anticipation and prevention
- Reducing inequality
- Quality, evidence and outcome
- Sustainability

This is an evolving process which will be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and consider the opportunities to transform care models to meet the future requirements of our population and improve health.



**EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

<b>Date of Meeting</b>	31 <sup>st</sup> August 2017
<b>Subject Title</b>	Thematic Inspection of Adult Support and Protection in East Dunbartonshire
<b>Report By</b>	Susan Manion, Chief Officer, East Dunbartonshire Health & Social Care Partnership
<b>Contact Officer</b>	Paolo Mazzoncini, Chief Social Work Officer, East Dunbartonshire Health & Social Care Partnership 0141 232 8266 <a href="mailto:Paolo.mazzoncini@eastdunbarton.gov.uk">Paolo.mazzoncini@eastdunbarton.gov.uk</a>

<b>Purpose of Report</b>	<ul style="list-style-type: none"> <li>To inform the Board of the Care Inspectorate's planned thematic inspection of Adult Support and Protection (ASP) services in East Dunbartonshire.</li> </ul>
--------------------------	---

<b>Recommendations</b>	<ul style="list-style-type: none"> <li>To note the contents of the Report.</li> <li>To support the work underway in preparation for the thematic inspection</li> <li>To direct officers to provide a further report to the Board on completion of the full inspection.</li> </ul>
------------------------	---

<b>Relevance to HSCP Board Strategic Plan</b>	The interagency work undertaken in connection with adult protection helps ensure that people who use health and social care services are safe from harm.
---	--

**Implications for Health & Social Care Partnership**

<b>Human Resources</b>	None.
------------------------	-------

<b>Equalities:</b>	None.
--------------------	-------

<b>Financial:</b>	None.
-------------------	-------

<b>Legal:</b>	None.
<b>Economic Impact:</b>	None.
<b>Sustainability:</b>	None.
<b>Risk Implications:</b>	Failure to engage meaningfully in this thematic inspection would lead to reputational damage and increased scrutiny.
<b>Implications for East Dunbartonshire Council:</b>	East Dunbartonshire Council will wish to support this thematic inspection. This paper will be presented to the Chief Officers Group for their consideration on 23 August 2017.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHS Greater Glasgow and Clyde will wish to support this thematic inspection. This paper will be presented to the Chief Officers Group for their consideration on 23 August 2017.

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction To:</b>	
	<b>1. No Direction Required</b>	<b>x</b>
	<b>2. East Dunbartonshire Council</b>	
	<b>3. NHS Greater Glasgow &amp; Clyde</b>	
	<b>4. East Dunbartonshire Council and NHS Greater Glasgow and Clyde</b>	

<b>1.0 MAIN REPORT</b>	
<b>1.1</b>	On 20 July 2017, the Care Inspectorate notified East Dunbartonshire Council's Chief Executive of their intention to undertake a thematic inspection of ASP services in our area ( <b>Appendix 1</b> ). They will undertake the inspection in conjunction with Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary Scotland.
<b>1.2</b>	East Dunbartonshire is one of six partnerships selected to take part in this review, which is the first of its kind since the <i>Adult Support and Protection (Scotland) Act 2007</i> was implemented. The other selected areas include North Ayrshire, Midlothian, Dundee, Aberdeenshire and Highland. This means that the East Dunbartonshire partnership is the only area selected to involve NHS Greater Glasgow and Clyde and 'G' Division, Police Scotland.
<b>1.3</b>	The Care Inspectorate considers that this review is required to establish a baseline for frontline practice and to assess the impact of ASP interventions with adults. Their visit will take place between 30 October and 3 November this year. Three days will be devoted to auditing fifty ASP case files supplied by Adult Social Work services and Police Scotland. The remaining two days will be taken up by focus groups and interviews with service users, carers, frontline staff and senior managers. The rationale and methodology for the inspection is summarised in <b>Appendix 2</b> .
<b>1.4</b>	As part of the preparation for their visit, the Care Inspectorate has identified a significant amount of information which they require from partners in advance. This information is to be supplied by 22 September 2017.
<b>1.5</b>	The findings of the inspection will be published in early 2018. The Care Inspectorate will produce one report about the overall exercise. Within this report, each partnership will be evaluated against three quality indicators: outcomes, key processes and leadership.



Any recommendations for local improvement action will be identified.

- 1.6** A multi agency steering group has been convened by the Chief Officer, HSCP, and meets weekly to plan and prepare for the inspection. Work is well underway as is our engagement with Care Inspectorate.





Gerry Cornes  
 Chief Executive  
 East Dunbartonshire Council  
 Southbank Marina  
 12 Strathkelvin Place  
 Kirkintilloch  
 G66 1TJ

20 July 2017  
 Our Reference: KM/HH/IK

Dear Sir

### **Joint Thematic Inspection of Adult Support and Protection in the East Dunbartonshire Partnership Area**

I write to inform you that under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate will lead a joint thematic inspection of adult support and protection arrangements in your partnership area commencing on **Monday 30 October 2017**. The Care Inspectorate's partners for this joint inspection are Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland.

It would be most helpful if you could circulate this letter appropriately around your organisation.

This thematic inspection will be the first ever independent scrutiny of adult support and protection in Scotland. It will take place in six partnership areas, including your own, in order 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.
- Information and insight about the "lived experience" of adults at risk of harm.

We will conduct this scrutiny using three quality indicators:

- Outcomes for adults at risk of harm and their unpaid carers.
- Key adult support and protection processes.
- Leadership for adult support and protection.

We have developed a set of draft of quality illustrations for this work and we will send this out to you in due course.

At the end of the thematic inspection, we will publish one single report of our findings for each of the partnerships, and our evaluations (using a six-point scale evaluation for each of the three quality indicators). We will highlight key strengths and, if appropriate, recommendations for improvement. We will ask partnerships to prepare an action plan detailing how any recommendations for improvement are to be taken forward.

The on-site phase of this scrutiny for your partnership will be conducted over five days commencing Monday 30 October. This will include file reading in the first part of the week, followed by a range of scrutiny sessions (approximately 12).

We will provide a pre-inspection briefing to senior managers/officers between Monday 11 September and Friday 23 September 2017. We will provide feedback on the findings of the inspection in January 2018.

The inspection lead who will have overall responsibility for the inspection and the reporting of findings is Ian Kerr, Strategic Inspector, Care Inspectorate, Renfrewshire House, Cotton Street, Paisley, PA1 1BF. Ian can be contacted in the Paisley office on 0141 8436939, mobile 07825842622 and email address [ian.kerr@careinspectorate.com](mailto:ian.kerr@careinspectorate.com)

Ian will be supported by Debbie Riggs, Strategic Support Officer. Debbie can be contacted on 01698 897855 or by email at [debbie.riggs@careinspectorate.com](mailto:debbie.riggs@careinspectorate.com).

To help coordinate the inspection, the partnership is asked to provide a single point of contact/coordinator. Please provide us with the nominated person's name and contact details as soon as possible as this will help support effective communication between all parties. It would be helpful if the partnership identifies a coordinator who is at a reasonably senior level and who has a good level of knowledge of adult support and protection arrangements and key processes used in your partnership area. The coordinator will require to link across key partner agencies including Police Scotland and the NHS.

Although the proportionate on-site footprint for the inspection is only 5 days, this will be taking place across the 6 partnership areas during a 6-week period. In order to facilitate the necessary logistical planning we require the following information and action from the partnership in advance:

**1. Advanced Information and Position Statement** – To complete our preparatory work in advance of the thematic inspection it would be helpful if you would provide relevant documents indicated. We would appreciate the following information to be returned to by **Friday 22 September 2017**.

**2. Case File Sample Records** – Our statistical team will draw a sample of social work and police records for individuals subject to adult protection interventions – plus a few reserves. The list of records in our sample will be issued in advance. Please refer to the attached guidance for partnerships on our records sampling process.

**3. On-site File Reading** – Our powers to access individuals' records are set out in The Public Services Reform (Joint Inspections) (Scotland) Regulations 2011 (see attached).

*Logistics* – In terms of practical arrangements, please identify a suitable venue with secure storage for any paper files and terminals to access the electronic systems required. The room/s should have enough space for a team of up to 12 file readers. Each file reader will be completing the database on a Care Inspectorate laptop so please give consideration to the availability of space and plug sockets.

*Local file readers* – We would be most grateful if you could identify four local file readers who will assist the inspection team in analysing the records. This is designed to make the process more open and transparent and build capacity for improvement. The local file readers should be at team leader or senior practitioner level as a minimum. Training for local file readers on the database will be provided. It can be useful for the partnership to provide a brief training session to the inspection team on local systems, and you may want to consider having IT support on hand during the file reading days to deal with any difficulties that may arise.

**4. On-site Scrutiny** - When our joint inspection team is on-site we will carry out two days of scrutiny activity following the file reading. A list of required scrutiny sessions is attached.

The information detailed above summarises key elements for this thematic inspection of adult support and protection. We have prepared a suite of documentation for partnerships, which we will forward to you in due course. Attached currently is:

- *Our definition of what constitutes an adult protection partnership.*
- *PowerPoint presentation about this thematic inspection of adult support and protection.*
- *Guidance for the preparation of your partnership's position statement.*
- *Advanced information return document.*
- *List of core scrutiny sessions.*
- *Timetable template.*
- *Guidance for partnerships on our records sampling process*

If you or any of your colleagues have any questions or require clarification at this stage, please contact Ian Kerr, inspection lead.

Yours sincerely



Kevin Mitchell  
**Executive Director of Scrutiny and Assurance**  
Care Inspectorate

CC: Susan Manion, East Dunbartonshire Health and Social Care Partnership  
Paolo Mazzoncini, Chief Social Work Officer





First time work of this kind undertaken in Scotland

Thematic scrutiny of adult support & protection

Scrutiny of six partnerships across Scotland

Proportionate, scoped scrutiny footprint

Focus on outcomes for adults at risk of harm & making sure they are safe, protected, and supported

Report of our findings in the partnerships, evaluations & recommendations for improvement published early 2018

# Presentation for ASP reference group



The partners are:



Care Inspectorate (*lead scrutiny body*)



Her Majesty's Inspectorate of Constabulary in Scotland



Healthcare Improvement Scotland



# Methodology

## thematic scrutiny

### adult support & protection



First scrutiny of ASP by scrutiny bodies in Scotland. We will abide by the principle of ***Need to do not nice to do***



Focus on outcomes for adults at risk of harm and what is happening on the ground



Proportionate, minimise burden. maximise the quality of all scrutiny activities e.g. on-site time



On-site activity will include reading records for adults at risk of harm, and around 12 scrutiny sessions

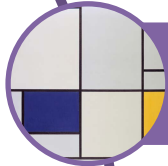


Engagement with adults at risk of harm and carers

# Scope & footprint ASP scrutiny



Six partnerships will be subject to this scrutiny – partnership selection will reflect the demography and geography of Scotland



Three quality indicators – outcomes, key processes ,and leadership



Quality indicators and quality illustrations - draft prepared , and will share with reference group in due course



Proportionate scrutiny footprint & proportionate concurrent file reading and scrutiny sessions



One published report of findings and evaluations for all six partnerships (early 2018 )

# Other points



Two joint inspection teams will operate on-site in two partnerships concurrently. Six partnerships, 3 on-site weeks



Complement of joint inspection teams - Care Inspectorate strategic inspectors, HMICS officer, HIS staff (*for multi-agency focus group*), associate inspector, inspection volunteer.



Overall duration of ASP scrutiny around 25 weeks



Commencement date – end August 2017



Following publication of ASP scrutiny report, process reviewed & option for supported, validated self-evaluation of ASP in all other ASP partnerships across Scotland to be considered



**SCHEDULE OF TOPICS FOR HSCP BOARD 2017-2018**  
**SUBSEQUENT HSCP BOARD MEETINGS**

<b>ALL BOARD MEETINGS</b>
<b>STANDING ITEMS (every meeting)</b>
Minutes of last meetings (SM)
Chief Officers Report (SM)
Finance (JC)
Delayed Discharges (AM)
Service User & Carer Representative Group Progress Report & Action Notes (SC)
<b>22nd June 2017</b>
Draft Annual Report (SC)
Priorities for 2017/2018
Strategic Plan (1 <sup>st</sup> draft) (SC)
Draft Integrated Children's Plan (SC)
HSCP Freedom of Information Publication scheme (SC) <ul style="list-style-type: none"> <li>▪ HSCP Risk Management Policy</li> <li>▪ HSCP Complaints Policy</li> <li>▪ HSCP Freedom of Information Policy</li> </ul>
Unscheduled Care Commissioning Plan (AM)
Strategic Review of Day Care Services for Older People
Outturn for Strategic Plan 2015-18 & Draft Strategic Plan 2018-21
Financial Planning 2017/2018
Month 10 Financial Performance Update Report
Directions Report
Month 12 Finance
Living Wage
Strategic Priorities
Out of Hours
Oral Health report
<b>31<sup>st</sup> August 2017</b>
<b>Finance: Approval of Budgets (JC) – WAS NOT PUT ON AUGUST</b>
<b>Business Continuity Assurance (SM) – WAS NOT PUT ON AUGUST</b>
Corporate Risk Register (JC)
Winter Plan (SC)

Strategic Pan – Draft 2 (SC)
Clinical Care Governance Report (LW)
Chief Social Work report (PM)
Communications Plan (SC)
Strategic Planning Group/Locality Planning Groups Strategic plan consultation event (SC)
Social Work Complaints Handling Policy (SC)
Risk Management Policy (SC)
Child Protection Committee Update (PM)
<b>9<sup>th</sup> NOVEMBER 2017</b>
Clinical and Care Governance Annual Report (LW)
GP Clusters Update (LW)
Locality Planning Groups Update (AM)
OHD Performance Report (FMcL)
Chief Social Work Officer Report (PM)
Strategic Pan – Draft 2 (SC)
Strategic Planning Group Action Minutes
Performance Improvement Report – Quarter 1 (SC)
<b>12<sup>th</sup> JANUARY 2018</b>
Performance Improvement Report – Quarter 2
Draft Carer Eligibility Criteria
Records Management Plan
Draft Joint Health Improvement Plan
Strategic Needs Assessment - Children & Young People
<b>15<sup>th</sup> MARCH 2018</b>
Workforce Plan
Annual Governance Documents / Control Lists
Performance Improvement Report – Quarter 3
Strategic Plan Final Draft
Final Draft JHIP
<b>10<sup>th</sup> MAY 2018</b>
Register of Interests









## East Dunbartonshire Health & Social Care Partnership Board

Distribution List:

Name	Designation	
Councillor Sheila Mechan	EDC - Elected Member	1
Councillor Susan Murray	EDC - Elected Member	1
Councillor Alan Moir	EDC - Elected Member	1
Ian Fraser	CHAIR Non-Executive Board Member	1
Jacqueline Forbes	Non-Executive Board Member	1
Ian Ritchie	Non-Executive Board Member	1
Susan Manion	Chief Officer - East Dunbartonshire HSCP	1
Adam Bowman	Acute Services Representative	1
Fiona Borland	HSCP Communications	1
Sandra Cairney	Head of Strategy, Planning & Health Improvement	1
Jean Campbell	Chief Finance & Resources Officer	1
Fiona McCulloch	Planning & Performance Manager	1
Andy Martin	Head of Adult & Primary Care Services	1
Paolo Mazzoncini	Chief Social Work Officer	1
Lisa Williams	Clinical Director for Health & Social Care Partnership	1
Linda Tindall	Organisational Development Lead, HSCP	1
Jamie Robertson	Chief Internal Auditor HSCP	1
Karen Donnelly	EDC Chief Solicitor & Monitoring Officer	1
Martin Cunningham	EDC Corporate Governance Manager	3
Wilma Hepburn	Professional Nurse Advisor - NHS	1
Gordon Thomson - Ceartas	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
	Carers Representative	1
Andrew McCready	Trades Union Representative	1
Gillian Cameron	Trades Union Representative	1
		<b>27</b>

For Information (Substitutes):

Name	Designation
Councillor Mohrag Fischer	EDC - Elected Member
Councillor Graeme McGinnigle	EDC - Elected Member
Councillor Rosie O'Neil	EDC - Elected Member
A. Jamieson	Carers Rep
I. Twaddle	Service Users Rep